[Report 1946] / School Medical Officer of Health, Devon County Council.

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

DEVON COUNTY COUNCIL

(MEDICAL DEPARTMENT).

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1946.

Wm. Pollard & Co. Ltd., Exeter. 55787

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER, 1946.

INTRODUCTION AND SUMMARY.

To the CHAIRMAN and MEMBERS of the DEVON COUNTY EDUCATION COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report upon the work of the School Health Service in the County during the year 1946.

The year has been one of consolidation and gentle development of the big changes in the School Health Service arising out of the coming into force of the Education Act, 1944, and the Handicapped Pupils and School Health Service Regulations, 1945; changes which were described in my Annual Report for 1945.

Perhaps the following points may be worth brief mention in this introduction :—

(*a*) *Evacuation Scheme.*

The Government Evacuation Scheme has now practically ended, there being only a very few residual evacuees, homeless for some or other reason, left in the County at the end of the year. In my report for 1945 I acknowledged the very great help given to the School Health Service in caring for the evacuees by a number of professional groups, on my staff and others, and by voluntary organisations, but most regrettably omitted the group who were probably the most stressed of all, yet found time to give the School Health Service invaluable help—the teachers. I now hasten to repair this omission.

The Evacuation Scheme will be remembered for long with mixed feelings, but there is no doubt that it was a tremendous national benefit during the war, and incidentally it significantly accelerated normal progress in the School Health Service in Devon. The Committee have now every reason to be proud of their service, except in the matter of the quality of clinic premises and the accommodation available for School Health work in the schools themselves, as briefly referred to below.

(*b*) *Hygiene of School and Clinic Premises.*

School premises, including the accommodation for school medical and dental work in the schools, which is usually cramped and makeshift, of course deteriorated in hygienic standard during the war, but are now being made the subject of a special survey of hygienic condition. This was only started towards the end of the year however, and the results will not be available until next year or possibly 1948. It is hoped to make a complete hygiene survey of every school during 1947, and to make "follow-up" inspections of premises at every periodical visit of the Assistant County Medical Officers to the schools.

The general standard of nearly all the premises used for school clinics in the County is poor. The Barton and Castle Road Clinics at Torquay, the Glencoe Clinic at Newton Abbot, the Dartmouth, Ilfracombe, Paignton and South Molton Clinics, and the Exeter City Alice Vlieland (used on one day a week by arrangement with the Exeter Education Committee) approach the standard required, but only the Barton, Glencoe and Exeter City Clinics can be claimed to be really satisfactory for their respective purposes. There are, however, plans for providing new and adequate clinics in Crediton, Dawlish, Exeter, Exmouth and Plymstock, also to renovate the Tiverton Clinics, and, if other premises can be obtained, to combine the two Barnstaple Clinics where at present parts of the school health work are separately conducted under crowded conditions.

(*c*) *Hospital Treatment.*

The scheme for comprehensive hospital treatment of school children in municipal and voluntary hospitals has worked satisfactorily, and the cost over a full year has proved to be almost exactly as estimated in last year's budget. The cost for 1947-48 however will be a little higher owing to increased hospital maintenance charges and expected more generous remuneration to the professional staff in voluntary hospitals.

(*d*) *Specialist Services.*

Specialist services have been developed, particularly the Speech Therapy Service and School Eye Service operated by the two whole-time County Ophthalmologists with their Assistants, of which Devon has special reason to be proud, as it is probably more developed than in any other County. The Child Guidance Service was just beginning to develop also, though still hampered by great arrears of routine ascertainment and " Mental Deficiency " work, and by shortage of personnel. Full accounts will be found in the body of this report.

(*e*) *Special Educational Treatment and Special Schools.*

The first steps have been taken by the Committee towards the provision of Special Educational Treatment, in Special Schools and otherwise, for Handicapped Pupils. It will be a good many years however before anything like adequate accommodation for the Handicapped Pupils will be available within the County, or for certain categories of pupils within the South-West Region. Elsehwere in England, however, the position is just as bad, and accommodation outside the County can only be found for a mere handful of the handicapped pupils requiring residential special school treatment. Owing to the geographical nature of Devon, day special schools can only hope to exert a slight influence on this problem, and there is at present only one day Special School, though the schools for the Deaf and for the Partially Sighted in Exeter take a few day pupils.

(*f*) *Meals and Milk in Schools.*

The School Meals Service has been splendidly developed by the Education Department, and at the end of the year over 29,000 school children, nearly two-thirds of all the primary and secondary school children, were being fed at mid-day, five days a week during school term. The position as regards the supply of safe milk to school children is also improving. The policy of gradually giving up the great cooking depots in favour of smaller kitchens serving single schools or small groups is to be commended, on grounds of improving the nutritive value of the meals.

(*g*) *School Dental Service.*

The report by my Senior Dental Officer, Mr. J. Fletcher, again records a year of steady progress in the School Dental Scheme. Mr. Fletcher's chief concern at present is with the standard of portable equipment used by the mobile dental officers, much of which has been in use for very many years, and with the lack of facilities for the speedy taking of X-Ray films for diagnostic and orthodontic purposes. And in this I am in entire sympathy with him. Although there is no doubt that in rural areas the taking of dental treatment to the children in schools is the method of choice, and is in part responsible for the high acceptance rate recorded, at the same time the premises available for the work in some schools is not all that could be desired. The provision of medical rooms in the larger schools, when building conditions make this possible, should go some way towards meeting this difficulty.

The series of six reports, 1940-46, provides a remarkable historical survey of the impact of the war on the Devon School Health Services and of the way in which that impact has, in some directions, acted as a simulus rather than as a damper to the School Health Service. The reports for 1940-44 contained most interesting statistical comparisons between the health of local and evacuee children, while those for 1945-46 embodied full records of the developments in the Service under the 1944 Education Act, in which developments the Devon Education Committee were in the forefront, especially in the provision of comprehensive free hospital treatment.

I again take the opportunity of expressing my appreciation of the work of my professional and clerical staff, and more especially that of my Deputy, Dr. Lishman, who has since 1940 been chiefly responsible for the drafting of my School Medical Officer's Annual Reports.

I have the honour to be,

Your obedient Servant,

L. MEREDITH DAVIES.

ADMINSTRATION.

General.

The administrative scheme under the Education Act, 1944, and the Handicapped Pupils and School Health Service Regulations, 1945, which was adopted by the Committee and fully described in my Report for 1945, has been continued in operation with no significant change during 1946. Much detailed tidying up of the Scheme has been done, however, to facilitate smooth operation and close loop-holes. Only detailed extensions of the treatment schemes under Section 48 (3) of the Act have been carried out, nor have I recommended any major extensions since the Committee's Scheme is already quite comprehensive as regards clinic and both in and out-patient hospital treatment. The only extension which might have been attempted within the scope of the Section is non-domiciliary treatment by general medical practitioners and pharmacists. This would have filled the gaps which are left in a comprehensive non-domiciliary treatment Scheme, but in view of the impending inauguration of the National Health Service, which is intended to provide comprehensive treatment of all kinds, free of direct cost, it was not thought worth while to proceed with negotiations with the local medical and pharmaceutical professions with regard to a general practitioners' treatment Scheme. The estimate for such a service, which was included in the 1945-46 Budget, has therefore been deleted from that for 1946-47.

Other Regulations, Orders, Ministry Circulars or Memoranda concerning the School Health Service.

1. *Circular* 82. (31st December, 1945.)

Concerning various types of difficult residual evacuees, their ascertainment as handicapped pupils under Section 34 of the 1944 Act, their disposal in special schools for educationally subnormal or maladjusted pupils, or in boarding ordinary schools, and the recovery of cost from the L.E.A. from which the children were evacuated.

2. *Circular* 79. (1st January, 1946.)

Boarding School Provision for Educationally Subnormal and/or Maladjusted Children.

This exhorts L.E.A's to proceed, as a matter of urgency, to consider making additional boarding school provision for handicapped pupils in the " educationally subnormal " and/or " maladjusted " categories. Perusal of my previous annual reports will indicate the great need for such provision.

The Development Plan approved by the Committee towards the end of the year does however include the provision of Special School accommodation which, in the course of years, should largely meet the need. Details will be found in the section of this report entitled " Special Schools."

3. *Circular* 84. (26th January, 1946.)

On Physical Education, the appointment of organisers, and the extension of physical education to post school population.

4. *Ministry of Education, Administrative Memorandum No.* 129. (28th February, 1946.)

This laid down standards of space, hygiene and sanitary accommodation, staffing, meals and medical supervision for Nursery Schools and Nursery Classes.

5. *Circular* 102. (7th May, 1936.)

Without prejudice to any arrangements which may be introduced under a future National Health Service, this circular outlines scales of payment, nationally agreed after consultation with representatives of Local Education Authorities, the British Hospitals and British Medical Associations, for services rendered by " voluntary " hospitals and their professional medical staff, and by independent consultants under the Schemes set up by the L.E.A's under Section 48 (3) of the Education Act, 1944. These scales cover :—

(*a*) Maintenance and general treatment payments to hospitals, both for out and in-patients.

(*b*) Additional payments to voluntary hospitals for treatment by honorary members of the professional staff in the case of children treated as either out or in-patients.

(*c*) Payments to part-time consultants, under special arrangements, either at school clinics or at hospitals.

Further reference to this Circular is made in the sections on Hospital Treatment and Consultants.

6. *Circular No.* 156. (27th May, 1946.)

This memorandum clarified certain aspects of the operation of Section 54, of the Education Act, 1944, with regard to verminous children. Most of its recommendations had been in force already in Devon since the coming into operation of the 1944 Act.

The most important modifications from the existing procedure in Devon were two—(1) that in future a M.O. may sign a Cleansing Order for a pupil on satisfying himself as to the pupil's condition in the light of a report by an authorised person, i.e. he may accept the Health Visitor-School Nurse's or Nursing Assistant's report that a child is verminous without having to examine the child himself. This will be of considerable assistance as it means that in the remoter rural areas the Officer examining the child does not have to get a M.O. to see the child before getting a " Cleansing Order " served.

7. *Circular* 71, *Ministry of Education (Addendum).* (28th May, 1946.)

This Addendum slightly modified the instructions given in Circular 71 in connection with the administration of the Reports to " Local Authorities " (Mental Deficiency Authorities) " Regulations 1945." Under certain circumstances parents of children recommended for report to the Mental Deficiency Committee need not be notified of the proposal.

8. *Circular* 133/46, *Ministry of Health. Medical Care of Residual Evacuees.* (22nd June, 1946.)

This circular changed as from 1st July, 1946, the method of remuneration to doctors attending unaccompanied evacuees. Up to that date it had been the responsibility of the Local Medical War Committees to provide and pay for medical attention in the case of illness. As from 1st July, it became the responsibility of the Local Insurance Committees. County Council and County Borough Councils in reception areas now have the duty to inform the Local Insurance Committees quarterly of the names of residual evacuees within their areas. Also the names and addresses of the householders with whom the evacuees are billeted.

9. *Circular* 131 (*Ministry of Education*) *jointly with Circular* 212/46 (*Ministry of Health*) *and Circular* 902,400/20 (*Home Office*). (23rd November, 1946.)

Care of Deprived Children.

This was a preliminary circular jointly issued by the three Government Departments chiefly interested in the welfare of " deprived " children. The circular suggested that the Local Authorities (for Child Welfare, Education, Public Assistance, etc.) should immediately review their present arrangements for the care of deprived children in the light of the Report of the Care of Children (Curtis) Committee, and to take all possible steps with regard to each deprived child's welfare, pending the Government's extension of a new legislation.

By the end of the year no definite action had been taken on this circular, but the various County Council Committees concerned had begun to appoint their representatives to serve on a Joint Sub-Committee to consider the Circular.

STAFF.

At the end of the year, the professional technical and clerical staff, exclusive of part-time consultants and general medical practitioners, employed by the County Council and partly or wholly devoted to School Health work is set out below, first in the form of an Establishment Table, then recording the names and qualifications of the staff themselves.

Medical, Nursing and Ancillary.	Number	Equivalent to whole-time.	Apportionment to S.H.S.	Equivalent to whole-time S.H.S.
School Medical Officer ...	1	1	25%	¼
Deputy School Medical Officer	1	1	50%	½
Senior Assistant Medical Officer for M. & C. W.	1	1	—	—
Assistant County Medical Officers	14*	13	60%	7.4/5ths.
County Oculists	2	2	100%	2
Oculists' Attendants	2	2	100%	2
Orthoptist (Part-time) ...	1	½	100%	½
County Psychiatrists ...	2	2	60%	1⅕
Educational Psychologists ...	2	2	100%	2
Psychiatric Social Workers ...	1	1	75%	¾
Speech Therapists	2	2	100%	2
†Health Visitor-School Nurses ...	39	36½	35 at 45%	15¾§
‡School Nursing Assistants ...	17	17	100%	17
Dental.				
Senior County Dental Officer ...	1	1	90%	9/10ths.
+County Dental Officers ...	16	16	90%	14½
+Dental Attendants	17	17	90%	15½
Clerical.				
Administrative Clerks :—				
Grade C	1	1	100%	1
Grade B	1	1	100%	1
Clerks and Shorthand-Typists in general (Grades 1—3 according to age)	19	9½	100%	9½
TOTAL CLERICAL ...	21	11½		11½

*This list does not include the three Tuberculosis Officers, none of whom have any "school" work, nor a number of General Practitioners employed part-time on a sessional basis for various M. & C. W. Centres, conducting Child Welfare or Ante-Natal Clinics. The time of all these part-time Medical Officers would be equivalent to approximately 1½ full-time Assistant County Medical Officers.

The figure of 14 A.C.M.O's includes 2 who are also half-time M.O's H. to County Districts.

†Inclusive of one officer who is Health Visitor only.

‡At end of year, four were part-time instead of whole-time.

§The figure of 39 includes 4 HV/School Nurses employed by the Torquay Borough Council, spending part of their time on school health work equivalent to 1½ whole-time school nurses, hence the figure of 36½.

The allocation for Clerical work does not include a proportion of the time of clerks in other sections of the County Medical Department, equivalent to four further clerks, making 15½ in all.

Personnel.

School Medical Officer.

L. Meredith Davies, M.A., M.D., B.Ch. (Oxon), D.P.H. (Oxon), M.R.C.S., L.R.C.P.

Deputy School Medical Officer.

F. J. Garratt Lishman, M.D. (Hyg.) (London), B.S., D.P.H. (London), D.L.O., M.R.C.S., L.R.C.P.

Assistant County Medical Officers and Medical Officers of Health. (Combined appointments) :

W. J. Doyle, M.B., Ch.B., B.A.O., D.P.H., B.Sc. (Public Health). (Exmouth U.D. and St. Thomas R.D.). Half-time for County Council. Returned from War Service 25.7.46.

A. Dick, M.D., Ch.B., D.P.H. (Brixham, Dartmouth and Paignton Urban Districts). Half-time for County Council.

E. D. Allen-Price, M.D., Ch.B., D.P.H. (Okehampton and Tavistock Districts, Broadwoodwidger, Okehampton and Tavistock Rural Districts). Half-time for County Council. Resigned 31.12.46.

F. J. H. Martin, M.R.C.S., L.R.C.P., D.P.H. (Barnstaple Borough and Rural District). One-third time for County Council.

Assistant County Medical Officers.

T. Brown, M.D., Ch.B., D.P.H. (Temporary, part-time.)
Acting for Dr. E. M. Davies.

Muriel C. Bywaters, M.D., B.S., D.P.H. (Temporary, part-time.) (Resigned 25.3.46.)

Edith M. Davies, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (Resigned 31.12.46.)

Eleanor M. Dawe, M.B., Ch.B.

Thomas Gibson, M.D., C.M., D.P.H. (Temporary.) 4/5ths time County for Schools, 1/5th time Torquay Borough for M. & C. W.).

Margaret Gunner, M.B., Ch.B.

Dorothy M. Green, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Part-time, commenced 2.9.46.)

Marjorie H. King, M.B., Ch.B., D.P.H. Commenced 1.10.46.

J. H. F. Norbury, M.B., B.S., M.R.C.S., L.R.C.P. (Temporary.) Resigned 31.8.46.

H. A. Mackenzie-Wintle, M.R.C.S., L.R.C.P., D.P.H.
Returned from War Service 25.3.46.

G. D. Park, M.C., M.B., Ch.B.

Nora Proctor-Sims, M.R.C.S., L.R.C.P., M.R.C.O.G.

Grace H. Walker, M.B., Ch.B., D.P.H.

Audrey P. Whitfield, M.B., B.S., M.R.C.S., L.R.C.P. (Temporary, half-time.)
Resigned 31.8.46.

Florence M. Whiting (*nee* Rhodes), M.R.C.S., L.R.C.P., D.P.H.

On 31.12.46 there were two vacancies.

County Oculists :

Margaret Lampriere Foxwell, M.R.C.S., L.R.C.P., D.P.H., D.C.H.
W. G. Hutton, M.R.C.S., L.R.C.P., D.O.M.S.

Oculists' Attendants :

Edith Mounsey.
Dorothea M. Newman.

Orthoptist :

Rosemary Marmion, D.B.O. (Part-time 4/11ths increased to 6/11ths as from 1.11.46.)

County Psychiatrists :

E. W. Anderson, M.D., F.R.C.P., D.P.M.
H. Scott-Forbes, M.R.C.S., L.R.C.P., D.P.M. (Commenced May, 1946.)

Educational Psychologists :—

Olive G. Sampson, M.A., B.Ed.
Alice M. Silver, M.A. (London). (Commenced 1.10.46.)

Psychiatric Social Workers :

Harriet B. Hotson, M.A. (Econ.). (Commenced 12.9.46.)
F. M. Dickinson, D.S.S. (Part-time, temporary.)

Speech Therapists :

NORTHERN AREA : Vera Babington, L.C.S.T.
SOUTHERN AREA : Mrs. J. M. Pearcy (*nee* Whitaker).
(Part-time 15.2.46 to July, 1946.)
Mary H. Elsworthy, L.C.S.T. (Commenced 9.9.46.)

Dental Staff :

SENIOR COUNTY DENTAL OFFICER :

Jeffrey Fletcher, L.D.S.

COUNTY DENTAL OFFICERS :

Miss J. G. Campbell, L.D.S. (Commenced 25.5.46.)
Mr. E. H. Chesters, L.D.S. (Resigned, 21.12.46.)
Mr. W. A. Dredge, L.D.S. (Resigned 31.8.46.)
Mr. T. L. Fiddick, L.D.S.
Mr. N. Harris, L.D.S.
D. R. House, M.R.C.S., L.R.C.P., L.D.S.
Mrs. M. F. Inder, L.D.S.
Mr. R. J. Inder, L.D.S.
Mr. W. E. Lyne, L.D.S. (Commenced 1.9.46.)
Mr. G. E. Morgan, L.D.S., H.D.D.
Mr. H. Myers, L.D.S. (Returned from War Service 20.3.46.)
Mr. A. S. Peacock, L.D.S.
Miss D. M. Phillips, L.D.S. (Resigned 31.8.46.)
Mr. L. Pringle, L.D.S. (Resigned 24.5.46.)
Miss B. J. Shapland, L.D.S.
Mr. A. G. Smith, L.D.S. (Returned from War Service 11.3.46.)
Mr. J. E. B. Smith, L.D.S.
Mr. L. D. Smith, L.D.S. (Commenced 1.9.46.)
Mr. E. J. Tucker, L.D.S.

Dental Attendants :

Miss P. M. Beale.
Miss S. E. Bearne.
Mrs. G. M. Davie.
Miss F. Featherstone.
Mrs. A. M. Foley.
Mrs. R. Gentry.
Miss D. Golding.
Miss J. E. Grigg.
Mrs. E. M. Harvey. (Resigned 26.10.46.
Miss E. Longley. (Resigned 30.9.46.
Miss F. Mann.
Miss D. J. Martin. (Commenced 1.10.46.
Mrs. D. Sabine.
Miss W. Sabine.
Miss M. Sheldon.
Miss M. E. M. Skinner. (Commenced 1.10.46.)
Miss J. Sturgess. (Commenced 28.10.46.)
Miss P. M. Turle. (Resigned 30.9.46.)
Mrs. W. L. Wedgery.
Miss F. L. Wright.

School Nursing Assistants.

As these (unqualified) women are subject to fairly frequent changes, the names of individual members of the staff are not recorded.

Health Visitor-School Nurses :

Mrs. A. Butler, S.R.N., S.C.M., H.V.
Miss W. A. Caffyn, G.T., C.M.B., H.V.C. Returned from War Service 1.1.46. Resigned 1.7.46.
Mrs. E. M. Clarke, S.R.N., S.C.M.
Miss I. Edwards, S.R.N., S.C.M., H.V.
Miss H. Faulkner, S.R.N., S.C.M., H.V.
Miss B. Fiddes, S.R.N., S.C.M., H.V. (Resigned 15.3.46.)
Mrs. E. Forster, S.R.N., S.C.M., H.V. (Resigned 31.3.46.)
Miss W. Frayling, S.R.N., S.C.M., H.V.
Miss L. Gilbert, S.R.N., S.C.M., H.V.
Miss V. Giles, S.R.N., S.C.M., H.V.
Miss A. Gill, S.R.N., S.C.M. (Resigned 31.1.46. Returned 1.7.46.)
Miss G. Greenwood, S.R.N., S.C.M., H.V.
Miss E. M. Hall, S.R.N., S.C.M., H.V.
Mrs. K. Hammond, S.R.N., S.C.M., H.V. (Commenced 1.9.46. Resigned 30.9.46.)
Miss M. Harris, S.R.N., S.C.M., H.V.
Miss E. Honeywill, S.R.N., S.C.M., H.V. (Returned from War Service 1.4.46.)
Miss D. H. James, S.R.N., S.C.M., H.V.
Miss V. King, S.R.N., S.C.M., H.V. (Resigned 4.5.46.)
Miss M. Leathley, S.R.N., S.C.M., H.V.
Miss R. Lee, S.R.N., S.C.M., H.V.
Mrs. C. Leech, S.R.N., S.C.M., H.V. (Became School Nursing Assistant 1.11.46.)
Miss F. M. Mason, S.R.N., S.C.M., H.V.
Miss G. E. Mason, S.R.N., S.C.M., H.V.
Miss R. Morris, S.R.N., S.C.M., H.V.
Mrs. A. Owen, S.R.N., S.C.M., H.V. (Resigned 29.1.46.)
Miss I. Pester, S.R.N., S.C.M., H.V.
Mrs. E. Rogers, S.R.N., S.C.M., H.V.
Miss E. Ryall, S.R.N., S.C.M., H.V.
Miss F. A. Salmon S.R.N., S.C.M. (Commenced 1.9.46.)
Miss E. M. Sercombe, G.T., C.M.B., H.V.C. (Returned from War Service 1.1.46.)
Miss A. Sheerin, S.R.N., S.C.M., H.V. (Resigned 3.1.46.)
Miss M. Simpson, S.R.N., S.C.M., H.V.
Miss E. M. Slade, S.R.N., S.C.M., H.V. (Commenced 12.11.46.)
Miss N. Smith, S.R.N., S.C.M. (Commenced 1.12.46.)
Mrs. W. Sparks, S.R.N., S.C.M., H.V.
Mrs. N. Spence, S.R.N., S.C.M., H.V. (Resigned 20.5.46.)
Miss M. Steward, S.R.N., S.C.M., H.V. (Commenced 20.5.46.)
Miss M. Stone, S.R.N., S.C.M., H.V.
Miss M. Thain, S.R.N., S.C.M., H.V.
Miss M. Thomas, S.R.N., S.C.M., H.V. (Commenced 20.5.46. Resigned 20.7.46.)
Miss E. Walters, S.R.N., S.C.M., H.V.
Miss M. Walters, S.R.N., S.C.M., H.V.
Miss O. Walters, S.R.N., S.C.M., H.V.
Miss N. M. Webb, S.R.N., S.C.M., H.V. (Commenced 18.3.46.)
Miss J. West, S.R.N., S.C.M., H.V.

Plus 4 part-time School Nurses at Torquay, for whom the County Council pay ⅘ths salary.

Dr. Frances Heron-Watson, M.B., Ch.B., D.P.H., who is Senior Medical Officer for Maternity & Child Welfare, supervises the work of the Health Visitor-School Nurses, although no part of her salary is actually allocated to the School Health Services.

Clerical Staff, School Health Section.

Clerk in Charge of Section :

W. A. Down. (Grade C.)

OTHER SENIOR CLERKS :

A. G. Kelly. (Grade B.)
R. Wedgery. (Returned from War Service 1.5.46, later transferred to Sanitary Section.)

CLERKS IN GENERAL SECTION :

Mary Rogers.
Dorothy E. Fannon. (Stationed at Torquay Central Clinic.)
Dennis Hay.*
Irene Hopper (Mrs.). (Half-time in School Health Section.) (Resigned December, 1946.)
Violet G. Jacobs (Mrs.).
Christopher Morris. (Appointed 21.1.46.)
Muriel Roberts. (Resigned 19.1.46.)
Irene Rose-Troup (Mrs.). (Resigned 22.6.46.)
Phyllis Skinner. (Resigned 27.4.46.)
Kathleen Knight.* (Commenced 8.7.46.)
Rachel Seyoud (Mrs.).* (Commenced 17.6.46.)
Basil Tanton.*
Vera Ville.* (Commenced 1.7.46.)
Barbara Westaway (Mrs.). (Resigned 23.3.46.)

In addition to the above, assistance is given by clerks in other Sections of the County Medical Department, equivalent to four further clerks.

*Posts, although on permanent establishment, held temporarily.

GENERAL STATISTICS.

Area of Administrative County during year ... 1,652,735.
Population of Administrative County during year 1931 Census, 450,923. Estimated Mid-1946, 483,960.
Value of 1d. rate on area ... ... £13,386. (General Purposes.)
No. of permanent closures ... ... 10.

	Nursery	*Primary*	**Second.*	*Further*	*Total*
New Schools, or Department Premises opened	—	—	—	—	—
No. of Schools—Council	—	225	57	7	289
No. of Schools—Non-Council ...	—	213	—	—	213
Total ...	—	438	57	7	502
No. of Children on Register at 31.12.46	—	34,629	14,798	†3,890	53,317

**Including Modern Secondary, Grammar and Junior Technical.*
†Including 737 full-time.

Hygiene of School Premises.

As in the case of 1945, indeed since the outbreak of the recent war, no detailed report is submitted for 1946. Many of the school premises are known, however, to be in a thoroughly unhygienic condition. Owing to the present difficulties of labour and materials, irrespective of lack of financial provision, only the most outstanding urgent defects are being dealt with, usually only those with regard to which either the local Medical Officer of Health or I, as School Medical Officer, can justify issuing a certificate to the effect that the existence of the defect or defects is such as to constitute a serious danger to the health of the pupils.

Towards the end of the year, however, the medical staff were asked to resume the full " survey reports " and follow up reports which were the routine before the war. A new and comprehensive standard form of report has been drawn up for the use of the staff, and in 1947 it is hoped to bring the question of reporting on the hygienic condition of school premises into at least as much prominence as before the war. I shall also attempt to give some form of general report on premises in my next Annual Report.

Government Evacuation Scheme.

Although at the beginning of the year there were still over 5,000 evacuee school children left in the County, the scheme came to an end on 1st April, 1946. The residual evacuees were then being absorbed into the Devon population, with the exception of those few " maladjusted " evacuees who are still being maintained in one of the psychiatric hostels, at Shaldon or Totnes. No separate statistics for evacuees are now kept. To the tributes that were paid in my last Report to the foresight and spirit of the Committee in virtually doubling the School Health Services during the war and retaining the improved services for the local children, to my own staff and to the various Voluntary agencies, I should now like to commend most strongly the wonderful work of the teachers, a body of women and men who more than any other, I believe, bore the brunt of the school children's evacuation, and who were also largely responsible for the efficient operation of the School Health Service at the point of contact. By a regrettable oversight no mention was made last year of the essential part the teachers have played in the School Health Service for evacuees.

MEDICAL INSPECTION.

(*a*) **General.**

The work of School Medical inspection during 1946 is summarised in Tables I to V. Table I indicates the extent to which medical inspection has been carried, in the three main groups of " Medical," " Special " and " Follow-up " examinations, while Tables II to V show some of the findings.

As regards *periodical* medical examination, the new arrangements which were put into force in Devon in May, 1945, under the Handicapped Pupils and School Health Services Regulations, 1945, have been continued unchanged throughout 1946. On the whole the slightly re-arranged age groups are satisfactory, but there has been considerable dissatisfaction over the dropping of the 8-year-old age group. It has been asserted, with some reason, that the gap between the 5-year and 10-year-old age groups is too long, particularly in the remoter rural areas, from which children cannot so readily attend school clinics for advice and treatment. It has been suggested that the approval of the Minister might be sought to drop one of the extra secondary school age groups inspected in Devon in favour of re-inserting an intermediate " primary school " age group. While there is much to be said for such a change, it could not be carried out without additional medical staff, for the numbers of children to be examined in an intermediate (say 7 or 8-year-old) primary school age group would be in the neighbourhood of 5,000, while, as the Table I shows, the numbers in the secondary school age groups are at present considerably less, except for the 12-year-old age group, in which over 4,000 children were inspected in 1946.

The total number of children " periodically " examined in the age groups was a little less than in 1945, but the number examined as " Specials " was equivalently more, while the number of " follow-up " or " re-examinations " was enormously greater—~~75,664~~ 46,803 re-examinations being made in 1946 as compared with 31,407 in 1945.

It may be noted that many of the " Special " and " Follow-up " examinations are actually carried out during school clinic sessions instead of at school, and the increased amount of follow-up work may be largely one to better clinic facilities and improved transport to clinics.

Nursery Schools.

It will be noted that there is a " *nil* " return for medical inspection of children in Nursery Schools. There were in fact no proper Nursery Schools functioning in 1946, but up to the end of the year children in whole or part-time " war nurseries " were regularly medically examined, if possible quarterly, with more frequent examinations by a Health Visitor. This was done under the Maternity and Child Welfare Service, by the same staff used for the School Health Service. In 1947, the children in the " part-time " nurseries not yet converted into Nursery Schools will be treated as if they were attending Nursery Schools, for school medical inspection purposes.

(*b*) **Children found at Periodical Examination to require treatment.**

The number of children found at periodical medical examination to require medical treatment (except for dental disease, malnutrition, dirty or verminous conditions, which are recorded in later tables), is shown in Table II. This also indicates the percentage incidence of the need for treatment of children examined in primary and secondary schools, separately and totalled. The percentage for primary school children is very slightly greater than was the case last year (10.6% as against 9.5%), but that for secondary school children is almost identical, 8.6% as against 8.5%.

TABLE I.

(A) Periodical Medical Examinations.	Male.	Female.	Total.
*Nursery	Nil.		
Primary :—			
Entrants	3,651	3,319	6,970
10-years old	1,688	1,466	3,154
Totals	5,339	4,785	10,124
Secondary Schools :—			
12-year-old group	2,330	1,796	4,126
15-year-old group	632	326	958
Leavers over 15	510	449	959
	3,472	2,571	6,043
Further	175	24	199
Primary, Secondary and Further Schools :—			
Grand Total—both sexes			16,366

(B) Other (Non-Periodical) Examinations.

Special Examinations :—	
Primary Schools	19,245
Secondary Schools	1,711
Further Education	—
	20,956
Re-Examinations (Follow-up) :—	
Primary Schools	72,285 - 43424
Secondary Schools	3,276
Further Education	103
	~~75,664~~ - 46,803.

Note.—These figures include Examinations at School Clinics as well as those carried out at School.

(C) School Nurses' Visits and Examinations.

No. of visits to Schools (Primary or Secondary) for any purpose during the year	6,831
No. of visits to homes of School Children for any purpose during the year	8,022

TABLE II.

Children found at Periodical Examination to require treatment.

Number of individual children found at Periodical (Routine) Medical Examination to require medical treatment for any condition except malnutrition (see separate Table IV), dental disorder, verminousness or dirtiness.

	No.	% of those examined.
Nursery Schools	Nil.	Nil.
Primary Schools	1,076	10.6
Secondary Schools	520	8.6
Further Education	—	—
Primary and Secondary Schools Totals	1,596	9.9

(*Note.*—Children in whole and part-time " War Nurseries " were inspected under the auspices of the M. & C. W. Committee during 1946, but in 1947 those attending " Part-time " Nurseries will be treated as if they were in nursery schools.)

*Nursery School Children—see note in text.

Analysis of Defects found at Periodical and Special Examinations.

This is shown in Table III—in Section (*a*) for " Periodical " and Section (*b*) for " Special " examinations.

For purposes of comparison with other areas, or with previous years' findings, Table III (*a*) is more important and interesting than Table III (*b*), since the children examined comprise all in certain age groups, and are not selected because a defect is suspected. The incidence of defects in the latter type of child examined is of course higher than in the former, which should represent a fair sample of Devon school children. Each Table (*a*) and (*b*) is divided into two sections ; the first recording the defects which needed to be referred at once for medical treatment, the second recording those for " supervision " only (i.e. already under treatment, or insufficiently marked to require immediate treatment).

COMMENTS.

(*a*) " Periodical " (Full-age Group) Examinations.

The figures for 1946 are not quite comparable for those of previous years, since in September, 1945, 10-year-olds were substituted for 8-year-olds in one of the age groups submitted for periodical medical examination according to the instructions of the Ministry of Education. This alteration must therefore be borne in mind when perusing the figures of incidence of certain defects or diseases in 1946, and making any comparisons with previous years. Subject to this point, however, the following observations may be of interest.

"S.E.T."

It will be noted that besides medical treatment, an additional column has been inserted for 1946 to record the numbers of children found at Periodical Medical Examination to need Special *Educational* Treatment. These numbers may seem very small in comparison with the actual number of " Handicapped Pupils " ascertained, but are explained by the fact that in most cases the special examination to ascertain handicap and the need for " S.E.T." is deferred from a Periodical Medical Examination in School to a special examination at a clinic or at the child's home, and a decision with regard to S.E.T. has therefore not been reached at the Periodical Medical Examination.

Skin Diseases.

The combined incidence to a degree which requires immediate treatment of the common *contagious* skin diseases of school age, Ringworm (of scalp or body), Scabies and Impetigo, at 4.4 per 1,000 children examined, is worse than last year, in which the figures showed a big improvement over the incidence during the war years.

Visual Defects.

A marked improvement has occurred during the year, doubtless largely due to the amount of " treatment " in the form of spectacles provided in the previous year, for only 12.7% of all pupils examined in 1946 were found to need fresh " treatment," as compared with 17.4 last year. There is a further approximation of the incidence of treatable visual defect in the Primary (11.0 per 1,000) and Secondary (15.9 per 1,000) school groups respectively.

Squint.

No significant change, 5.9 per 1,000 children examined required " treatment."

Defective Hearing and Ear Disease.

The *ascertained* incidence of defective hearing requiring treatment, 1.4 cases per 1,000 children examined, although greater than that of last year (1.1 per 1,000) remains very low. The increase is almost certainly due to better methods of examination, but it is equally certain that with ascertainment approaching 100% efficiency, such as can be attained by using an audiometer, the incidence of defective hearing would be found to be much higher. There is still only one audiometer available, a gramophone type previously the property of the Torquay Part III Education Authority. This model has been used for a small special investigation, but at present is standing idle. No doubt the future will bring large scale audiometer testing of children in school, by teachers, but at present the machines are too scarce to contemplate recommending universal audiometry.

The incidence of otitis media (middle ear inflammation) " requiring treatment " is very much higher than last year, 1.8 cases per 1,000 children examined, as compared with 0.3 last year ; but this again is probably due to better examination and to more routine use of the electric diagnostic otoscope. All A.C.M.O's are issued with electric otoscopes, and are expected to use them, when examining every child at Periodical Medical Inspections. Otitis media is, of course, the principal cause of deafness in school children, and is also the cause of much distress and repulsion in later life.

TABLE III (*a*). PERIODICAL MEDICAL EXAMINATIONS.

DEFECTS REQUIRING TREATMENT. (16,366 Examinations.)

Defects and Diseases.	Number.						Incidence per 1,000 Examinations.					
	Primary.	*No. req. S.E.T. as H.P.*	*Secondary.*	*No. req. S.E.T. as H.P.*	*Further.*	*Total.*	*Primary.*	*No. req. S.E.T. as H.P.*	*Secondary.*	*No. req. S.E.T. as H.P.*	*Further.*	*Total.*
Intelligence or Mental Condition	14	3	6	2	—	25	1.4	.2	1.0	.3	—	1.5
Psychological Condition	2	—	—	—	—	2	.2	—	—	—	—	.1
Speech	9	1	5	—	—	15	.9	.1	.8	—	—	.9
Cleanliness	—	—	3	—	—	3	—	—	.5	—	—	.2
Pediculosis	8	—	6	—	—	14	.8	—	1.0	—	—	.9
Skin Disease—Contagious : Ringworm, Scalp	5	—	—	—	—	5	.5	—	—	—	—	.3
Ringworm, Body	15	—	1	—	—	16	1.5	—	.2	—	—	1.0
Scabies	20	—	9	—	—	29	2.0	—	1.5	—	—	1.8
Impetigo	17	—	4	—	—	21	1.7	—	.7	—	—	1.3
Other	49	—	27	—	—	76	4.8	—	4.5	—	—	4.6
Teeth—Cleanliness	3	—	10	—	—	13	.3	—	1.7	—	—	.8
Caries	28	—	23	—	—	51	2.8	—	3.8	—	—	3.1
Gums—Gingivitis	2	—	2	—	—	4	.2	—	.3	—	—	.2
Eye—External Eye Disease	39	—	10	—	—	49	3.9	—	1.7	—	—	3.0
Squint	78	—	19	—	—	97	7.7	—	3.1	—	—	5.9
Visual Acuity—Distance (Snellen)	111	1	96	—	—	208	11.0	.1	15.9	—	—	12.7
Close (Jaeger)	1	—	1	—	—	2	.1	—	.2	—	—	.1
Colour Vision	—	—	6	—	—	6	—	—	1.0	—	—	.4
Other Eye Defect	11	—	2	1	—	14	1.1	—	.3	.2	—	.9
E.N.T.—Defective Hearing	14	1	8	—	—	23	1.4	.1	1.3	—	—	1.4
Otitis Media	25	—	5	—	—	30	2.5	—	.8	—	—	1.8
Other Ear Disease	5	—	2	—	—	7	.5	—	.3	—	—	.4
Nose	7	—	8	—	—	15	.7	—	1.3	—	—	.9
Enlarged Adenoids	33	—	4	—	—	37	3.3	—	.7	—	—	2.3
Chronic Tonsilitis	126	—	39	—	—	165	12.4	—	6.5	—	—	10.1
Enl. Adenoids and Chronic T.	144	—	28	—	—	172	14.3	—	4.6	—	—	10.5
Other Nose or Throat Defect	9	—	6	—	—	15	.9	—	1.0	—	—	.9
Enlarged Cervical Glands (Non-Tub.)	8	—	4	—	—	12	.8	—	.7	—	—	.7
Blood (Anaemia, etc.)	28	—	21	—	—	49	2.8	—	3.5	—	—	2.9
Heart—Organic	8	1	2	2	—	13	.8	.1	.3	.3	—	.7
Functional	—	—	—	—	—	—	—	—	—	—	—	—
Rheumatism or Chorea	—	—	1	—	—	1	.2	—	.2	—	—	.1
Lungs—Bronchitis	25	2	4	—	—	31	2.5	—	.7	—	—	1.8
Other Non-Tuberculous	10	2	1	—	—	13	1.0	.1	.2	—	—	.8
Tuberculosis (all forms)	5	1	3	1	—	10	.5	.1	.5	.2	—	.6
Nervous System	6	—	—	—	—	6	.6	—	—	—	—	.4
Alimentary—Appetite	—	—	—	—	—	—	—	—	—	—	—	—
Digestion	4	—	—	—	—	4	.4	—	—	—	—	.2
Constipation	1	—	—	—	—	1	.1	—	—	—	—	.1
Abdominal Organs	2	1	—	—	—	3	.2	.1	—	—	—	.2
Sex Organs—Testes, Catamenia, etc.	13	—	8	—	—	21	1.3	—	1.3	—	—	1.3
Skeletal Defects—Past Malnutrition	19	—	8	—	—	27	1.9	—	1.3	—	—	1.6
Other Cause	52	—	27	—	—	79	5.1	—	4.5	—	—	4.8
Posture (Standing)	42	—	22	—	—	64	4.1	—	3.6	—	—	3.9
Other Deformities	132	—	111	2	—	245	13.0	—	18.4	.3	—	14.9
Other Disease or Defect	60	4	40	1	—	105	5.9	.3	6.6	.2	—	6.4

TABLE III (*a*). PERIODICAL MEDICAL EXAMINATIONS.

DEFECTS REQUIRING TO BE KEPT UNDER "SUPERVISION" BUT NOT REQUIRING SPECIFIC MEDICAL TREATMENT. (16,366 examinations.)

Defects and Diseases.	Number.				Incidence per 1,000 Examinations.			
	Primary.	*Secondary.*	*Further.*	*Total.*	*Primary.*	*Secondary.*	*Further.*	*Total.*
Intelligence or Mental Condition	30	22	—	52	3.0	3.6	—	3.2
Psychological Condition	15	3	—	18	1.5	.5	—	1.1
Speech	31	11	1	43	3.1	1.8	5.0	2.6
Cleanliness	24	2	—	26	2.4	.3	—	1.5
Pediculosis	3	—	—	3	.3	—	—	.1
Skin Disease—Contagious : Ringworm, Scalp	3	—	—	3	.3	—	—	.1
Ringworm, Body	21	6	—	27	2.1	1.0	—	1.6
Scabies	7	4	—	11	.6	.7	—	.7
Impetigo	2	2	—	4	.2	.3	—	.2
Other	112	62	—	174	11.1	10.3	—	10.6
Teeth—Cleanliness	16	18	—	34	1.6	3.0	—	2.1
Caries	143	66	—	209	14.1	10.9	—	12.8
Gums—Gingivitis	3	1	—	4	.3	1.7	—	.2
Eye—External Eye Disease	55	22	—	77	5.5	3.6	—	4.7
Squint	68	13	—	81	6.7	2.2	—	4.9
Visual Acuity—Distance (Snellen)	79	84	—	163	7.8	13.9	—	10.0
Close (Jaeger)	7	1	—	8	.7	.2	—	.5
Colour Vision	2	3	—	5	.2	5.0	—	.3
Other Eye Defect	20	6	—	26	2.0	1.0	—	1.6
E.N.T.—Defective Hearing	33	9	—	42	3.3	1.5	—	2.5
Otitis Media	52	15	2	69	5.1	2.5	10.1	4.2
Other Ear Disease	36	6	1	43	3.5	1.0	5.0	2.6
Nose	44	6	—	50	4.3	1.9	—	3.0
Enlarged Adenoids	143	28	—	171	14.1	4.6	—	10.4
Chronic Tonsilitis	1,000	261	7	1,268	98.8	43.2	35.2	77.5
Enl. Adenoids and Chronic T.	209	60	—	269	20.6	9.9	—	16.4
Other Nose or Throat Defect	75	35	2	112	7.4	5.8	10.1	6.8
Enlarged Cervical Glands (Non-Tub.)	396	101	—	497	39.1	16.7	—	30.4
Blood (Anaemia, etc.)	259	99	5	363	25.7	16.4	25.1	22.2
Heart—Organic	81	59	1	141	8.0	9.8	5.0	8.7
Functional	108	65	2	175	10.7	10.8	10.1	10.7
Rheumatism or Chorea	16	5	—	21	1.6	.8	—	1.3
Lungs—Bronchitis	131	29	2	162	12.9	4.8	10.1	9.9
Other Non-Tuberculous	88	30	2	120	8.7	5.0	10.1	7.3
Tuberculosis (all forms)	21	6	—	27	2.1	1.0	—	1.6
Nervous System	48	16	—	64	4.7	2.6	—	3.9
Alimentary—Appetite	8	—	—	8	.8	—	—	.5
Digestion	6	—	—	6	5.9	—	—	.4
Constipation	19	3	1	23	1.9	.5	5.0	1.4
Abdominal Organs	29	7	—	36	2.9	1.2	—	2.2
Sex Organs—Testes, Catamenia, etc.	108	32	—	140	10.7	5.3	—	8.5
Skeletal Defects—Past Malnutrition	79	12	1	92	7.8	2.0	5.0	5.6
Other Cause	147	36	—	183	14.5	6.0	—	11.2
Posture (Standing)	175	65	4	244	17.3	10.8	20.1	15.0
Other Deformities	296	213	2	511	29.2	33.6	10.1	31.2
Other Disease or Defect	175	107	1	283	17.3	17.9	5.0	17.3

TABLE III (b). SPECIAL EXAMINATIONS (SELECTED CASES).

DEFECTS REQUIRING MEDICAL TREATMENT.

Defects and Diseases.	Number.						Incidence per 1,000 Examinations.					
	Primary.	*No. req. S.E.T. as H.P.*	*Secondary.*	*No. req. S.E.T. as H.P.*	*Further.*	*Total.*	*Primary.*	*No. req. S.E.T. as H.P.*	*Secondary.*	*No. req. S.E.T. as H.P.*	*Further.*	*Total.*
Intelligence or Mental Condition	6	3	1	2	—	12	.3	.2	.6	1.2	—	.6
Psychological Condition	—	—	—	1	—	1	—	—	—	.6	—	—
Speech	1	2	2	1	—	6	.1	.1	1.2	.6	—	.3
Cleanliness	1	—	—	—	—	1	.1	—	—	.1	—	—
Pediculosis	—	—	2	—	—	2	—	—	1.2	—	—	.1
Skin Disease—Contagious : Ringworm, Scalp	3	—	—	—	—	3	.1	—	—	—	—	.2
Ringworm, Body	2	—	1	—	—	3	.1	—	.6	—	—	.2
Scabies	140	—	5	—	—	145	7.3	—	2.9	—	—	7.0
Impetigo	51	—	4	—	—	55	2.7	—	2.3	—	—	2.6
Other	152	—	4	—	—	156	7.9	—	2.3	—	—	7.4
Teeth—Cleanliness	—	—	2	—	—	2	—	—	1.2	—	—	.1
Caries	2	—	1	—	—	3	.1	—	.6	—	—	.2
Gums—Gingivitis	—	—	—	—	—	—	—	—	—	—	—	—
Eye—External Eye Disease	2	—	4	—	—	6	.1	—	2.3	—	—	.3
Squint	3	—	3	—	—	6	.1	—	1.8	—	—	.3
Visual Acuity—Distance (Snellen)	17	1	25	—	—	43	.9	.1	14.6	—	—	2.1
Close (Jaeger)	—	—	1	—	—	1	—	—	.6	—	—	—
Colour Vision	—	—	—	—	—	—	—	—	—	—	—	—
Other Eye Defect	72	—	2	—	—	74	3.8	—	1.2	—	—	3.5
E.N.T.—Defective Hearing	2	—	1	—	—	3	.1	—	.6	—	—	.2
Otitis Media	2	—	2	—	—	4	.1	—	1.2	—	—	.2
Other Ear Disease	68	—	—	—	—	68	3.5	—	—	—	—	3.2
Nose	—	—	1	—	—	1	—	—	.6	—	—	—
Enlarged Adenoids	4	—	4	—	—	8	.2	—	2.3	—	—	.4
Chronic Tonsilitis	4	—	12	—	—	16	.2	—	7.0	—	—	.8
Enl. Adenoids and Chronic T.	10	—	5	—	—	15	.5	—	2.9	—	—	.7
Other Nose or Throat Defect	122	—	1	—	—	123	6.3	—	.6	—	—	5.9
Enlarged Cervical Glands (Non-Tub.)	1	—	2	—	—	3	.1	—	1.2	—	—	.2
Blood (Anaemia, etc.)	2	2	2	3	—	9	.1	.1	1.2	1.5	—	.4
Heart—Organic	—	1	1	2	—	4	—	.1	.6	1.2	—	.2
Functional	—	—	2	—	—	2	—	—	1.2	—	—	.1
Rheumatism or Chorea	1	1	—	—	—	2	.1	.1	—	—	—	.1
Lungs—Bronchitis	2	2	2	2	—	8	.1	.1	1.2	1.2	—	.4
Other Non-Tuberculous	—	—	1	—	—	1	—	—	.6	—	—	—
Tuberculosis (all forms)	2	2	—	2	—	6	.1	.1	—	1.2	—	.3
Nervous System	—	—	—	—	—	—	—	—	—	—	—	—
Alimentary—Appetite	—	—	—	—	—	—	—	—	—	—	—	—
Digestion	—	1	—	—	—	1	—	.1	—	—	—	—
Constipation	—	—	—	—	—	—	—	—	—	—	—	—
Abdominal Organs	—	—	—	—	—	—	—	—	—	—	—	—
Sex Organs—Testes, Catamenia, etc.	—	—	—	—	—	—	—	—	—	—	—	—
Skeletal Defects—Past Malnutrition	1	—	—	—	—	1	.1	—	—	—	—	—
Other Cause	—	—	5	—	—	5	—	—	2.9	—	—	.2
Posture (Standing)	1	1	9	—	—	11	.1	.1	5.3	—	—	.5
Other Deformities	13	5	20	2	—	40	.7	.3	11.7	1.2	—	1.9
Other Disease or Defect	1,291	4	6	3	—	1,304	61.9	.2	.4	1.5	—	62.2

TABLE III (*b*). SPECIAL EXAMINATIONS (SELECTED CASES).

DEFECTS REQUIRING TO BE KEPT UNDER "SUPERVISION" BUT NOT REQUIRING SPECIFIC MEDICAL TREATMENT.

Defects and Diseases.	Number.				Incidence per 1,000 Examinations.			
	Primary.	*Secondary.*	*Further.*	*Total.*	*Primary.*	*Secondary.*	*Further.*	*Total.*
Intelligence or Mental Condition	7	8	—	15	.4	4.7	—	.7
Psychological Condition	1	—	—	1	.1	—	—	—
Speech	11	3	—	14	.6	1.8	—	.7
Cleanliness	4	1	—	5	.2	.6	—	.2
Pediculosis	—	—	—	—	—	—	—	—
Skin Disease—Contagious : Ringworm, Scalp	—	1	—	1	—	.6	—	—
Ringworm, Body	2	3	—	5	.1	1.8	—	.2
Scabies	5	1	—	6	.3	.6	—	.3
Impetigo	1	1	—	2	.1	.6	—	.1
Other	23	10	—	33	1.2	5.8	—	1.6
Teeth—Cleanliness	4	4	—	8	.2	2.3	—	.4
Caries	10	8	—	18	.5	4.7	—	.9
Gums—Gingivitis	—	—	—	—	—	—	—	—
Eye—External Eye Disease.	5	4	—	9	.3	2.3	—	.4
Squint	11	4	—	15	.6	2.3	—	.7
Visual Acuity—Distance (Snellen)	24	16	—	40	1.2	9.4	—	1.9
Close (Jaeger)	—	1	—	1	—	.6	—	—
Colour Vision	—	—	—	—	—	—	—	—
Other Eye Defect	8	3	—	11	.4	1.8	—	.5
E.N.T.—Defective Hearing	4	2	—	6	.2	1.2	—	.3
Otitis Media	2	5	—	7	.1	2.9	—	.3
Other Ear Disease	17	3	—	20	.9	1.8	—	1.0
Nose	2	2	—	4	.1	1.2	—	1.9
Enlarged Adenoids	4	7	—	11	.2	4.1	—	.5
Chronic Tonsilitis	34	56	—	90	1.8	32.7	—	4.3
Enl. Adenoids and Chronic T.	7	18	—	25	.4	10.5	—	1.2
Other Nose or Throat Defect	26	7	—	33	1.4	4.1	—	1.6
Enlarged Cervical Glands (Non-Tub.)	7	24	—	31	.4	14.0	—	1.5
Blood (Anaemia, etc.)	4	28	—	32	.2	16.4	—	1.5
Heart—Organic	8	9	—	17	.4	5.3	—	.8
Functional	3	12	—	15	.2	7.0	—	.7
Rheumatism or Chorea	3	—	—	3	.2	—	—	.1
Lungs—Bronchitis	2	9	—	11	.1	5.3	—	.5
Other Non-Tuberculous	8	4	—	12	.4	2.3	—	.6
Tuberculosis (all forms)	1	4	—	5	.1	2.3	—	.2
Nervous System	4	6	—	10	.2	3.5	—	.5
Alimentary—Appetite	—	—	—	—	—	—	—	—
Digestion	—	—	—	—	—	—	—	—
Constipation	—	—	—	—	—	—	—	—
Abdominal Organs	1	1	—	2	.1	.6	—	.1
Sex Organs—Testes, Catamenia, etc.	2	4	—	6	.1	2.3	—	.3
Skeletal Defects—Past Malnutrition	3	—	—	3	.2	—	—	.1
Other Cause	18	8	—	26	.9	4.7	—	1.2
Posture (Standing)	11	13	—	24	.6	7.6	—	1.1
Other Deformities	31	47	—	78	1.6	27.4	—	3.7
Other Disease or Defect	460	19	—	479	23.9	11.1	—	22.9

Adenoids and Tonsils.

The following little table shows the position at a glance.

INCIDENCE PER 1,000 CHILDREN AT PERIODICAL EXAMINATION.

	Requiring Surgical Treatment.				Not requiring immediate Surgical Treatment, but "Supervision" pending general treatment of child.			
	Prim.	*Sec.*	*Fur.*	*Total.*	*Prim.*	*Sec.*	*Fur.*	*Total.*
Adenoids only ...	3.3	0.7	—	2.3	14.1	4.6	—	10.4
"Chr. Tonsillitis" only	12.4	6.8	—	10.1	98.8	43.3	35.2	77.5
Both Adenoids and Tonsillitis ...	14.3	4.6	—	10.5	20.6	9.9	—	16.4

These figures show a slight general improvement over those for 1945, but it is insufficient to be of particular statistical significance.

Enlarged Neck Glands.

The incidence of non-tuberculous enlargement of the lymphatic glands in the neck in children is a reflexion of the incidence of diseased tonsils. The following is the record of the results of "periodical" examination since 1940 The figures relating to cases for "supervision" only are particularly interesting, since these relate practically entirely to diseased tonsils, of which the swelling of the neck glands is a natural reaction. Steady improvement is shown over the 7-year period.

	Needing Specific Treatment per 1,000 inspected.			Needing observation only pending other treatment (e.g. to tonsils) per 1,000 inspected.		
1940 Elementary only ...	1.9			45.3		
1941 " " ...	1.1			42.9		
1942 " " ...	1.0			23.1		
1943 " " ...	0.6			37.3		
	Prim.	*Sec.*	*Total.*	*Prim.*	*Sec.*	*Total.*
1944	0.6	0.9	0.7	52.7	27.4	48.7
1945	0.8	1.1	0.9	49.4	17.1	43.2
1946	0.8	0.7	0.7	39.1	16.7	30.4

Organic Heart Disease.

This condition, occurring in children examined at school, is in most cases recorded among the group "requiring observation" as opposed to needing active treatment. The incidence of this rose from 8.3 in 1944 to 10.6 per 1,000 children examined in 1945, and fell to 8.7 per 1,000 in 1946.

(b) Special Examinations (Selected Cases).

The children brought to the Medical Officer for "special" examinations when not due for the full periodical age group examinations are suspected (by parent, teacher, nurse or doctor himself) to be abnormal, unwell or suffering from some defect. Therefore the analysis of the incidence of defects per 1,000 children examined at "Special Examination" is of less interest than that relating to children at periodical examination, when the children are selected only by age, not on suspicion of defect.

It must also be borne in mind that a large proportion of the " special " examinations are made at school clinics, where under the present statistical system every first attendance in the year counts, or is supposed to count, as a " special examination."

The number of defects, and the incidence per 1,000 " specials " examined, are both shown in Table III (*b*), but it is doubtful whether the work entailed in making the analysis in the case of specials is worth the result, and this table may be omitted from future reports. The analysis of defects occurring at periodical age group examinations is more interesting and valuable, and should be continued.

NUTRITIONAL CONDITION OF THE SCHOOL CHILDREN.

The assessment of the nutritional condition of the primary and secondary school children was made during 1945 in the same manner as in the last five years, that is, by thorough medical examination at the time of periodical medical inspection of the prescribed age groups. No special nutrition surveys were made, since, if these are to be conducted with sufficient care to be of value, they absorb nearly as much time as a full periodical examination. Even the assessments made at these full examinations, depending as they do very largely upon the child's state on the actual day of inspection, with insufficient background of history and knowledge of the actual economic, feeding, and other home and family conditions, are probably of questionable value, as I have suggested in previous annual reports. It is considered by many School Medical Officers that the figures are definitely misleading and dangerous. Indeed, it is understood that the clinical assessment of nutritional condition by School Medical Officers will be dropped as a requirement of the Ministry of Education at the end of 1947, the new national school medical record cards which are being issued having a space to record " general physical condition " in three grades instead of " nutritional condition " in four grades as has been requested up to the present. Perhaps there is not much difference between " general physical " and " nutritional " condition, but the former will take into account the effects of past malnutrition and disease, such as skeletal defects and loss of teeth, which may have been due to malnutrition in early infancy though the present nutritional condition may be good.

In my Annual Report for 1943, a table was included which showed the varying percentages of children assessed as " malnourished " (Categories C and D) by each of the separate Assistant County Medical Officers. These percentages ranged widely on either side of the " average " (arithmetic mean) of the lot. Indeed, the statistical measure of this deviation known as the " Standard Deviation," amounted to no less than 6.5%, which means that the actual " average " percentage—14.8% in 1943—of malnutrition was subject to sampling error to the extent of 6.5 on either side of 14.8 giving a range of 8.3% to 21.3% malnourished.

This investigation was sufficient to show the limited value of the " average " malnutrition percentage found among the school children, and has not been repeated since 1943.

The results of the assessment work during 1946 as shown in Table IV below and the comments thereon, must therefore be considered in the light of the shortcomings revealed in the 1943 analysis.

COMMENTS.

In the past, interesting comparisons between the nutritional condition of secondary and primary school children have been possible owing to the examination of children of almost similar age groups in each type of school, i.e. primary school leavers and the 2nd (12-year) secondary age group. These comparisons have consistently shown the secondary school children of that age to be better nourished than the primary school children, and to an extent that is statistically significant. This comparison, however, began to be confused in 1945 by the reorganisation of schools for children over the age of 10 under the 1944 Act ; for most children of 11-plus became classed as secondary school children in the Autumn term. In 1946 the comparison ceases altogether. Though it could be continued by comparing the nutritional condition of children in Modern Secondary Schools with that of those in Grammar and Technical Schools, separate figures for these three types of Secondary School have not so far been kept.

The results of the year's work on the assessment of the nutritional condition of the school children, for what they are worth, are shown in Table IV. This for the first time includes a section for " children " enjoying Further Education, and the high standard of nutrition as assessed for those adolescents is remarkable. The number examined in this group is as yet so small however, 199 in 1946, that the percentage of children assessed as of " excellent " nutrition (46.7%) would be subject to a considerable " sampling error."

It will be noted that generally, as the groups of children assessed increase in age, the percentage classed as "A" (excellent) increases, and classed as " C " (slightly subnormal) and " D " (bad) both decrease.

TABLE IV.

Classification of the Clinical Assessment of the Nutritional Condition of Children examined at the Periodical (Age Group) Inspections during the year.

Age Group.	No. Inspected.	A (" Excellent ").		B (" Normal ").		C (Slightly Subnormal).		D (Bad).		Total Malnourished (C *plus* D).	
		No.	%	*No.*	%	*No.*	%	*No.*	%	*No.*	%
Primary	10,124	1,890	18.7	7,322	72.3	890	8.8	22	0.2	912	9.0
Secondary	6,043	1,449	24.0	4,119	68.0	463	7.7	12	0.2	475	7.9
Further	199	93	46.7	92	46.2	14	7.0	—	—	14	7.0
GRAND TOTAL ...	16,366	3,432	21.0	11,533	70.5	1,367	8.4	—	0.2	1,367	8.4

As compared with 1945, the percentage of children considered malnourished (Categories C and D) is lower for all ages (8.4% as against 11.5%), while the primary school children particularly show improvement (9.0% as against 12.2% in 1945).

Provision of Solid Meals in School.

The Chief Education Officer has kindly supplied the following note and table with regard to the feeding of children in school during 1946.

1. *Provision of Meals in School.*

The increase in the number of children taking the mid-day meal at school was maintained during 1946, and the difficulties experienced during 1945 in obtaining the consent of planning authorities to the erection of prefabricated huts were overcome. With the completion of the Development Plan, it became possible to get a clear idea of the short term and long term plans for the School Meals Service and consequently the major task during the latter part of 1946 was the preparation of what might be termed the School Meals Service Development Plan. The policy of providing more individual canteens and of " breaking down " the central cooking depots is continued. Where possible the proposals for the permanent kitchen scheduled as part of the adaptations under the Development Plan are to be carried out now ; where this is impracticable a temporary kitchen is to be erected or a prefabricated hut as a kitchen and dining room. Under the Building Regulations schools of 7 classes and under will have no separate dining hall. In planning the Meals Service in such schools, the Ministry of Education have made it clear that they will not agree to a prefabricated hut as a temporary dining provision where the classrooms can reasonably be used for dining until the assembly hall is built, or, if the school is not large enough for an assembly hall, until the adapted classrooms are ready. In a county like Devon, where there is a preponderance of small rural schools, this inevitably means that for a time children in some schools will continue to dine on desks.

Another important development of the year was the issue by the Ministry of Education of Circular 97. The Committee have already begun to relieve Teachers of the routine work of canteens, by the appointment of Supervisors ; they will shortly take this a step further by the appointment of assistants to supervise the children at meal time and in the mid-day break.

Comparative Statement showing the growth of the School Meals Service :—

School Meals.	*December,* 1945.	*December,* 1946.
Number of Canteens and Dining Centres	463	487
Number of Primary children taking mid-day meals daily	15,797	18,416
Percentage of Primary children taking meals	49.9%	59.3%
Number of Secondary children taking mid-day meals ...	9,402	10,791
Percentage of Secondary children taking meals	63.2%	70.3%
Number of Primary and Secondary children taking mid-day meals daily	25,199	29,207
Percentage of Primary and Secondary children taking mid-day meals daily	54.2%	62.9%

Note.—The numbers and percentages in this table refer to the position on the *selected* day, and the percentages are worked out on the basis of children *present*, not the total number on the rolls.

COMMENTS BY THE SCHOOL MEDICAL OFFICERS.

The quantitative progress during 1946 was noteworthy, and it is a remarkably fine achievement for the Education Department to have succeeded in building up a catering service of a calibre large enough to provide a substantial mid-day meal for over 29,000 school children daily, and to have succeeded in feeding nearly two-thirds of all the primary and secondary school children.

On the qualitative side it is good to note the gradual breaking up of the large cooking depot system and the reversion towards the individual school kitchen or at least towards small kitchen units serving just a few schools.

The large cooking depots served a useful emergency purpose during the war, but their very nature they cannot provide meals containing the maximum nourishment available from the raw food materials. In a big depot in order to get the meals ready for transport to the more distant schools in time for school dinners, potatoes and some other vegetables have to be prepared the previous day, and often left soaking in water overnight (to reduce discolouration and flabbiness). The long wait combined with the solvent effect of the water, must cause a very substantial reduction in the effective content of water-soluble vitamins and minerals in the vegetables. Moreover, certain meats must also be cooked the day before and warmed up before despatch. This probably affects the nutritive value less than in the case of previous-day preparation of vegetables, but the finished product is liable to be rather less appetising than a freshly roasted joint, transport of the food long distances at sustained high temperatures, is liable to reduce still further the value of the meal, while water of condensation is liable to form on the under-surface of container lids and slightly impair the flavour of the food.

The cooking of potatoes in their skins has made little headway, partly on account of prejudice, but also because in the first part of the year the skins of many of the varieties of potato available are so deeply eyed or scarred by slugs, which also are to be found deep in the flesh of the potatoes and may easily be overlooked when the potatoes are skinned before cooking. It seems that concentration on increasing the practices of frying, roasting and baking potatoes may be a more profitable policy for preserving the nutritive value of the potato in future instead of flogging the tired horse of boiling before skinning.

MILK IN SCHOOL SCHEME.

Tables V (*a*), (*b*) and (*c*) outline the position with regard to milk in schools during 1946.

Table V (*a*) gives the figures for *children* taking milk in schools.

With the introduction of Family Allowances, the Government decided that free milk should be made available to all children. The scheme was somewhat curtailed as the amount allowed for each child was limited to one-third of a pint daily. The Committee are following the policy of the Government in endeavouring to supply some form of heat-treated milk wherever possible, although in a number of cases a designated supply is not yet available.

TABLE V (*a*).

	Primary.	*Secondary.*
No. of children on books : Devon ... 50431		
Evacuees ... 247	34,082	16,596
No. of children present on selected day	31,032	15,352
No. of children present on selected day taking milk ...	29,259	11,762
Percentage of children present on selected day taking milk	94%	76.6%
Total number of schools	462	60
Percentage of schools with scheme in operation ...	97.1%	100%

The percentage of children taking milk of some type or other, liquid or dried, in schools has risen substantially during the last year. On the selected day in 1945 the figures were 77.9% for primary and 53.6% for secondary schools.

Table V (*b*) indicates the figures for *schools* receiving milk.

TABLE V (*b*).

	Schools not receiving milk.		Schools receiving milk.	
	No.	*Percentage.*	*No.*	*Percentage.*
Nursery	—	—	—	—
Primary	13	2.9%	449	97.1%
Secondary	—	—	60	100%
Further	—	—	—	—
Totals ...	13	2.9%	509	97.5%

The percentage of schools taking milk of some variety or other, liquid or dried, has risen from 92.8% last year to 97.1%, but there are still too many schools in which the supply, if liquid, is not relatively "safe," it is not either pasteurised (or other "Heat-Treated") or Tuberculin tested.

Table V (*c*) analyses the types, or grades, of school milk supply, from which it will be seen that 19% of school milk supplies are of the " non-designated " type, and a further 28.4% are " accredited " only, giving no safeguard against infection with bovine tuberculosis, a risk, that should not be run. Thus 47.4% of the school milk supplies cannot yet be considered safe against possible transmission of tuberculosis, while only 29.4% pasteurised (or other " heat-treated ") supplies are safe against infections other than tuberculosis. In this connection, it is worth noting that there have been some cases of undulant fever among school children during the year, and in one case infection was definitely traced to a raw (though T.T.) domestic milk supply. (This milk was produced in the county, though it was consumed and infected the child within the city of Exeter.)

Steps are being taken in co-operation with the Ministry of Food to increase the number of Pasteurised and T.T. milk supplies to schools during 1947.

TABLE V (*c*).

	T.T.		Past.		Acc.		Non-Des.		Dried.		To-tal.
	No.	%	*No.*	%	*No.*	%	*No.*	%	*No.*	%	
Nursery	—	—	—	—	—	—	—	—	—	—	—
Primary	67	14.9	119	26.5	124	27.6	96	21.3	43	9.5	449
*Secondary ...	6	10	31	51.6	21	35	1	1.6	1	1.6	60
Further	—	—	—	—	—	—	—	—	—	—	—
All Schools ...	73	14.3	150	29.4	145	28.4	97	19	44	8.6	509

*Including Modern Secondary, Grammar and Junior Technical.

Veterinary Infestation of Herds supplying School Milk.

Mr. A. Beynon, Divisional Inspector, Ministry of Agriculture and Fisheries, has kindly supplied the following report on work which his Department has undertaken during the year. The figures concern only herds providing milk other than " T.T." or " Accredited," since these are inspected already by him under the routine arrangements under the Milk Special Designation Order, 1936.

Number of herds believed to be supplying milk (other than T.T. or Accredited) to schools	113
Number of herd inspections made	402
Number of cattle examined	4,786
Number of cows found to be suffering from mastitis	6
Number of cows found to be suffering from tuberculosis	4

The four tuberculosis cows were slaughtered under the Tuberculosis Order, 1945.

VERMINOUSNESS.

During the year the new arrangements for the control of verminousness under Section 54 of the Education Act, commented upon in my report last year, have worked a little better than expected. The Ministry of Education relaxed the rule that required the Medical Officer who signs a compulsory Cleansing Order to examine personally the child in respect of whom the order is made. The Medical Officer may now act upon the report of the Health Visitor-School Nurse, or the Nursing Assistant, approved to make the routine examination for vermin. Without this relaxation, disinfestation of school children whose parents fail to do so on notification, would be almost impossible to secure in rural areas. Even so, it is still a very slow process since the cleansing order drafted by the examining officer may have to be posted to the nearest Assistant County Medical Officer to sign.

Extent of Verminousness.

The Ministry of Education require records kept of the number of *individual* school children found verminous during each year. When the administrative scheme for the control of pediculosis was modified in 1945 for 1946, the system of recording results overlooked the possibility that a child might be recorded as verminous more than once in any complete year, for arrangements were made for each school to be surveyed once a term, if possible, each " Survey " consisting of an initial examination of every pupil in the school followed by a series of follow-up examinations, at one or more days interval of the verminous children. Therefore, when collating the statistics at the end of the year, unless a child found verminous at a second or third survey in the year is marked as " previously verminous during the year," she will be considered each time as an " individual verminous child."

This omission was discovered too late to affect 1946, but arrangements will be made for 1947 to obviate the chance of a child being included more than once as an individual" found verminous " in any one year ; similarly with the figures for " individual children disinfested " under Section 59 of the Act.

For 1946, however, it has been decided to include in Table VI below only the figures which relate to children seen in the first survey made of each school during the year. Most of the children will have been covered in this first survey, and it is well known that most of the verminous children come from " chronic " families (due to poor housing and sanitary equipment, or to parental inaptitude or fatigue). Hence it is probable that a pretty high percentage of all the children found verminous during the year would have been picked up in the first survey.

Nevertheless the figures for 1946, and the 1946 " Infestation Index " (percentage of verminous children based on the average attendance figure), recorded in Table VI must not be regarded as anything more than a minimal guide, and comparisons should not be made between the 1946 and previous figures. Comparisons can be resumed in 1947.

TABLE VI.

Verminous and Dirty Conditions.

	Primary and Secondary (excluding Grammar).		
	Routine.	*Casual.*	*Routine and Casual.*
1. Average number of visits per school made during the year by each School Nurse or Nursing Assistant	6.1	3.1	9.3
2. Total number of examinations of children in schools by the School Nurses or Nursing Assistants	124,178	8,204	132,382
3. Number of individual children found infested	1,521	935	2,456
4. Infestation Index :— No. of individual children found infested × 100 / *Estimated average attendance.	3.4%	—	—
5. Number of individual children disinfested under Section 54 (3) of the Education Act, 1944	54	265	319

6. Number of cases in which legal proceedings were taken :—

Under Section 54 (6) of the Education Act, 1944 ... ... *Nil.*

Under Section 54 (7) of the Education Act, 1944 ... ... *Nil.*

7. Number of successful prosecutions under Section 54 (6) of the Education Act, 1944 *Nil.*

Number of successful prosecutions under Section 54 (7) of the Education Act, 1944 *Nil.*

**On basis of 90% average attendance.*

COMMENTS ON TABLE VI.

As is to be expected, the " infestation index," or percentage verminousness, as recorded for 1946 is sharply lowered, but clearly if further children found to be infested in surveys after the first of the year had been included, the numerator of the fraction number of individual children found verminous × 100 estimated average attendance on which the index is calculated would have been considerably greater.

An actual average attendance figure for 1946 could not be obtained from the Education Office. An estimate has therefore been made as was done for the years 1942-44, on the basis of approximately 90% of the total number of children on the school rolls.

It is hoped that the improvement begun in 1945 will have continued during 1946, and that the 1947 figures, in respect of which the risk of counting a verminous child more than once will have been eliminated, will show a real, not illusory improvement.

It will be noted that much greater use has now been made of the powers under Section 54 (3) of the Education Act to cleanse verminous children compulsorily, 54 children being compulsorily cleansed as a result of the periodical pediculosis surveys and a further 265 children following casual examinations. The latter are chiefly concerned with children who have been known to be frequently infested in the past.

In conclusion, it should be added that the figures regarding Verminousness are approximate. In the case of a few schools information was not available at the time of the compilation of the report.

PHYSICAL EDUCATION.

For the submission of reports on the Physical Education of girls and boys during 1946, I have to thank the Organisers, Capt. A. P. Young and Miss K. Hacker, respectively. More hope creeps into these reports now than was the case in 1944 and 1945, but the lack of playing fields, swimming places, and equipment, including sports shoes, still frustrates the efforts of the organisers. The Physical Education Service is of tremendous importance to the School Health Service, especially from the view point of inculcating a healthy attitude towards exercise and the open air, and of preventing orthopaedic defects.

BOYS.

Almost from the beginning of the year 1946, the position as regards the teaching of Physical Education to senior boys began to improve where Specialist men teachers who had been in H.M. Forces for the previous 4 to 6 years began to come back to teaching duties.

As each man returned I made a point of visiting him to explain the changes brought about by the new Act and, together with his headmaster, discussed a possible scheme and programme of work. The programme proposed provided for two lessons in Physical Training, each of 45 minutes per week, plus 1 hour's Organised Games lesson per week. This has been suggested as the weekly minimum and I am pleased to report that, with few exceptions, this time is now being devoted to the subject—the exceptions exist only where facilities are absent, either through lack of covered accommodation for Physical Training lesson or absence of playing field space.

Secondary Schools.

By the end of the year, 14 Grammar Schools had specialist teachers, 5 had class masters with extra Physical Training qualifications. Of the Modern Secondary Schools, 16 had specialist teachers, 6 had class masters with Vacation Course training, which leaves 7 without a fully competent Physical Training teacher. Whenever vacancies occur in schools lacking a Physical Training man, steps are now taken to advertise for a man possessing the necessary qualifications. Some difficulty is still experienced in finding such teachers, but the situation should improve during the coming year.

I have to report, too, that in dealing with the returned teachers I found a real desire on their part to a Refresher Course. Arrangements are now in hand and the Committee hope to have a week's residential course early in August next year. The work seen during my visits was very satisfactory indeed, bearing in mind the difficulties of resettlement.

Primary Schools.

There is some staffing improvement to report here also. Several new Headmasters have been appointed, all of whom fortunately have proved keen and enthusiastic for Physical Education. Practically all assistant masters who were on service have now returned to their former posts. Here again, however, early steps will have to be taken to get these returned teachers to a Refresher Course. Generally speaking, more freedom and a wider interpretation of the syllabus work is required, but I think this will not be long delayed once the men get really settled down.

Equipment.

Lack of shoes is a really serious handicap in the Primary school as for the war years no small sizes were obtainable. Now controls are off, it is hoped conditions may improve.

Early in the year the controls placed upon all kinds of sports kit by the Government were removed. This has, to some degree, helped the schools, but supplies from the manufacturers are very short, and certain items are still difficult to obtain. Shoes also became decontrolled, and the difficulty at the moment is to persuade pupils to get their own shoes—coupons, of course, being the stumbling block. A certain allocation of coupons has been made to the Committee, but this allocation may not do more than meet the problem of necessitous cases.

Organised Games.

A much keener interest has been awakened in this side of Physical Education. The *per capita* allowance made by the Committee permits of a more generous supply of kit, and the definite inclusion of at least one hour's games per week has helped greatly. There are, however, two big obstacles to tackle—(*a*) provision, care and upkeep of the necessary playing fields, and (*b*) sports clothing. The former is being dealt with as opportunity arises, but it is a huge problem and time will be necessary to come anywhere near a complete solution. For sports clothing so far schools are having to work out their own salvation, but again the main obstacle is coupons.

Games Instruction will have to receive special attention at any refresher courses arranged in the near future.

Swimming.

Wherever facilities for giving instruction existed, the schools were notified and given an opportunity to make use of such facillties. There were cases, however, where lack of qualified staff and distance from the swimming place prevented instruction. Altogether instruction was given in 40 schools. Of these, 31 schools presented pupils for tests. The following certificates were granted :—

Beginners	...	352
Proficiency	...	186
Star proficiency	...	129
Total	...	667

Summing Up.

The year has made a definite step forward. Guidance and refresher courses will have to be maintained, but the outlook is certainly really hopeful.

GIRLS.

General.

The Physical Education in the County as a whole is slowly progressing, though it is still being hampered by lack of indoor accommodation, poor playgrounds, shortage of shoes and equipment, and staffing difficulties.

Though most of the Secondary Schools now have a specialist Physical Training Mistress on the staff, qualified to work in an equipped gymnasium, there are still many schools where the work has suffered through having no suitable teacher to take an active lesson on modern lines.

Training of Teachers.

During the year, classes for women teachers were held as follows :—

Staff.	*Centre.*	*Course.*	*No. of Teachers.*
Miss C. L. Elliot ...	Dartmouth ...	Physical Training	25
do. ...	Paignton ...	do.	39
Miss B. S. Martin ...	Exmouth ...	do.	27
do. ...	Honiton ...	do.	24
Miss M. M. Chetham	South Molton	do.	27
do. ...	Hartland ...	do.	9
do. ...	Torrington ...	do.	34
do. ...	Bideford ...	Three Lecture Demonstrations ...	61
do. ...	Ilfracombe ...	do. ...	27
Miss M. Moore ...	Plymouth ...	Swimming—3 Classes	18
do. ...	Plympton ...	Physical Training	50
do. ...	Kingsbridge ...	do.	30

A residential Teachers' Course in Physical Education was held at Teignmouth again this year from 7th to 17th August. This proved to be a most successful course in every way. A Junior and Infants' Course with Dancing and Games was taken by Miss Cheetham and Miss Moore respectively, and a very inspiring lecture and demonstration with the children was given by Miss Wardle, H.M.I. Approximately 60 teachers attended the Course which was opened by Mr. Philip.

Two teachers were allowed grants to attend Courses in Physical Education at Fredensborg and Loughborough in August.

Accommodation.

Suitable accommodation for the physical training lesson is still inadequate in a number of schools in the County. The resurfacing on some of the playgrounds is slowly getting under way, but many country schools have been waiting their turn for some years now. Where the playgrounds have been put in order, and the school is able to take a regular physical training lesson again, marked improvement is to be seen in the work.

Indoor accommodation also is deficient, and although Village Halls are being used wherever practicable, these are often dark and ill-ventilated or too far from the school to be of any use. It is strongly represented that negotiations should be made for the use of the Territorial Drill Halls where available throughout the County.

The lack of playing fields and the problem of the upkeep of those available has again made it difficult to organize Field Games in the Secondary Schools. It was a matter of regret that the scheme put forward for the use of grass-cutting mobile units had to be abandoned owing to the cut imposed on the annual estimates.

Swimming.

Although this proved to be a shorter season than usual, owing to the cold and wet summer, the swimming, on the whole, has maintained a good standard. 39 schools had a swimming test and certificates were awarded to the girls as follows :—

Beginners	...	298
Proficiency	...	167
Star Proficiency	...	46

Youth Service.

The Women Organisers have visited some of the Youth Service Clubs to give help with the Physical Recreation, and classes have been arranged for girls and women in connection chiefly with Youth Service Clubs in the following places :—

Barnstaple.	Dawlish.	Paignton.
Bradworthy.	Exmouth.	Sidmouth.
Brampford Speke.	Honiton.	South Molton.
Braunton.	Ilfracombe.	Stockland.
Brixham.	Kingsbridge.	Tavistock.
Chagford.	Kingsteignton.	Teignmouth.
Clovelly,	Marldon.	Torquay.
Crediton.	Newton Abbot.	Totnes.

The Women Organisers have also attended G.T.C. Training Courses held in the County at Axminster and Budleigh Salterton, and visited G.T.C. companies and sections in the County during the year.

Devon Physical Education Association.

The Devon Physical Education Association has held three one-day Refresher Courses in Exeter during the year. The one on 11th May was run in conjunction with the Ling Physical Education Association.

The Devon Physical Education Association has approximately 230 members, most of whom are County Teachers, and the refresher courses arranged for them are well attended and much appreciated.

Secondary Schools.

There have been changes in the staff of the physical training mistresses in some of the Grammar Schools, and new appointments made to some of the Secondary Modern Schools, though a number of the latter still lack a qualified mistress to take the physical training.

The Physical Training Scholarship for a three years' course of training was awarded to three candidates this year, who began their training in September.

Assistant Organisers.

Miss Powell left at the end of June to take up her appointment at Peterborough, and Miss Goodwin replaced her as part-time Assistant Organiser and part-time Lecturer to the University College of the South West.

KATHLEEN HACKER,

Organiser of Physical Education.

HANDICAPPED PUPILS.

Provision of Special Educational Treatment.

The new procedure as regards ascertainment of Handicapped Pupils and the provision of special educational treatment appropriate to their disability in accordance with the Handicapped Pupils and School Health Services Regulations, 1945, has now been in operation for 16 months. A full report on the Regulations, the eleven categories of handicap defined in them, and the special educational treatment (" S.E.T.") appropriate for each category, was made in my Report for the year 1945, and need not be repeated.

While the staff have most nobly tackled the more complicated machinery of ascertainment and the increased clerical work involved, it must be admitted that the complication often introduced does tend to create, perhaps unconsciously, reluctance to class a pupil as "handicapped" especially in rural areas where medical officers find it necessary, in order to give parents an opportunity to attend an " ascertainment " examination, to make special, and sometimes repeated, appointments in remote parts of the County that would otherwise not be visited by them for months at a time. Such special appointments can only be arranged in the evenings, on Saturdays, or during School Holidays, unless the ordinary work of School Medical inspections and maternity and child welfare undertaken by the Assistant County Medical Officers is to be interfered with. In the urban areas with a concentrated population and more or less continuous contact between Schools and Clinics those difficulties are much less marked.

As regards the provision of the S.E.T., once the " ascertainment " has been carried out, again there are serious difficulties where the S.E.T. can only be properly given in a Special School. The lack of Special School facilities again probably have some influence on " ascertainment," for although admittedly the horse should come before the cart, if carts are unlikely to be available for years, the breeding of cart horses is liable to be inhibited.

The Committee's Development Plan, as slightly modified after a conference of the Local Education Authorities in the South-West of England, which was held by the Ministry of Education in Exeter last November, provides for the establishment of Special Schools (see page 24) by the Committee. The last column of the list indicates the degree of priority to be assigned.

Apart from the schools shown in the table, which are intended to show the needs of Devon only, there are plans for the provision in Devon (but not necessarily by the Devon Education Committee alone) of a Regional School for Partially Deaf Pupils, and for the provision in Somerset of a regional school for Epileptic pupils.

The West of England School for the Blind has been re-organised during the year, and has now become the West of England Special School for Partially Sighted Pupils, serving the South-West Region. Totally blind pupils from Devon now go to the Blind School at Westbury-on-Trym, Bristol.

The accommodation for Educationally Subnormal children will be increased next year by the removal of the Courtenay Special School, Starcross (under the Royal Western Counties Institution for Mental Defectives) to Withycombe House, Exmouth, where, besides increasing the accommodation the school will be removed from the atmosphere of a Mental Deficiency Institution, which formerly detracted from the value of the Courtenay School. It is proposed that the Withycombe School will cater especially for children who combine " educational subnormality " with " maladjustment " or some other special difficulty of management and care. It will serve other L.E.A's in the South West, besides Devon, and can make only a small contribution to the hostel accommodation needed for the education of the uncomplicated mentally handicapped pupils of Devon.

The number of Handicapped Pupils in the eleven categories and the extent to which appropriate Special Educational Treatment is being provided for them at present, are shown in Table VII.

As compared with last year, the total number of handicapped pupils of school age is a little less, 772 as compared with 785, but the proportion provided with appropriate S.E.T. is a little greater, 516 pupils, or 67%, as against only 459, or 59%, last year.

It should be noted, however, that there are still many pupils, running into hundreds, that are suspected as being handicapped in one particular category, " educationally subnormal," that have not yet been given an " ascertainment " examination, owing to overloading of the staff qualified to make these examinations. At the end of the year, there were about two hundred children on the waiting list for examination for educational subnormality, and it is safe to assume that a substantial proportion of these would be found to be, in fact, Educationally Subnormal, increasing the numbers of children *not* yet provided with the appropriate S.E.T.

Apart from the provision for S.E.T. of " educationally Subnormal " pupils, the chief bottle-necks in the provision of S.E.T. for other handicapped pupils are in the categories of " Partially Deaf," " Epileptic," " Delicate " and " Physically Handicapped " pupils. The deficiencies cannot be remedied until the two regional special schools prescribed above, for Partially Deaf Pupils (Devon) and Epileptic Pupils (Somerset), and the proposed new Devon Education Committee Maintained Schools for Educationally Subnormal, for Delicate and/or Physically Handicapped Pupils have been provided.

Handicapped Pupils. Provision of Special Schools.

Provisional Name of School.	Day or Boarding.	Category of handicapped pupils.	Sex.	Age Range.	Proposed size of School.	Estimated Capital Cost.		Financial Year(s) in which Capital Cost will be incurred.
						Site. £	Bldgs. £	
1.	2.	3.	4.	5.	6.	7.	8.	9.
Torquay	Day.	Delicate and physically handicapped.	Mixed.	2–16	90	2,000	16,200	1947—48
South Devon.	Boarding.	Delicate and physically handicapped.	Mixed.	2–16	90	825	63,000	After 1950 **B**
Plympton.	Day.	Delicate and physically handicapped.	Mixed.	2–11	60	2,000	10,800	After 1950 **C**
North Devon.	Boarding.	Delicate and physically handicapped.	Mixed.	2–11	60	825	42,000	After 1950 **B**
North Devon.	Boarding (100) ; Day (40).	Educationally Sub-normal.	Mixed.	2–16	140 (Places provided for Exeter and Plymouth Authorities.)	7,000	77,200	1951—52
South Devon.	Boarding.	Educationally Sub-normal.	Mixed.	2–16	100 (Places provided for Exeter and Plymouth Authorities.)	1,275	70,000	After 1950 **B**
Torquay.	Day.	Educationally Sub-normal.	Mixed.	2–16	80	3,500	14,400	After 1950 **C**
Devon.	Boarding.	Partially Deaf.	Mixed.	2–16	100 (Provision for the S.W. England area.)	1,275	70,000	1949—50
Devon.	Boarding.	Epileptic.	Mixed.	2–16	100 (Provision for the S.W. England area.)	1,275	70,000	After 1950 **B**

The comparatively small number of pupils " ascertained " as " Speech Defective " may cause some surprise, especially after comparing it with the large number of pupils attending the Special Therapy Clinics, recorded elsewhere in this report. But some of the children suffering from the more severe speech defects will have been placed in some category other than " Speech Defective," e.g. " Physically Handicapped," while a large proportion of the children referred to the special Therapy Clinics have such slight defects, such as slight stammers, as not to warrant the trouble and absorption of staff time necessitated if a formal " ascertainment " is to be undertaken.

TABLE VII.

Handicapped Pupils. Provision of Special Educational Treatment.

	Res. Sp. Sch.	Day Sp. Sch. when practicable	Total needing Sp. Sch.	S.E.T. in ordinary Sch.	Total H.P. in Category.
I. Educationally Subnormal Children.					
Recommended for ...	38	—	38	39	77
At present provided for ...	40	—	40	—	40
II. Maladjusted Pupils.					
Recommended for ...	*32	—	32	—	32
At present provided for ...	30	—	30	—	30
III. Blind and Partially Sighted.					
(a) *Blind.*					
Recommended for ...	24	—	24	—	24
At present provided for ...	20	—	20	—	20
(b) *Partially Sighted.*					
Recommended for ...	24	2	26	4	30
At present provided for ...	21	2	23	4	27
(c) *Blind plus Partially Sighted.*					
Recommended for ...	48	2	50	4	54
At present provided for ...	4	2	43	4	47
IV. Deaf and Partially Deaf.					
(a) *Deaf.*					
Recommended for ...	20	2	22	—	22
At present provided for ...	14	2	16	—	16
(b) *Partially Deaf.*					
Recommended for ...	14	3	17	10	27
At present provided for ...	3	1	4	10	14
(c) *Deaf plus partially Deaf.*					
Recommended for ...	34	5	39	10	49
At present provided for ...	17	3	20	10	30
V. Epileptic.					
Recommended for ...	10	1	11	7	18
At present provided for ...	8	—	8	7	17

TABLE VII. HANDICAPPED PUPILS. PROVISION OF SPECIAL EDUCATIONAL TREATMENT—*continued.*

	Hospital Sch.	Res. Special Sch.	Day Sp. Sch. when practicable.	Total needing Sp. Sch.	S.E.T. in ordinary Sch.	Total H.P. in Category.
VI. DIABETIC.						
Recommended for	1	3	—	4	2	6
At present provided for	—	1	—	—	2	3
VII. DELICATE.						
Recommended for	14	41	130	185	214	399
At present provided for	2	7	101	110	162	272
VIII. PHYSICALLY HANDICAPPED.						
(*a*) *Crippled or Ortho. Cases* :						
Recommended for	18	41	26	85	24	109
At present provided for	1	12	26	39	24	65
(*b*) *Other Physically Handicapped* :						
Recommended for	—	3	6	9	—	9
At present provided for	—	—	—	—	—	—
(*c*) *Total Physically Handicapped* :						
Recommended for ...	18	43	26	87	24	111
At present provided for	1	12	26	39	24	63
COMBINATION OF V, VI AND VII (DIABETIC, DIATETIC, DELICATE *plus* PHYSICALLY HANDICAPPED PUPILS) :						
Recommended for	33	88	162	283	240	523
At present provided for	4	20	127	151	188	338
IX. SPEECH DEFECTIVE.						
Recommended for	3	—	—	3	16	19
At present provided for	—	—	—	—	16	16
X. GRAND TOTAL.						
Recommended for	36	250	170	456	316	772
At present provided for	3	156	132	291	225	516

*Or Hostel in lieu of Special School.

Torquay Open-Air School.

The following report has kindly been submitted by Dr. Thomas Gibson, A.S.M.O., Torquay, and Medical Officer to the Homelands Open-Air Day School.

In my report to you for 1945 I described in some detail the Torquay Open-Air Day School from both a structural and functional point of view. It will now suffice to say that during 1946 the rehabilitation and educational work of the school continued to reach a high standard, despite the unsatisfactory conditions under which the pupils and teachers had to work.

The following tables give the principal statistics for 1946 :—

O.A. School Table (*a*).

	Boys.	*Girls.*	*Total.*
Number remaining on Register from 1945	40	38	78
Number admitted during 1946 ...	25	19	44
Number discharged during 1946 ...	27	20	47
Number remaining on Register at end of 1946	38	37	75

O.A. School Table (*b*).

Periods on School Register.

Periods.	*Pupils remaining.*	*Pupils discharged.*
Under 6 months	20	4
6—12 months	16	12
1—2 years	23	9
2—3 „	6	11
3—4 „	5	6
4—5 „	3	1
5—6 „	1	1
7—8 „	1	2
8—9 „	—	1
Totals ...	75	47

O.A. School Table (*c*).

Classification of Pupils remaining on Register at end of 1946.

Condition.	*Boys.*	*Girls.*	*Total.*
Delicate and debilitated, including Tuberculosis contacts	24	27	51
Asthma	6	4	10
Heart Disease	4	1	5
Pulmonary Fibrosis	1	—	1
Spastic Haemiplegia	1	—	1
Spastic Diplegia	1	2	3
Infantile Paralysis	—	2	2
Tic	—	1	1
Deformity of leg	1	—	1
Totals ...	38	37	75

O.A. School Table (d).
Children discharged during 1946.

Condition on admission.	*Boys.*	*Girls.*	*Total.*
Delicate, Debilitated and Tuberculosis contacts	19	13	32
Asthma	4	2	6
Pulmonary Fibrosis	—	1	1
Cardiac Disease	1	—	1
Eczema	1	—	1
Rickets	1	—	1
Infantile Paralysis	—	1	1
Hemiplegia	1	—	1
For observation	—	3	3
Total ...	27	20	47

Condition of Pupils on discharge.

To a great extent the value of the Open-Air School is to be appraised by a comparison of the condition of the children on discharge with that on admission. This test certainly applies to the largest group of children, namely the delicate and debilitated, which forms about 70% of all admissions. Provided there is no underlying organic disease and home conditions are not too bad, one can reckon on a substantial improvement in such cases. The congenitally delicate child certainly makes slow progress, and some may have to remain in the school almost their whole school life, but they nearly all leave in a reasonably fit condition.

Three such cases—all girls of 14 years—left the school in 1946, and one had been there for 9 years, and the other two for 7 years each. On discharge they were quite satisfactory, both physically and educationally, and fit to take up employment. The best results are, however, obtained from children debilitated, as they so often are, from acute infections such as measles and whooping cough. Of the 32 children in the delicate and debilitated category discharged in 1946, all except 4 (3 boys and 1 girl) had attained to a fairly satisfactory state of health and were deemed fit to attend an ordinary school or, as was the case of 4 who had completed their schooling, to start work.

The 4 children whose condition was not considered satisfactory on discharge, were removed by their parents against advice, and transferred to ordinary schools, where they are still kept under regular supervision, as indeed are all the children discharged.

The advantage of sending asthma cases to Open-Air Schools has sometimes been questioned, but I am convinced that it is a beneficial procedure in certain cases. Children with mild or infrequent attacks of asthma, which do not seriously affect their school attendances, and whose general condition is satisfactory, may very well be left in the ordinary school. But there are cases where life in the open-air school does benefit the asthma sufferer's health, and at the same time enable him to get more education than he otherwise would. The latter point is important, for asthma children are exceptionally bright and intelligent and, in view of their physical handicap, should get as good an education as possible. Most of our cases have had, with benefit, desensitation treatment at the Torbay Hospital, and in 1946 the special exercises recommended by the Asthma Council, were introduced at the school. These exercises are designed to increase the expiratory capacity of the child, and should at least help to overcome his disability. 6 asthma cases (4 boys and 2 girls) were discharged during the year, and of these 3 were school leavers. One a girl had been in the school from the age of 4½ years to nearly 15 years, with an interval of two years when she went to an ordinary school. She had suffered with asthma from infancy, and for many years the attacks were frequent and severe. For a year or more before she left the school, the attacks had become mild and infrequent, and she appeared fit for light work. Another girl had been in the school for just over 2 years, and her attacks, too, had become mild and infrequent, and she was fit for light work. The third leaver was a boy, who had only come to Torquay about a year before, with asthma of moderate severity, but he had no attacks for 3 months before he left school to start work as a joiner's apprentice. The other 3 discharged asthma cases (all boys) were sufficiently recovered to be able to attend an ordinary school. They had been to the Open-Air School for periods of 5 years 2 months, 1 year 9 months, and 1 year 8 months, and all had been free from asthma attacks for at least 3 months before discharge. It is never safe to claim a cure in all asthma cases, but there was good reason to hope that these children would continue free from attacks.

The case of Pulmonary Fibrosis discharged was a girl leaver, who had been in the school for 4 years (except for a short period in Hawkmoor Sanatorium). This had been a marked case of the disease, but she made remarkably good progress, and she was able, on leaving, to take up light work. This girl, I believe, would have remained a chronic invalid, if she had not had the advantage of attending the Open-Air School.

The Cardiac case discharged was a boy admitted with what was thought organic heart disease but later the condition was diagnosed as functional and the boy sent to an ordinary school. The infantile paralysis case was a girl of 14 years, whom at the instance of the Orthopaedic Surgeon was transferred to the Angela Convalescent Home, Tipton St. John, to undergo rehabilitation treatment.

The Hemiplegia case, a boy of 13 years, was discharged to an ordinary school, on account of his conduct and since then he has left Torquay.

The Rickets case, who was admitted after surgical treatment at the Princess Elizabeth Hospital, for convalescence, was discharged cured.

The Eczema case was only in the school for a month, when his family left Torquay.

The 3 observation cases proved negative.

Medical Inspection of Handicapped Pupils who are at Special Schools other than Torquay Open-Air School.

During the year 98 " periodical " examinations (24 boys, 74 girls) were carried out by Devon County Medical Staff at the following Special Schools :—

Ryalls Court, Seaton (Approved School for Evacuated Maladjusted Children).
Torquay Open-Air School.

Thirty-eight of these children (13 boys, 25 girls) were found defective for conditions other than those which primarily render the children " handicapped."

27 children were also examined as " specials " and 736 as " re-examinations."

Arrangements were also in existence for inspectors of the D.C.C. staff to visit the North Devon Special School and Convalescent Home, Lynton. At this school there are usually a few Devon children, and when the Devon Assistant County Medical Officer visits Lynton she arranges to call and examine Devon children, usually monthly.

In addition to the arrangements with the above-mentioned schools, the County Oculist alone visited and examined the children in Church Stile Approved School, Exminster, and the St. Vincent's Approved School, Kennford, by request of the Managements and with the agreement of the Committee.

MENTAL HEALTH SERVICES

Report of County Psychiatrist.

The following report, on the psychiatric section of the School Health Service in general and the work of the two County Psychiatrists in particular, has been prepared by one of the latter, Dr. E. W. Anderson.

The principal changes in the School Psychiatric Service in the last year have been concerned with the appointment of new members of the staff ; (1) an additional Psychiatrist, (2) a psychologist, and (3) a trained Psychiatric Social Worker. With this fundamental staff nucleus it has been possible to proceed with the development of a comprehensive Child Guidance Service.

Child Guidance Service.

The already existing Clinics at Barnstaple and Torquay continue as before. In addition a Child Guidance Centre has been started at Newton Abbot, which runs regularly under the Psychologist and Social Worker with an occasional visit from the psychiatrist in cases which call for specifically psychiatric attention. With the existing staff it is likely that this is all that is possible for the present, but the Clinics and Centres in South Devon should go far to deal with the child psychiatry in this, the more populous half of the County. The problem of the provision of a Child Psychiatric Service in the North and in the sparsely populated districts of the West, particularly the area around Holsworthy, still presents considerable difficulties and is not yet solved. For this part of the County the only solutions would seem to be (1) a travelling clinic or (2) an arrangement with a neighbouring Authority in which psychiatric resources were shared. The second solution will probably be that adopted ultimately. The problem is under active consideration at the moment. It is clear, however, that for an adequate service there is one prime essential, viz. an increase in trained staff. This, particularly, in the supply of trained psychiatrists and psychiatric social workers is likely to prove a considerable stumbling block for years to come. A second psychiatric social worker is essential, but as such highly-trained persons are extremely scarce it is improbable that the vacancy will be filled for some months. Similarly with psychiatrists. To obtain another adequately-trained psychiatrist will also probably prove very difficult. A minimum specialist qualification is the

Diploma in Psychological Medicine together with appropriate experience of Child Psychiatry. I am informed that other Local Authorities are finding considerable difficulty in obtaining whole-time psychiatrists with the qualifications and experience. This difficulty does not seem to apply where part-time service on a sessional basis only is required, and it may be that in time this arrangement will prove the most satisfactory in this County.

Handicapped Pupils.

It is clear that as hinted in my report for 1945 the work of the psychiatrist is already becoming increasingly devoted to psychiatry proper and that the burden of Ascertainment of Handicapped Pupils will, as more Assistant School Medical Officers in the county obtain the Mental Health Certificate, devolve almost entirely upon them. This as pointed out already in the report for 1945 is imperative if the duties of the Authority in the matter of Ascertainment are to be fully carried out. In any case the increasing volume of specialised psychiatric work in other fields, notably Child Psychiatry, including Juvenile Delinquency, would make it impossible for the psychiatrist to undertake routine ascertainment, except of course, in cases of exceptional difficulty where a specialist opinion was called for.

Juvenile Delinquency.

This aspect of the Child Psychiatric Service continues to develop and forms a considerable part of the psychiatrists' duties. The problems usually presented are chiefly larceny with boys and instability or occasional sexual irregularity with girls. Experience confirms the findings commonly reported by others. Of major importance is the problem of the dullard, that is to say, the child of subnormal intelligence who is nevertheless above the level of certifiable defect under the Mental Deficiency Acts. This together with bad or broken homes, bad companionship, lack of adequate outlets in some cases and constitutional instability are the factors which emerge with greatest frequency. It is possible that the provision of an adequate number of backward classes in the schools might do something to diminish the incidence of behaviour anomalies in children of this level of intelligence. Not infrequently the offender is a child who is not " making the grade " at school and who resorts to such behaviour because an appropriate outlet is not available in conformance with his limited capabilities.

With regard to the obviously mentally defective offenders, the desirability of the adequate provision of Special Schooling has been stressed before and need not be reiterated. When the needs of the mentally subnormal of whatever grade are fully met, as they no doubt will be in time, some reduction of the numbers of juvenile delinquents may be expected, though it must be stressed that mental deficiency as such, is not of first importance as a casual factor in this connection.

Hostels.

The Hostels for Maladjusted Children, at Shaldon, Totnes and Exmouth, all of which are now administered by the Education Department, continue to prove invaluable in the disposal, often only temporary, of difficult children.

TABLE VIII.

Educational Retardation and Mental Deficiency.

The number of cases examined by the County Psychiatrists were :—

	New Cases.			Re-examinations.		
	Nursery School	*Primary and *Secondary*	*Further*	*Nursery School*	*Primary and *Secondary*	*Further*
Educationally Subnormal ...	—	88	—	—	73	—
Imbecility	—	41	—	—	30	—
Behaviour Abnormality ...	—	110	—	—	83	—
Epilepsy	—	18	—	—	8	—
Diagnosis not completed ...	—	13	—	—	5	—
Borderline	—	40	—	—	10	—
No evident Psychiatric Abnormality	—	27	—	—	3	—
Totals ...	—	237	—	—	212	—

**Including Modern Secondary, Grammar and Junior Technical.*

The County Psychiatrists were consulted in 23 Devon cases in which action was taken under the Children and Young Persons Act, 1933.

No Devon cases were admitted to the Courtenay Special School, Starcross.

30 Devon cases (19 boys, 11 girls) remained at the Courtenay Special School under Section 35 of the Education Act.

45 cases recommended to the Education Committee for Report to the Mental Deficiency Committee under Section 57 (3) of the Education Act, 1944.

11 cases recommended to the Education Committee for Report to the Mental Deficiency Committee under Section 57 (5) of the Education Act, 1944.

45 cases actually reported by Education Committee to Mental Deficiency Committee under Section 57 (3) of the Education Act, 1944.

11 cases actually reported by Education Committee to Mental Deficiency Committee under Section 57 (5) of the Education Act, 1944.

TREATMENT SERVICES

SECTION A.

TREATMENT OF MINOR AILMENTS AT SCHOOL CLINICS.

Treatment of Minor Ailments continued as usual during the year, most of the work being carried out at School Clinics, though occasionally in isolated rural schools a child is treated in school by a school nurse. No arrangements have been made by the Committee for treatment of school children in such isolated places, where there is no clinic, by allowing them to attend a local doctor's surgery. Indeed there must be very few places where there is a doctor's branch surgery but no school clinic.

The number of premises at which school clinic sessions were held was 56 at the beginning of the year and 56 at the end. The premises vary greatly in character, ranging from the village hall, or room loaned occasionally by a school, and at which sessions are held perhaps twice a month, up to miniature health centres open daily for some school health purpose or other, such as the clinics at Torquay, Newton Abbot, Paignton and Barnstaple. The 56 premises include some rural maternity and child welfare centres at which the first half-hour of each session is devoted to school clinic work.

The scope of treatment provided at the school clinics was slightly increased in 1945 following the coming into force of the Education Act, 1944, and medicinal treatment, which was previously not allowed at school clinics, is now permissible.

Table IX indicates the work done in the treatment of Minor Ailments during 1946. There is a substantial increase in the treatment of minor eye and ear defects, also of skin diseases other than the specially classified contagious ones, which latter show little difference as compared with 1946, but as the minor ailments classified under the heading " miscellaneous " are rather less than last year, the total number of defects treated as " minor ailments " during 1946 is only slightly more than in 1945.

Consultation Service.

The coming into operation of Circular 102 in May modified the financial arrangements with regard to consultations with specialists, but otherwise the only alteration was the valuable appointment by the Plymouth City Council of a Consulting Paediatrician. During the latter part of 1946 this appointment was held on an initial or temporary basis by Dr. Hunter, and some most useful reports on, and advice for, children presenting special medical problems have already been obtained from Dr. Hunter, under arrangements made with the Plymouth City Council.

The other consultation services, namely those furnished by the County Psychiatrists and Tuberculosis Officers, by the staff of general and special Hospitals in the County, including Mr. W. H. Bradbeer who also conducts the special Ear, Nose and Throat consultation service held at the Torquay Central School Clinic, have worked very satisfactorily during the year, though the heavy load on the Psychiatrists, referred to elsewhere in this report, has inevitably been responsible for delays in that section of the consultation work.

TABLE IX.

Minor Ailments (excluding Verminousness or Dirtiness).

	Number of defects treated or under treatment during the year at Clinics attended by a Medical Officer.		
	Under the Authority's Scheme.	Otherwise	Total.
	Primary, Secondary and Further.	*Primary, Secondary and Further.*	
Skin.			
Ringworm—Scalp :			
(1) Radiological Treatment	2	2	4
(2) Other Treatment	17	11	28
Ringworm—Glabrous Skin	115	21	136
Scabies	719	178	897
Impetigo	1,321	95	1,416
Other Skin Diseases	2,280	188	2,468
Minor Eye Defects	1,173	83	1,256
Minor Ear Defects	541	79	620
Minor Nose & Throat Defects	181	117	298
Miscellaneous (Minor Injuries, Sores, etc.) ...	12,550	1,336	13,886
Totals	18,899 907	2,110	21,009 /07

SECTION B.

TREATMENT OF CERTAIN SPECIAL DEFECTS.

Eye and Visual Defects (other than minor ailments treated at the ordinary school clinics).

(*a*) Defective Vision and Squint (other than operative or hospital treatment).

Provision of Spectacles.

The work carried out during the year is shown in Table X (*a*). The work shows a slight increase over last year, and with the re-organisation of the schools which has continued throughout the year, the work in secondary schools has now exceeded that in primary schools, both as regards cases dealt with and spectacles provided.

(*b*) Squint and Orthoptics.

Table X (*b*) indicates the work done during the year. Any cases dealt with as in-patients are also included in the general Hospital treatment In-patient Table No. XIII (*a*) and (*b*).

Reports of the County Ophthalmologists.

The following reports have been submitted by the two County Ophthalmologists, Drs. Margaret L. Foxwell and W. G. Hutton.

Eastern Area. (Dr. Foxwell).

There is little of outstanding importance to report, the year has been chiefly one of settling down to routine work after the constant upheavals of the war years. A certain amount of change still goes on, and is likely to do so for some time, due to the regrouping of schools and scholars. This still has an unavoidable, but upsetting, effect on the programmes and appointments, as it frequently happens that a fair proportion of the children expected to be present at the Primary School have already left for the Secondary School. As the feeding Schools are visited first the child does not miss his examination, it is merely postponed, the most detrimental effect being, on some occasions, the waste of the Oculist's time.

TABLE X (*a*).

Squint and Defective Vision (excluding Minor Eye Defects included in Table VII).

	Number of Defects dealt with during the year.											
	Under the Authority's Scheme.				Otherwise.				Total.			
	Nurs.	*Prim.*	*Sec.*	*Total.*	*Nurs.*	*Prim.*	*Sec.*	*Total.*	*Nurs.*	*Prim.*	*Sec.*	*Total.*
Errors of Refraction and Squint (other than Orthoptic and Operative treatment)	—	4,799	5,003	9,802	—	73	191	264	—	4,872	5,194	10,066
Other Defect or Disease of the eyes	—	183	159	342	—	—	2	2	—	183	161	344
TOTAL ...	—	4,982	5,162	10,144	—	73	193	266	—	5,055	5,355	10,410
Spectacles.												
No. of children for whom spectacles were (*a*) prescribed ...	—	1,053	1,083	2,136	—	30	69	99	—	1,083	1,152	2,235
(*b*) obtained ...	—	1,053	1,083	2,136	—	30	69	99	—	1,083	1,152	2,235

The Clinics are now well established, and though difficult to manage from the Oculist's point of view, have met a real need, many Health Visitors, Teachers and Parents expressing their appreciation. The Tiverton Clinic is being moved from Tiverton Hospital to the Clinic, Rock Close, St. Andrew's Street in January, 1947, and it is hoped to start one on a Saturday morning of alternate months in Honiton, as soon as suitable accommodation can be found.

Numbers and types of cases seen and treated have been much the same as usual, the only outstanding condition which I have noticed has been the quite surprising number of convergence deficiencies which I have found, especially during the last six months of the year. It occurs in school children of all ages, though it is not so definite in the Grammar School children, but in these there seems to have been a corresponding increase of cases of exophoria. Unfortunately, I have not kept records of the numbers, ages, and sex, though I hope to do so as far as possible during the coming months, to see if this increase is sustained, or merely coincident. I have discussed the findings with my colleague, Dr. Hutton, but he has not noticed similar increase in his area. It would be of considerable interest to know whether A.C.M.O's in their routine examinations have found anything similar—muscular weakness, fatigue, etc.—with a view to finding the cause, whether dietary or otherwise. It may of course be purely coincidence, and this can only be determined by correct figures and findings over a reasonably prolonged period.

I would again like to take this opportunity, the only one I have, to record my appreciation and thanks to my Ophthalmic assistant for her efficiency and patience, to the Health Visitors for their constant zeal and co-operation, and to the long-suffering Head Teachers for their unfailing courtesy and help, and their wizardry in conjuring accommodation in already overcrowded premises.

Western Area (Dr. Hutton).

During 1946 the work in the West Devon Ophthalmic Area has proceeded smoothly ; at Torquay on the lines indicated in my last Report, and throughout the rest of the area in a more comprehensive manner ; all children with defective vision being seen at least once during the School Year at their own school and having easy access to a Fixed Periodic Visit in the neighbourhood where they can be seen at a few weeks' notice throughout the rest of the year. With the Health Visitors gearing their work to fit in with my visits and the helpful co-operation of Head Teachers the Ophthalmic work has been carried out effectively and unobtrusively in spite of the very large and difficult area involved and the shortage of well-equipped medical rooms in some parts of the area.

During the early part of 1946 Miss Marmion was appointed Orthoptist in the West Devon Ophthalmic Area and the Orthoptic Clinic at Torquay re-opened. Now at the end of the year the Clinic is running smoothly on a four days a week basis. The Orthoptic training provided is intended to teach children to use both eyes together and so overcome their squints. Such training has its own important place in the treatment of squints and I would estimate that with the aid of glasses, orthoptic training and operation where necessary about 80% of squint cases that co-operate well during the period of treatment recover completely before the age of 10 ; a large proportion subsequently being able to do without glasses. The re-opening of the Clinic—which is now a purely County Orthoptic Centre—has filled an important need in this thickly populated area.

I have been struck during the past two years by the reluctance of parents to allow partially-sighted children to attend the special school provided for them at Exeter. In an ordinary school such children compete at an unfair disadvantage. They tend to become increasingly backward and unhappy and finally to leave school with the additional handicap of an indifferent education added to their visual disability. The school for partially-sighted children is excellent, no blind children attend, and no stigma is attached in after-life to children who have been educated there. It therefore seems a pity that parents should not be eager to take advantage of the excellent opportunities offered to these children by the Education Authorities. Over anxiety and prejudice seem to be the chief reasons for refusal.

Orthoptic Treatment (Rectification of Squints).

During the year, a part-time Orthoptist, Miss Rosemary Marmion, was appointed to re-open the Torquay Orthoptic Clinic, held at the Central School Clinic, which had lapsed, together with the Newton Abbot Orthoptic Clinic, during the war. Miss Marmion took up her duties on 1st January, 1946. The resuscitated orthoptic clinic has been most successful, and towards the end of the year an additional day's attendance, making four days a week instead of three, was approved.

The previously available orthoptic facilities at the West of England Eye Infirmary continue, while those at the Plymouth Eye Infirmary, temporarily in abeyance, were resumed in August ; so the south and centre of the County are adequately served. Orthoptic facilities are badly needed in North and North-West Devon, however, and with the expected appointment of an honorary ophthalmologist to the North Devon Infirmary, Barnstaple, the possibility of starting an orthoptic clinic, either in conjunction with that of the West of England Eye Infirmary, or independent, should be considered in 1947. Failing this, the appointment of another part-time orthoptist, to serve North Devon, and the provision of a room and equipment at one of the Barnstaple (County) Clinics should be considered by the Education Committee.

Table X (*b*) summarises the work carried out at the three existing orthoptic clinics.

TABLE X (*b*).

Orthoptic Treatment.

(At Exeter, Torquay and Plymouth Clinics.)

Note.—Cases receiving **in-patient** *treatment are also included in Tables XI (a) and (b).*

Number on waiting list at end of year	74
New cases seen	175
Old cases seen	35
Total	210
Total attendances	3,141
Cases on treatment at the end of the year	42
Cases cured	44
Cases discharged with cosmetic result only	20
Cases discharged uncured, either as the result of failure of treatment, non-attendance or refusal to accept treatment	17
Cases who left the district during the year	9
Cases operated upon	41
Cases awaiting operation at the end of the year	12

TABLE XI.

Orthopaedic and Postural Defects.

	Residential Treatment with Education.			Residential Treatment without Education.			Non-Residential Treatment at Orthopaedic Clinic.		
	Prim.	*Sec.*	*Total.*	*Prim.*	*Sec.*	*Total.*	*Prim.*	*Sec.*	*Total.*
No. of children treated under the Authority's Scheme ...	114	57	171	—	—	—	800	654	1,454
No. of children treated otherwise	—	—	—	—	—	—	—	—	—
Total No. of children treated	114	57	171	—	—	—	800	654	1,454

Total number of children treated (Residential and Non-Residential).

Prim.	*Sec.*	*Total.*
829	665	1,494

Note.—Nearly all " Residential " children received Non-Residential treatment also, hence the total is less than the sum of the three Groups.

Attendances at Orthopaedic Clinics during the year.

	Prim.	*Sec.*	*Total.*
Non-Tuberculous School Children	2,869	2,445	5,314
Tuberculous	89	43	132
Total School Children ...	2,958	2,488	5,446
	5,916	4,976	10,892

Mr. Norman Capener, Consulting Orthopaedic Surgeon to the County Council, has kindly written the following note on the working of the School Orthopaedic Service during 1946.

" During 1946 it has been possible to utilise in a more normal way the facilities of our out-patient clinics for the supervision of the orthopaedic problems arising in school children. Apart from the early detection of more serious defects, their treatment in hospital and later supervision in these aftercare clinics, the orthopaedic scheme is mainly concerned with giving special advice and supervising treatment for postural defects particularly of the spine and legs. To strengthen our work in this field the Devonian Orthopaedic Association has, during the past year, employed an additional aftercare sister. I am glad to have the co-operation of the School Medical Officers and of the School Staffs generally. I cannot too strongly insist upon the importance of providing older children with proper desks to sit at while at school ; too often they have to carry on at desks which they have long outgrown, with consequent detriment to spinal posture.

At the Princess Elizabeth Orthopaedic Hospital the educational work continues to be as important as its medical and nursing functions. The economies of the past have necessitated the utilization of wards designed for treatment for all the educational activities as well. An important need is the establishment of special school rooms so that as many children as possible can for part of the day be removed from the distractions of the hospital into an atmosphere best conducive for education.

The care of the spastic child (i.e. children suffering from cerebral palsy, often due to defects arising before or during birth) has long been a particular concern of mine. Here education of a special type, with a large emphasis upon physical education in its broadest sense, plays a very important part. It is a matter that requires considerable experimental research and it is to be hoped that there may be established in the county a school of this type. Certainly the need is great for we have large numbers of spastic children in the county, most of whom do not fit in well with the normal educational provisions."

Speech Defects.

During the year, the facilities for the treatment of speech defects have again been improved. A second whole-time Speech Therapist, Miss M. H. Elsworthy, took up duty in September, and is now in charge of Speech Therapy for South Devon, Miss V. Babington remaining responsible for North Devon. No additonal clinics were opened during the year, but in the North, the South Molton clinic, which opened at the end of 1945, is developing well, while the establsihment of an additional clinic at Tiverton is under consideration for 1947. In the South, there was a long period following the resignation of the two part-time Speech Therapists until the new whole-time therapist took up her duties, and Miss Elsworthy has had a big task to recover lost time. One of her clinics, that held at the Swarthmore Hall, Plymouth, is as yet very poorly attended, however. During the interim period facilities were continued at one only of the South Devon speech clinics, namely Exeter, for the Exeter City Education Committee kindly allowed their full-time Speech Therapist, Mrs. J. Piercy (formerly as Miss J. Whittaker, part-time therapist to the County and to the City), to continue to devote one session per week to County cases until Miss Elsworthy took over in September.

Tables XII (*a*) and XII (*b*) record respectively the work done at the clinics, and the analysis of the various types of speech defect discovered and treated.

The particular kinds of speech defect most frequently dealt with were stammer and dyslalia (defective sounding of consonants).

The number of children tested, and the number of attendances made by children at the speech clinics, are a little less than in 1945 owing to the abeyance of the South Devon facilities for a substantial part of the year.

Miss Babington and Miss Elsworthy have each submitted a short report on their work during 1946, and these are here reproduced.

(*a*) Northern Area (Miss Babington).

" The most outstanding factor this year in the field of speech therapy has been the continuation of free treatment after the child has left school.

Hitherto speech therapy ceased automatically upon a child leaving school, regardless of the progress that was being made, and even when very little further treatment might be necessary. Now, however, patients may continue to come to the clinic, either during the day as before, if that is possible, otherwise they may attend an evening clinic in Barnstaple on a Wednesday.

It is of interest that of the 5 patients affected by this new arrangement last July, four have continued treatment voluntarily and one other has resumed treatment after 1 year's lapse. It will therefore be seen that the experiment is well justified.

The growing waiting lists in the area show the increased awareness of the need for speech therapy and may soon warrant additional staff to deal with the situation."

(*b*) Southern Area (Miss Elsworthy).

" Owing, with one exception to the clinics being closed since December, 1945, due to the lack of a Speech Therapist, the attendances were at first low, as many cases had been lost sight of due to change of address, return from evacuation, etc. Realization that the speech clinics are again functioning has spread and attendance and interest have much improved. As a result of the closures of these clinics, most centres now have a formidable waiting list. These however, are already being slowly reduced in number. Schools have been visited whenever possible and the co-operation from all quarters has been most gratifying.

In passing, I should like to mention the case of a boy aged 11 years who was handicapped by the substitution for the sound " S " of a most distressing pharyngeal snort. He had been taken to E.N.T. specialists in London and the provinces, but no anatomical or physiological reason could be found for this defect. His parents were beginning to lose all hope of his ever speaking normally. He commenced treatment in November and after two sessions devoted to breath direction and the correct placing of the organs of articulation, not only had a normal " S " sound been obtained, but he was beginning to use it in ordinary conversation. He now rarely fails to sound " S " correctly and his distressing defect has almost entirely disappeared."

SPEECH THERAPY.

TABLE XII (*a*).

Record of Work Done and Results.

	Central Area.					Western Area.			Northern Area.					
	Exeter.	Newton.	Paignton.	Torquay.	Total.	Plymouth.	Oreston.	Total.	Barnstaple.	Bideford.	Ilfracombe	South Molton.	Total.	Whole County.
1. Cases in attendance at beginning of year	11	15	10	9	45	6	7	13	22	25	11	9	67	125
2. New cases admitted during year	10	3	16	25	54	7	11	18	17	7	7	15	46	128
3. Transfers from other clinics :														
(*a*) Within Speech Therapist's area	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(*b*) Within County, outside area	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(*c*) Outside County	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Sum of 1, 2 and 3 (*c*)	21	18	26	34	99	13	18	31	39	32	18	24	113	243
5. Cases showing marked improvement but not discharged ...	4	3	1	3	11	1	3	4	5	3	3	4	15	30
6. Cases temporarily discharged before cure, to resume treatment later	2	—	3	1	6	—	1	1	5	5	2	4	16	23
7. Cases discharged during year, cured	9	1	1	1	12	1	1	2	14	12	4	5	35	49
8. Cases ceased attendance before cure or discharge	2	5	5	4	16	1	—	1	4	2	—	5	11	28
9. Transfers to other Clinics :														
(*a*) Within Speech Therapist's area	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(*b*) Within County, outside area	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(*c*) Outside County	—	—	—	—	—	1	—	1	—	—	—	—	—	1
10. Cases still in attendance at end of year	17	17	4	15	48	3	7	10	16	13	11	11	51	109
11. Total Effluent (sum of 6, 7, 8 and 9 (*c*))	13	6	9	6	34	3	2	5	23	19	6	14	62	101
12. Sum of 10 and 11	30	23	13	21	82	6	9	15	39	32	17	25	113	210
13. Total Number of Attendances	230	100	58	141	529	18	45	63	388	495	221	273	1377	1969

SPEECH THERAPY.

TABLE XII (*b*).

Clinical Analysis of Speech Defects.

No. of Children suffering from	Central Area.					Western Area.			Northern Area.					
	Exeter.	Newton.	Paignton.	Torquay.	Total.	Plymouth.	Oreston.	Total.	Barnstaple.	Bideford.	Ilfracombe	South Molton.	Total.	Whole County.
1. Physiological or Psychological Defects :														
(*a*) Stammer	3	5	6	8	22	3	3	6	17	12	8	9	46	74
(*b*) Clutter	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Voice Defects.														
(*a*) Aphonia (complete or intermittent total loss of voice) ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(*b*) Dysphonia (complete or intermittemt partial loss of voice	—	1	—	—	1	—	—	—	1	1	—	1	3	4
(*c*) Rhinophonia (Nasality of speech)														
(i) Hyperrhinophonia (including Cleft Palate) ...	2	—	1	1	4	1	—	1	2	—	—	—	2	7
(ii) Hyporhinaphonia	—	—	1	—	1	—	—	—	1	—	—	—	1	2
3. Defects of Articulation :														
(*a*) Dysarthrian (Neuro-muscular inco-ordination) ...	—	1	—	1	2	—	—	—	1	—	—	—	1	3
(*b*) Dyslalia (defective sounding of consonants)														
(i) Simple	3	2	1	4	10	—	5	5	—	3	3	1	7	22
(ii) Multiple	7	7	2	5	21	1	1	2	16	12	6	11	45	68

SPEECH THERAPY. TABLE XII (*b*)—CLINICAL ANALYSIS OF SPEECH DEFECTS—*continued.*

No. of Children suffering from	Central Area.					Western Area.			Northern Area.					
	Exeter.	Newton.	Paignton.	Torquay.	TOTAL.	Plymouth.	Oreston.	TOTAL.	Barnstaple.	Bideford.	Ilfracombe	South Molton.	TOTAL.	Whole County.
4. Language Defects :														
(*a*) Idioglossia (child has special language)	2	1	—	—	3	1	—	1	—	—	—	—	—	4
(*b*) Delayed Speech	2	—	1	2	5	1	—	1	—	—	—	—	—	6
5. Aphasia :														
(*a*) Congenital Word Deafness	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(*b*) Congenital Word Blindness	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(*c*) Other	—	—	—	—	—	—	—	—	—	1	—	—	1	1
6. Defects due to abnormality of special senses :														
(*a*) Deafness	—	—	—	—	—	—	—	—	1	2	—	—	3	3
(*b*) Blindness	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(*c*) Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Probable Mental Deficiency	—	1	—	—	1	—	—	—	—	1	—	1	2	3
8. Multiple Types of Defect	1	—	1	—	2	—	—	—	—	—	1	2	3	5
TOTAL	20	18	13	21	72	7	9	16	39	32	18	25	114	202

Ear, Nose and Throat Defects.

The separate tables indicating the amount of operative treatment carried out for defects of the throat, nose and ear (tonsil, mastoid, sinus operations, etc.), are omitted for the first time this year, as all figures relating to in-patient E.N.T. treatment are incorporated in Tables XIII (*a*) and (*b*).

Table XIII (*b*) shows that 1,272 adenoids and/or tonsil operations were done during the year. This a little more than in 1945 when there were 1,116 operations. As regards ear disease, it is gratifying to note the increase in conservative (as opposed to operative) in-patient treatment of middle ear disease, 39 cases being treated by conservative in-patient methods as compared with 30 cases treated by mastoid operation. Last year the corresponding figures were 5 and 7, when less bed accommodation for children was available in the hospitals. Only 3 operations on the nose and nasal sinuses are recorded for 1946 as compared with 7 in 1945.

In addition to the cases treated under the County Scheme, 4 children are known to have had adenoid and/or tonsil operations arranged privately during the year.

Orthopaedic Defects.

The orthopaedic service for school children continues to be provided for the Committee by the Devonian Orthopaedic Association. For this reason, also because out-patient treatment (not recorded in Table XIII) plays a bigger part than it does in the case of the hospital treatment of E.N.T. defects in children, a separate Table No. XI, for recording the orthopaedic treatment has been returned for 1946, although the in-patient orthopaedic hospital treatment is also incorporated in Table XIII.

SECTION C. GENERAL HOSPITAL TREATMENT—Tables XIII (*a*) and (*b*).

The scheme for the provision of comprehensive in-patient hospital treatment, and for any out-patient treatment that cannot conveniently be given at a School Clinic (either owing to the nature of the disease or to intermittent opening of the Clinic), has been continued throughout 1946. Generally the scheme is working successfully, but there is great delay in getting certain special kinds of defect treated, notably plastic surgery for cleft lip and palate cases. There is also a tragic lack of sufficient in-patient accommodation to allow the efficient treatment of early cases of chronic or threatened chronic middle ear disease ; treatment that would arrest or cure the disease and reduce or prevent deafness.

Financially, the estimates worked out last year for the new scheme are being fulfilled gratifyingly (though perhaps surprisingly) closely. After adjusting the figures given in Table XIII (*a*) relating to the calendar year 1946 to make them apply to the financial year 1946-47, the estimate for hospital " maintenance " (in and out-patient) of £30,000 is almost exactly correct. That for professional fees (in non-local authority hospitals) of £9,000 has not been fully spent however, largely owing to the coming into force in May of Circular 102. This prescribed new national payment scales which were less generous than the previous payments made by the Committee (25% of the maintenance charges). The new scale provides rather small fees when the implications of the scheme are fully appreciated, for now parents are entitled to free hospital treatment for conditions for which many of them would previously have made private arrangements for treatment in Nursing Homes. The Surgeons and Physicians must therefore expect a substantial loss of income in respect of this grade of case, for which the fees outlined in Circular 102 would not seem to make adequate compensation. It is understood, however, that the matter is again under review and that new scales may shortly be prescribed, before the whole scheme has to be fully re-hashed when the National Health Service comes into operation. Only a slight reduction, to £8,500, has therefore been made in the estimate for professional fees for the financial year 1946-47. The estimate for maintenance has been increased to £33,000 to allow for increased use of the scheme and a general rise in hospital maintenance costs.

As regards the types of disease or defects most frequentlydealt with " in-patient " under the scheme, the clinical analysis in Table XIII (*b*) indicates that among " medical " conditions, pneumonia with 39 cases heads the list, but rheumatism with chorea and rheumatic heart disease together amount to 27 cases treated as in-patients.

Among the " surgical " conditions, after passing over the 1,272 adenoid and/or tonsil operations done, orthopaedic cases (198) are closely followed by appendicitis (188). Then come neck gland disease (111), ear cases (69, including 30 mastoid operations) and eye cases (63, including 22 squint operations). Appendicitis is easily the most prevalent of the " acute " surgical conditions treated under the scheme.

No clinical analysis of *out*-patient treatment has been found feasible yet with present staff and office facilities.

TABLE XIII. (a).

Comprehensive Hospital Treatment Scheme.

Comprehensive Scheme.	Type of Case covered by old Scheme.		Admissions.	Discharges.	No. on In-Patient days in respect of discharges.	No. of Out-Patient attendances made by discharged cases.	Maintenance. £ s. d.	Professional. £ s. d.	Other X-Ray. £ s. d.	Total. £ s. d.
		1. Adenoid and Tonsil ... (In-Patient)	1,301	1,272	4,321	—	2,945 15 0	3,141 13 6	—	6,087 8 6
		2. Other Ear, Nose and Throat (In-Patient)	50	38	842	—	589 8 0	112 7 6	—	701 15 6
		3. Squint (In-Patient) ...	29	25	825	—	312 19 7	20 4 0	—	333 3 7
		4. Orthopaedic (In-Patient) ...	174	229	17,965	—	8,353 10 6	—	50 0 0	8,403 10 6
		5. Orthopaedic (Out-Patient)	564	425	—	5,366	1,747 2 0	—	130 10 0	1,877 12 0
		6. TOTAL of 1—5 (old Scheme)	2,118	1,989	23,953	5,366	13,948 15 1	3,274 5 0	180 10 0	17,403 10 1
	Extensions 1945	7. General In-Patient ... (Exclusive of 5 above)	998	1,041	18,106	—	12,528 4 0	2,368 12 11	—	14,896 16 11
		8. General Out-Patient ... (Exclusive of 5 above)	3,141	2,411	—	8,098	1,007 5 0	651 3 2	647 0 6	2,305 8 8
		9. Total of 7 and 8 ... ... (Additions to old Scheme)	4,139	3,452	18,106	8,098	13,535 9 0	3,019 16 1	647 0 6	17,202 5 7
		10. Total In-Patient	2,552	2,605	42,059	—	24,729 19 1	5,642 17 11	50 0 0	30,422 15 0
		11. Total Out-Patient ...	3,705	2,836	—	3,464	2,754 7 0	651 3 2	777 10 6	4,183 0 8
		12. Grand Total	6,257	5,441	42,059	13,464	27,484 6 1	6,294 1 1	827 10 6	34,605 15 8

The entries under lines 1—6 refer to continuation of treatment schemes in force prior to 1st April under the 1921 Act. Entries under lines 7, 8 and 9 apply only to the additional kinds of treatment provided under the extended 1945 scheme to make range comprehensive.

TABLE XIII (*b*).

Hospital Treatment. Analysis of Cases Treated as In-Patients.

(*a*) **Medical Treatment. (Other than Infectious Diseases).**

		Cases.	Total.
Skin Disease (Contagious or Parasitical)		14	
Skin Disease (Non-contagious)		3	
		17	17
Respiratory Disease	(1) Influenza	1	
	(2) Bronchitis	10	
	(3) Pneumonia	39	
	(4) Pulmonary Tuberculosis	1	
	(5) Other Respiratory	27	
	(6) Total Respiratory	78	78
Heart Disease.	(1) Congenital	—	
	(2) Rheumatic	5	
	(3) Other	2	
	(4) Total Heart Disease	7	7
Nephritis		18	
Cystitis		—	
Rheumatism (without Heart Disease)		11	
Chorea		11	
Anaemia and other blood diseases		7	
Digestive or other medical alimentary disease (except Dysentry and Enteric)		2	
Endocrine Disorders		14	
Psychoneurosis		1	
Psychoses (Insanities)		1	
Nervous Disease, Organic (other than infections)		3	
Food Poisoning (other than Infectious Disease)		—	
Nutritional Disorders (including Rickets and Scurvy)		3	
Other Medical Conditions		132	
		203	203
TOTAL (Non-infectious) MEDICAL			305
INFECTIOUS DISEASES (other than Influenza, Pneumonia, Tuberculosis).			
(1) Encephalitis		—	
(2) Poliomyelitis		—	
(3) Cerebrospinal fever		5	
(4) Diphtheria		—	
(5) Whooping cough		—	
(6) Measles		1	
(7) (*a*) Scarlet Fever and/or Streptococcal Sore Throat—Notified		—	
(*b*) Scarlet Fever and/or Streptococcal Sore Throat (unnotified Tonsillitis, etc.)		—	
(8) Chicken Pox		—	
(9) Rubella		—	
(10) Mumps		—	
(11) Dysentery		—	
(12) Typhoid or Paratyphoid Fever		—	
(13) Other Infectious Diseases		—	
(14) TOTAL INFECTIOUS DISEASES		6	6
TOTAL MEDICAL (including INFECTIOUS DISEASES)			311

(*b*) **Surgical Treatment.**

		Cases.	Total.
Burns		14	
Fractures (pre-orthopaedic) :—			
Street Accidents		2	
Other		111	
Other Injuries :—			
Street Accidents		13	
Other		156	
Cervical Adenitis		17	
Foreign Bodies Swallowed		4	
Appendicitis		188	
Other Surgical Abdominal Disease		2	
Hernia		46	
Cryptorchidism		—	
Operations on Kidney, Bladder or Urinary Tract		—	
Other Surgical Conditions of Genitary System		16	
" Abscess " (unsuspected locality)		46	
		615	615
ORTHOPAEDIC.	(1) Poliomyelitis	10	
	(2) General (including late fractures)	188	
	(3) TOTAL	198	198
THORACIC SURGERY.	(1) Rib Resection for Empyema	—	
	(2) Phrenic Avulsion	—	
	(3) Thoracoplasty	—	
	(4) Lobectomy	—	
	(5) Other Thoracic Operation	—	
	(6) TOTAL THORACIC CASES	—	—
EYE.	(1) Squint	22	
	(2) Cataract	4	
	(3) Foreign Bodies	1	
	(4) Injuries	14	
	(5) Other conditions	22	
		63	63
E.N.T.	(1) Adenoid and/or Tonsil Operation	1,272	
	(2) Nasal or Nasal Sinus Operation	3	
	(3) Mastoid Operation	30	
	(4) Otitis Media without major operation	39	
	(5) Foreign Bodies	—	
	(6) Other E.N.T.	48	
	(7) TOTAL E.N.T.	1,392	1,392
PLASTIC SURGERY.	(1) Cleft Lip and Cleft Palate	—	
	(2) Cleft Lip only	—	
	(3) Cleft Palate only	3	
	(4) Other oral	—	
	(5) Reconstruction of Genitalia	1	
	(6) Other Plastic Treatment	—	
	(7) TOTAL PLASTIC	4	4
DENTAL SURGERY.	(1) Extractions as In-patient	9	
	(2) Injuries	1	
	(3) Impacted and Unerupted Teeth	—	
	(4) Dental Abscess	1	
	(5) Cysts (Dental and Dentigerous)	—	
	(6) Orthodontic	—	
	(7) Other Dental	1	
	(8) TOTAL DENTAL	12	12
Congenital Deformity (Unclassified)		—	
Minor Surgical Conditions (Unclassified)		40	
Other Surgical Conditions		21	
TOTAL SURGICAL		61	61
(*c*) **GRAND TOTAL—MEDICAL AND SURGICAL**			2,345
			2,656

SECTION D. SANATORIUM TREATMENT.

Dr. R. L. Midgley, Medical Superintendent of Hawkmoor County Sanatorium, has kindly submitted the following report on children of school age admitted to the Sanatorium during the year.

The provision of educational facilities for these long stay child cases (in addition to the occupational therapy already available) is a step which should be considered now by the Education and Public Health Committees jointly. At present the Sanatorium is not designated (or approved by the Ministry of Education) as a Sanatorium School.

" There were 5 children of school age in the Sanatorium on the 1st January, 1946, and 15 were admitted during the year. 5 children remained in the Sanatorium on the 31st December, 1946.

These 20 cases were grouped clinically as follows :—

2 pulmonary T.B. plus 3,
1 pulmonary T.B. plus 2,
1 pulmonary T.B. plus 1,
4 pulmonary T.B. negative,
9 tuberculous cervical glands,
1 abdominal tuberculosis,
2 observation cases.

The children of the T.B. plus 3 group continued to provide a depressing aspect of work in the Sanatorium, and fortunately the number has been less this year. Of the two cases, one died in the Sanatorium, and the other one is not likely to do well, as the tuberculosis is complicated by diabetes. The other positive cases have done well with A.P. treatment. In only one of these cases has it been possible to establish a definite history of contact with an open case of tuberculosis.

Of the T.B. negative cases, one was a boy with a left pleural effusion who should do well so far as that condition is concerned, but who suffers from a ductless gland disorder which is more likely to be a handicap to him. The second case is that of a girl with a severe infection, which is doing well, and can reasonably be expected to follow the usual satisfactory course of this condition. The two remaining T.B. negative cases are the surviving children of the family mentioned in Dr. Lloyd's report for 1945. These two girls both had pulmonary lesions which were typically tuberculous, but from which tubercle bacilli could not be obtained. They both had unhealthy tonsils, which were removed, and found to contain tuberculous lesions. The improvement in the general health of these children, after removal of these tuberculous tonsils, was most striking. One has gone home, the other remains in the Sanatorium, and there seems a reasonable chance that they may overcome their infection. As regards the first of these four cases, there is a remote family history but no evidence of contact, and in the second case, no tuberculous history at all.

Thus in 8 cases it has only been possible to establish a definite history of contact with tuberculosis in 3 instances.

Of the 9 cases of cervical glands, 8 had operations for removal of the glands and sinuses. In addition 1 child was treated in another institution owing to the urgency of the case, and lack of accommodation in the Sanatorium. Tubercle bacilli were recovered from 8 cases, and in the 2 cases which were typed, both were found to be of the bovine type. All these cases have done well.

The case labelled abdominal tuberculosis was that of a child with no tuberculous history, who was suffering from general debility with dyspeptic symptoms, and who had a positive Mantoux reaction. His general condition and local symptoms showed marked improvement after a month of sanatorium regime.

One of the observation cases was found to be bronchiectasis, and the boy has been accepted for surgical treatment at Frenchay Hospital. The other was a case of general debility with a positive Mantoux reaction, in whom the only definite abnormality was unhealthy tonsils which were removed. The child showed marked improvement after two months of sanatorium regime.

The average length of stay was 19 weeks.

14 children were discharged during the year, and 1 child died. 10 were fit to return to school after the holidays, 1 was recommended to attend the Torquay Open-Air School, 2 were not well enough to attend school, and 1 who had passed the school leaving age was unfit for work."

SECTION E. CHILDREN'S HOME.

The Public Health Committee's Children's Home at Oaklands Park, Dawlish, has served a very useful purpose to the School Health Service. It almost serves as a residential special school for delicate children run on an " open-air " regime, though the children receive only half-day education, but the School children admitted to Oaklands Park receive free treatment, just as if they were in hospital, up to 4 weeks' stay, the Education Committee paying the Public Health Committee's maintenance charge. After 4 weeks, however, if the child stays on at Oaklands Park, parents have to pay the maintenance charge to the Public Health Committee, subject to reductions according to a means test.

With the present lack of residential special school accommodation, the temporary substitute which Oaklands Park offers is indeed most valuable, and the younger children probably derive nearly as much benefit from the half-time education available there than by attending an ordinary school in which the special care they need is not available. Older children, however, will suffer more from the lack of proper educational facilities.

During the year the accommodation at Oaklands Park has been increased to 55, some of the staff having been moved out to a cottage in the grounds, and additional closet, urinal and washing facilities provided for the children."

Statistics for School Children in Oaklands Park Home, 1946.

Number of school children in residence, 1st January	30
Number of school children in residence, 31st December	31
Number of school children admitted for first time during year	252
Number of school children admitted for second time during year	*Nil.*
Average length of stay	13.6 weeks
Greatest length of stay	38.3 weeks
Average gain in weight	4.2 pounds
Greatest gain in weight	15 pounds

CONSULTATION SCHEMES.

The only changes in the method of obtaining consultations with Specialists that have been made during the year are as follows :—

(*a*) Where children are referred to consultants at " voluntary " hospitals, the new financial arrangements under Ministry of Education Circular 102, previously commented upon, apply.

(*b*) Valuable extensions in *ad hoc* consultation clinics have been made for eye, child guidance and speech therapy cases. There are now 23 places in the County where the County Ophthalmologists attend for regular consultation and follow-up eye clinics. Some of these are held monthly, others every 2 months. Usually the eye clinics are held at the same premises as the ordinary school clinics or maternity and child welfare centres, but in a few cases arrangements have been made with a School, or a Hospital, to hold the clinic there. Child guidance and speech therapy clinics have also been extended and are referred to elsewhere in the report.

(*c*) The administrative arrangements for referring school children for consultation with the County Tuberculosis Officers have been modified to bring them into line with those for orthopaedic and general (hospital) consultations, the family doctor (if known) being first written to before arranging the consultation with the Tuberculosis Officer. If no information or comments from the family practitioner are received within 7 days, the consultation is proceeded with. The records of children referred to Consultants are summarised in Table XIV.

TABLE XIV.

(*a*) Psychiatric Consultations :—	
(1) Child Guidance	164
(2) Juvenile Delinquency	20
(*b*) County Consultation Eye Clinics	*751
(*c*) Tuberculosis Officers (Form T)	130
(*d*) Ear, Nose and Throat Surgeons	214
(*e*) Dermatologist	6
(*f*) General Physicians or Surgeons	85
(*g*) Any Other	—
TOTAL ...	1,370

**Children treated. In addition there were 1,970 children re-inspected.*

INFECTIOUS DISEASE IN SCHOOLS, 1946.

No exceptionally severe or large outbreaks of infectious disease occurred in the schools during the year. Chicken Pox was very prevalent, measles rather less than usual, diphtheria very little indeed—only 15 known cases. Very few schools were closed on account of infectious disease outbreaks. Two were closed for measles, one for whooping cough and one for scarlet fever. One was also closed for influenza ! Another was closed for a severe outbreak of coughs.

ABSENTEES FROM SCHOOL NOTIFIED BY HEAD TEACHERS TO HAVE BEEN SUFFERING FROM INFECTIOUS OR CONTAGIOUS DISEASES :—

Chicken Pox	1,288
Conjunctivitis	13
Diphtheria	15
Jaundice	27
German Measles	34
Measles	720
Mumps	298
Scarlet Fever	227
Typhoid	2
Whooping Cough	752
Impetigo	73
Ringworm	39
Scabies	112
Other Skin Diseases	9
Other Diseases	8
Total ...	3,617

EMPLOYMENT OF SCHOOL CHILDREN OVER 12 YEARS OLD

Under the Committee's bye-laws, employment of school children during term time is restricted, on school days, to evenings. The early morning paper rounds, which are usually so detrimental to the health of young children, are therefore not allowed. Before a child may be employed at all, a medical certificate stating that the proposed employment will not be detrimental to health is required. In many cases, however, employment has been found to have been illegally begun before the child is submitted for medical examination, and in some cases employment has continued for long periods without medical approval before the case has been discovered. There is no excuse for this evasion of the bye-laws, since the Committee approved a scheme for the payment of general medical practitioners for certificates of fitness for employment in cases where it would be inconvenient for a child to attend a school clinic (e.g. in remote rural areas) and cannot wait for the A.C.M.O's next visit to the school. This new scheme has been very little used however.

The bye-laws have been relaxed at harvest and other " peak " periods for agricultural labour, owing to the national food shortage.

No. of cases examined by Assistant County Medical Officers... ...	324
No. of cases found unfit for employment, or who were refused employment on other grounds	4
No. of cases whose parents were prosecuted under the Children and Young Persons Act, 1933	1

CHILD WELFARE

Examination of Pre-School Children.

Probably because of the great increase during recent years in the number of Maternity and Child Welfare Centres operating in the County, 54 of which were functioning at the end of the year, the scheme under which children under school age may be brought by their parents to school when there is a medical inspection, for examination and advice, has again been small. Only 44 children were recorded as seen by the Medical Officers, 22 children of each sex were found to be suffering from malnutrition.

The scheme should be used more than it is, as it is still impossible to cover the whole County with Maternity and Child Welfare Centre Services, although with the larger number of centres, and the much greater use of motor transport to bring parents and children in to centres from outlying hamlets and villages, the position is much more satisfactory than it was before the war.

The M. & C. W. Committee now have a valuable scheme for the inspection and treatment of pre-school children at a number of centres in the County, the same County dental staff as with the School Dental Service are employed as much as possible, though very occasionally the services of a private dental practitioner, remunerated on the N.H.I. scale, are utilised. The teeth of pre-school children are reported by Mr. Fletcher, Senior County Dental Officer, to be so much healthier than they were before the war, however, that comparatively little dental treatment is needed for pre-school children at present.

Medical Inspection and Treatment of Children in Private Schools.

The Committee have been approached by a few schools with a view to the provision by the Committee of a partial school health service for the pupils at these schools. Under Section 78 (2) of the 1944 Act arrangements were made during 1946 with certain Convent Schools to provide a full medical and dental inspection service, with a partial treatment service, consisting of minor ailments, eye and psychological treatment at the ordinary and special ophthalmic or child guidance school clinics, also full dental treatment by the County Staff. For such a service, the Committee, with the approval of the Ministry of Education, make a charge on the private school of 10s. per pupil per annum. It is probable that this arrangement will be extended during 1947 to other private schools, and that a service as full as that available for children attending maintained schools, including comprehensive free hospital treatment, may be arranged for those schools that desire it and where staff allows at a cost of £1 per pupil per annum.

During 1946, the following medical inspections were carried out under the " partial service " scheme, all in respect of children attending convent schools.

	Primary.	*Secondary.*
Periodical examinations	44	—
Special examinations	—	—
Re-examinations	—	—

NOTES FROM ANNUAL REPORTS OF INDIVIDUAL ASSISTANT COUNTY MEDICAL OFFICERS.

Area No. 1—Dr. Nora Proctor Sims.

Barnstaple Rural District, Ilfracombe and Lynton Urban Districts, contracting in 1947 to Ilfracombe Urban District, plus Combe Martin and Berrynarbor only in Barnstaple Rural District.

With regard to the work of the School Health Service in my area, I have the following observations to make :—

Periodical Medical Examinations.

In School medical inspections I regard the gap of 5 years between the first two age groups as too long, a routine inspection at 8 years was better. The long 5 year gap is especially undesirable in rural schools where the children have not easy access to a school clinic.

School Milk.

It is to be hoped that the supply of milk bottles will soon be adequate for the milk to be delivered properly. At present the arrangements for serving milk (delivered in bulk) at some schools is unhygienic.

Posture.

There is a good deal of poor posture among the older children in secondary schools ; these cases benefit from remedial exercises classes. Among younger children I found that the majority of those of a poor physique and showing signs of fatigue were those from homes where accommodation was cramped or bad, or where many holiday visitors were taken, or where the mother was out at work for long hours, and as a result of one or other of these reasons the children did not go to bed or to sleep early enough. I did, however, notice a definite improvement in the autumn term (as compared with the same term last year), which I attribute to the stopping of double summer time.

Actinotherapy.

The ultra-violet light clinic started at Ilfracombe this year is proving of great value ; most children appear to benefit in general health from the treatment and a group of cases of chronic otorrhoea at present attending it are doing well.

School Meals.

School dinners are, on the whole, satisfactory, though not enough green and leaf vegetables are provided, possibly owing to lack of staff for preparing them.

Asthma.

The amount of asthma among children is surprising ; is it, I wonder, an aftermath of the psychological stresses and strains of war time ? The damp climate of North Devon is a predisposing factor but not often causative.

Medical Inspections—Accommodation in Schools.

In only one school in my area is there a room which has been put apart for medical inspections. I hope that the planners of the future schools will consider how unsuitable it is to have to conduct a medical inspection in half a class room, or in the head teacher's small and overcrowded office or in the girls' cloak room.

I gratefully acknowledge excellent co-operation during the year from Health Visitors and Teachers.

Comments.

Probably all will agree with Dr. Proctor Sims that an additional full "age group" medical examination between the entrant and 10-year-old groups is very desirable. It cannot be carried out, however, with the existing staff, even by dropping one of the latter age groups, among Secondary School children. The number of children contained in these later age groups is at present very much less than in, say, the 7-year-old group among primary school children.

Not all would agree that a damp climate is necessarily a pre-disposing factor for asthma. Some cases of asthma are better in a damp than in a dry and perhaps dusty atmosphere.

Area II. Dr. Florence Rhodes. (Area III as from 1.2.47.)

Bideford and Torrington Boroughs, Bideford and Torrington Rural Districts.

General Health.

The general health of the school children in this area is as good as it was last year. There is room for improvement particularly amongst a small section of the children. Some of these have not had school milk or school dinners.

Now that school milk is provided for all the children and more dinners in the schools arranged for, I hope there will be an improvement in nutrition and general health.

In my opinion one-half (instead of one-third) pint of milk should be provided until more milk can be obtained in the homes. In any case those children recommended to have extra milk by the A.C.M.O. should have one-half or two-thirds of a pint of milk.

Clinics.

A large number of parents has come with their children from the neighbouring villages to the clinics for examination and advice. The number of children suffering from scabies is considerably less and also those suffering from impetigo.

Most of the children recommended for extra vitamins have continued to take them throughout the year. I think this is advisable until there is an increase in the rationed foods containing vitamins and an improvement in the summer weather.

Orthopaedics.

In my opinion the number of children examined after entrance to school have fewer orthopaedic defects than those examined in former years. This may be due to the increased knowledge of the parents of the importance of milk and cod liver oil or other vitamin preparations for the child in its pre-school days and also to the vigilance of the A.C.M.O. and H.V's so that infants with defects are referred to the Orthopaedic Clinic as soon as they are discovered.

The posture of the older children at the Senior Schools should improve now more P.T. instructors have returned to the schools and in the case of Bideford Modern Secondary School arrangements have been made for the children to go to the Grammar School for their P.T. classes.

Delay in treatment for some of the village children has occurred owing to lack of facilities in transport.

E.N.T. Defects.

There is less delay than formerly in operative treatment for adenoids and tonsils. As regards defects of the ear parents have willingly taken their children to consultants for advice and treatment.

Mental Health.

In the last few years tremendous strides have been made in the provision for examination and treatment of school children suffering from subnormal intelligence and behaviour difficulties.

As behaviour difficulties often arise as a result of ignorance on the bringing up of children by the parents could not the older girls (and why not boys ?) the future parents—receive training in child guidance as part of their school education ? This could be done in places where there is a Nursery School.

Area IV. Dr. Dorothy M. Green.

Broadwoodwidger, Tavistock and Okehampton Rural Districts, Okehampton and Tavistock Urban Districts, Northern part of Plympton Rural Districts.

(*Note.*—Until the end of the year, this area consisted of two half areas (Areas III and IV), the Northern area of which was worked by Dr. E. D. Allen-Price, a half-time A.C.M.O. and half-time M.O.H. Dr. Allen-Price resigned his appointment as A.C.M.O. at the end of the year, and has not submitted an Annual Report.)

Though I have been working in Devon but a short time, perhaps one or two of my impressions may be worth mention.

NUTRITION.

Though the more exaggerated bony deformities associated with rickets are not seen, very many children show the slighter defects in bone development and the substandard muscular tone which is characteristic of what I would describe as " first degree " malnutrition. Very few indeed could be classed as "A" nutrition.

Whereas before the war the tendency has been to advance the age at which a normal adult type of diet was offered to the young, the present inadequate ration of proteins and fats, and the excessive availability of milk has apparently reversed this, and altered the balance of diet of the pre-school child.

In very many cases large quantities of milk and cereal form the basic diet well on through the second year, while the other important proteins are given in negligible amounts.

Perhaps this may be presumed to be the reason for the conditions referred to above in regard to the school child, and, if so, one wonders what will be the possible effect upon the physique and resistance of the rising generation.

Area V. Dr. Graham D. Park.

Kingsbridge Rural District, Southern part of Plympton Rural District, Totnes Rural District west of River Dart, Kingsbridge and Salcombe Urban Districts.

I have the honour to submit the following report for the year ended 31st December, 1946.

During the past twelve months one full periodical Medical Examination and two re-inspections were carried out at 26 schools. One periodical and one re-inspection were carried out in 19 schools. Five schools were only visited once. Bigbury-on-Sea Council School and Holne School were closed during the year and two schools rendered " *nil* " returns necessitating no visit to them during one term. While I realise that this must be improved the number of schools attended has shown some increase over the previous year.

1,445 periodical examinations were performed, 332 special examinations and 1,895 re-inspections made. In addition, 3,152 children were seen at school clinics and of these 2,428 were treated. Thus the total does not include children seen in their own homes or children attending remedial exercise classes under the supervision of my Health Visitors.

After six years of war and the difficult times we now face the general state of the school buildings leaves much to be desired. Those schools which have been maintained by the County Council in the past do not show the wear and tear of neglect as do the others. In very few cases have I found conditions such as to be detrimental to the health of the children and where such conditions have existed I have forwarded a report. The Scheme already submitted by the Education Authority for this area will help to bring more satisfactory conditions of accommodation and conveniences. New schools built should have not only a room available for medical examinations and the like but also a rest room should be available at all schools where children travel from a distance.

New accommodation being provided for Kingsbridge and Plymstock clinics together with the new equipment already arriving gives me hope that I shall be able to extend my work and treatment this coming year.

A good standard of health was maintained throughout this area. The chief defects are enlarged tonsils and adenoids, minor orthopaedic defects, asthma, defects of vision and minor skin defects. Very little of note has however occurred. One case is worthy of mention. A girl who had her left leg amputated in June, 1945, because of sarcoma of knee is alive and well. She has just returned from a holiday at Dawlish (Oaklands Park) where she was very happy and where an artificial leg was fitted. She shows no signs of any further trouble.

Throughout my area many parents have expressed their appreciation of the Specialist services and treatment provided by the Education Authority and they and their private doctors are taking advantage of these facilities.

Where Welfare centres were originally opened to deal with evacuated mothers and their children there has been a great fall in attendances. This has occurred at one of my clinics and it is slow work trying to build up such a clinic. Plymstock Welfare Centre continues to be my largest centre with large attendances. Salcombe and Yealmpton centres progress very favourably indeed and Kingsbridge continues its good work. Two visits were paid to Combe Royal Nursery.

Other Observations.

1. One case of avitaminosis was seen by me. The mother had not considered cod liver oil a necessity.

2. Genu Valgum (knock-knee) is a common orthopaedic complaint which I think most children overcome without treatment.

3. The older children show great interest in sports and games of quite a large range. This is fostered by their teachers and it is exhilarating to watch the rhythmic movements of both boys and girls at physical training. Mayhap in the past I made a mistake arranging army sick parades to miss such periods—the children actually enjoy them!

Area VI.

Ashburton, Buckfastleigh, Dartmouth and Brixham Urban Districts, Totnes Rural District mainly east of River Dart, Girls' Grammar and Technical Schools in Torquay and Paignton.

Owing to Dr. Edith Davis's illness, which has caused the resignation of one of our most able and conscientious Medical Officers, she has unfortunately not been able to submit a report.

Area VII. Dr. Andrew Dick. (Half-Area.)

Brixham Urban District, Paignton Urban District; plus males at Dartmouth, Newton Abbot, Totnes and Torquay Grammar and Technical Schools.

With the return of almost all evacuated children and families during the latter part of 1945, the past year (1946) is the first one since 1939 when one has obtained a clear picture of the condition of resident Devon children, of the influence upon them of mixing closely with large numbers of children from densely populated towns, and of the influence upon them of more crowded conditions in their own homes and of the immediate effects of war-time conditions. The picture is, perhaps surprisingly, very good; there are no large blemishes on the canvas of child physique and health; the background of housing conditions is, of course, another matter.

Scabies, impetigo and general sores diminished considerably; head and body cleanliness has been excellent. Two war-time measures have perhaps been of greater benefit in achieving the latter than anything else—(1) the early training in cleanliness (the effect and result of which must impress many others) which the nursery schools promote; and (2) the work of School Nursing Assistants, backed by the aid of a Clinic in which there are good bathing and cleansing facilities.

Many of us thought that quite a number of children would have persistent nervous defects as the result of air raids, but this has not proved to be so in my observation over the past year.

Generally, nutrition is excellent—malnutrition does not now occur of itself and exists chiefly in those few who have inherited a poor physique and constitution or have at an early age suffered one or more severe illnesses. Child health has been good; more daylight, better ventilation at nights, school milk and meals and a year without the occurrence of any widespread epidemic infection have all contributed to this satisfactory state.

But I should like to see a still larger proportion of our schoolboys with cleaner teeth.

Area VIII. Dr. Eleanor M. Dawe.

Newton Abbot Urban and Rural Districts.

During 1946 all the schools in Newton Abbot Urban and Rural areas have been inspected three times. The chief defects noted are enlargement of tonsils and adenoids, defective vision, carious teeth and malnutrition. A few cases of asthma, acidosis and enuresis have been encountered, also a case of a boy with hyperplasia of mammary tissue. The cases requiring supervision are referred to the school clinic and where possible treatment prescribed.

In Highweek Infants' School the rest-beds requisitioned have arrived, and are proving a great boon to the five-year-old infants. One little boy is no sooner tucked up than he is asleep. As a general rule the children of this age go to bed too late at night with the resulting over-fatigue during the afternoon school session.

Milk in Schools.

I have had recent proof of the necessity of pasteurisation of milk. Staph. aureus was isolated from a throat swab of a boy with enlarged tonsils and the same organism was found in milk delivered to his home and consumed unboiled. The milk in the school the boy attended was heat-treated and did not contain organisms likely to cause infection. Dr. Moore, the County Bacteriologist, told me this was the first concrete evidence he had that staphylococcal throats may be due to staphylococcal infection of milk.

Ring Worm of the Scalp.

Two cases have been successfully treated at the school clinic with a solution of 1-500 Hydrargyrum Perchloride, daily applications, and not pronounced as cured until two negative results have been obtained. Whether these were cat or cattle varieties was not ascertained, but I note that the cattle variety responds more readily to local treatment than the feline type.

Welfare Centres.

During 1946, I have given special regard to mothers attending the clinic during the first month of the baby's life and it is amazing how many babies on arrival at the clinic are on the bottle. In fact one would think it was abnormal to breast-feed a baby. However, from observations, I have come to the conclusion that the majority of mothers could breast feed, but will not do so because of the tie. I therefore decided to tackle this subject and started with the Ante-Natal Clinic. There I found some were anxious to breast feed but didn't think they would be able to, as they had been unable to do so with a previous baby. Others did not want to and these were mainly primiparal, which proved to me that the multiparous patient realised what she had missed previously. I did manage to persuade one multiparous mother of 38 years to breast feed her third child and this she did quite successfully up to nine months, although she had never been able to do so with her previous children. I am glad to say that where breast feeding is concerned, in my Maternity and Child Welfare Clinics it is on the increase, and I do not feel that the present diet of the nation is affecting it unduly.

During my sessions in the ante-natal clinic and the M. & C. W. I endeavour wherever possible to advise mothers about the importance of the Post-Natal examination. As this clinic is held monthly, a notice of reminder is sent to the mothers a few days before, and this method has resulted in a greater response.

School Clinics.

The majority of parents appear to like the opportunity of discussing the health of their children, and take advantage of doing so at the school clinic. The observation and monthly weighing of children is continued and the treatment of minor ailments carried out. Very often children are referred from these clinics to Oaklands Park Open-Air School. I would like to state how very much one child has benefitted from a stay in Oaklands Park. She is a boarded-out child, and last July was found to have lost between five and six pounds in weight from a previous examination in March. She was admitted to Oaklands Park as an urgent case and was there for about five months during which time she put on over a stone in weight and when seen at the school clinic on 30.12.46 was hardly recognisable.

To finish my report I would like to add that I am very indebted to the Health Visitors and Nursing Assistant for their willing co-operation and also for the ready assistance of the teachers in the schools in my area.

Area IX. Dr. Grace Walker.

Dawlish and Teignmouth Urban Districts and St. Thomas Rural District West of the River Exe.

A noticeable feature of the School Medical work in my area has been the reduction in the incidence of minor ailments—due almost certainly to the milk and meals scheme for school children, which I consider a triumph of far-sighted legislation. There has been an overall reduction in disaffections of the skin, lungs, heart and abdomen, and the incidence of tuberculosis appears to be low. Room for improvement, however, still exists in certain particulars. To mention some of these :—

Upper Respiratory Catarrh.

Mainly of the nose and throat, I have several times taken surveys of infant classes with regard to handkerchiefs and find that only about 40% are provided by their parents with these, so that a number of children with catarrh are forced to sniff back their nasal mucus into their nasal passages, down the back of the nasol-pharynx past the entrance to the eustachian tubes and over the tonsils—this cannot be healthy. Effective blowing of the nose is not an instinct, it has to be taught and encouraged, and I think school nurses might usefully spend some time giving group instruction in this to infant classes. But the whole question of nasal hygiene needs consideration—our national habit of carrying handkerchiefs often full of mucus and muco-pus in our pockets and handbags cannot be healthy—is indeed revolting. We ought to adopt the paper handekrchief habit—one blow and then the sanitary bin, just as any infected dressing is dealt with. Paper handkershiefs, I know, are at present unobtainable, but cellulose wadding is cheap (1s. 3d. per pound bundle) cut up into squares which are thick and can be sub-divided will provide many dozens of " blows." I suggest that cellulose wadding and metal receptacles (which need not be elaborate or expensive) to receive the soiled squares provided in every school classroom, would be steps in the right direction in fighting chronic nasal infection and the common cold.

FOOTWEAR.

Startlingly bad footwear is still all too common—my surveys show about 5% school children with unsatisfactory boots or shoes. A personal note to the parent seems to produce the best results—temporarily at any rate. I feel that the adequate provision of sound footwear for our own population is a pressing immediate need in our national policy.

DENTAL CONDITION OF 5-YEAR-OLDS.

Although the teeth of 5-year-olds show an overall marked improvement, I have recently seen half-a-dozen 5-year-old children with such appallingly bad teeth that I am endeavouring to get the ante-natal and 1st-year history in each case. Two factors have come to light in several cases—rather severe bombing experience during the ante-natal period, and prolonged breast feeding. I shall look out for further cases and shall be interested to try and discover the significance of the various factors.

PERIODICAL INSPECTIONS.

I am inclined to think that the substitution of the 10-year-old examination for the 8-year-old examination is, medically speaking, not good. It involves a gap of 5 years without routine inspection, during which much may go wrong and undetected. From 10-15 years, the healthiest in the span of human life, the child gets three full periodical examinations.

Area X. Dr. W. J. Doyle.

Part of St. Thomas Rural District mainly East of River Exe. Exmouth Urban District (Boys' L.C.C. Schools only).

The area consists of some of the schools in the St. Thomas Rural District Council, Exmouth and Crediton Boys' Grammar Schools and Exmouth Modern Secondary Boys' School. The duties entail the medical inspection of the schools, attendance at the Exmouth Clinic on Thursdays and the Exmouth Welfare Centre on Wednesdays.

The work of the term with which I was concerned was largely in connection with re-inspections so that it was not possible to get a complete picture of all the advances that have taken place in the school medical service. The great increase in clerical work must be deplored as, if it continues, it will tend to conceal the wood on account of one's pre-occupation with the trees. The advent of the national medical card is welcomed and a national procedure on administration should be the next logical step.

On returning after being away for over 3 years, one is first struck by the absence of evacuees and as a consequence by the comparative rarity of Scabies nowadays. Before the war I can only remember seeing two cases among school children in four years but the incidence greatly increased during wartime. It looks now as if we are well on the high road to reverting again to the happy state of affairs, in this regard, which existed before the war years. The procedure adopted for treatment is Benzyl Benzoate Emulsion and children are allowed to return to school after their first painting.

The provision of meals to the Rural schools is a great advance and should go far in providing an improved nutritional standard for those who live a long distance from home and are unable to return for a mid-day meal. The importance of giving a meal to provide energy in the midst of the most strenuous part of the child's day cannot be too highly stressed. Teachers and children to whom I have spoken about the quality and palatability of the meals appear to be quite satisfied. The facilities for serving and washing up, however, in some of the smaller schools, leave much to be desired, but this will be incorporated in a special report later. The milk in schools scheme is also working well but it is unfortunate that some schools are still without liquid milk in this dairying county.

Area XI. Dr. Hector Mackenzie Wintle.

Axminster Urban and Rural Districts, Honiton Borough and Rural District, Seaton and Sidmouth Urban Districts.

On returning to the East Devon Area after nearly four years' absence the following points obtrude themselves on my notice :—

1. The Evacuee problem, in full swing when I left, is now no more than a memory. There are, however, an appreciable number of families who have found life so pleasant down here that they have settled permanently in the County. Obviously such an influx of "foreign" blood will be beneficial in the next generation.

A certain number of children have also been formally adopted and in all such cases brought to my knowledge, this has been a splendid thing for the children themselves who were, all too often, unwanted by their parents.

2. The school meal system has been very much extended by the introduction of the hot-container, lorry system. It is rare now to find even a rural school where a hot meal is not provided. When one thinks back a few years and remembers the criticism to which the innovation of school meals was subjected, the *Volte-face* in public opinion is remarkable and a great encouragement for future schemes. *A propos* of school meals, however, I must confess that there are (in my area, at least) far too many mothers who regard the school dinner as a *substitute* for a cooked meal in the home, instead of as a *supplement* to it.

I am, moreover, still of the opinion that in rural areas an appreciable percentage of children continue to subsist, to all intents and purposes, on carbohydrate and flavoured water (hot or cold), pasties, " sop " cake, custard powder, potatoes, bread and jam, tea, lemonade crystals and various gaseous concoctions figuring as staples of the diet.

I find, in this connection, that it by no means follows that farmers' children are, *ipso facto*, better nourished than Townees. Whether this is due to an almost superhumanly virtuous observance of the Food Regulations or to the fact that farmers' wives are no longer content to be tied to the kitchen, is beyond my province to say. I am sure, however, that many farmers' children—particularly those of smallholders and small farmers—work very much harder than their town cousins, for an army of officials, health visitors and doctors will not stop a farmer making his children work about the farm, either outside or within the permitted hours.

3. Milk in Schools.

As a result of Government action milk has been more equally shared out in schools, and this more equal distribution to my mind far outweighs the comparatively few cases where a child has previously been getting two-thirds of a pint and is now reduced to one-third.

I believe that a lot of mischievous rubbish has been circularised, particularly in certain sections of the Press which have a political axe to grind, about milk in schools being thrown down the drains " because the children will not drink it."

I have come across no single instance in which the milk allotted has not been consumed, indeed, the usual complaint is that not enough is available.

4. Centralisation.

A large number of rural schools have been " decapitated " while I was away, and many are scheduled for closure in favour of a " group " primary school.

Whatever may be the merits and demerits of these schemes from an *Educational* (or social) point of view, I feel there can be no doubt that *medically* they are definitely to the good.

They result, or will result, in modernised premises and improved sanitation—larger bodies of children will be brought within the orbit of the school clinics where their progress can be recorded and checked and a closer and more constant liaison on medical matters maintained between head teachers and the medical staff.

5. Handicapped Children.

The new system of ascertaining and recording what used to be called " exceptional " children is one more thorn in the flesh (if not nail in the coffin) of the School Medical Officer. Whether the end will justify the means, time alone will tell. No doubt the statisticians will be happy, but we are no nearer solving the fundamental problem of the handicapped child—which is to find it special school accommodation. Several times parents have said to me " What is the use of this complicated rigmarole, if you know from the start that no vacancy at a Special School exists for my child " I find it very difficult to answer that question.

I cannot help feeling, moreover, that in certain cases such as the epileptic child, the family doctor is the logical person to fill up the record sheet. He knows and treats the child and he knows the family history. The School Medical Officer sees the child at long intervals and then not when it is exhibiting symptoms, but merely when it is due for a periodical or re-inspection. The School Medical Officer seldom sees an epileptic child in a fit.

6. Points noted at School Clinics.

(*a*) The continued and increasing incidence of warts. There appears to be no clinical reason for this.

(*b*) Obstinate cases of Oxyuris (Thread Worms) over a period of *years*, defying all vermifuges and enemata. I should be interested to know (for I have never been able to discover it in any medical text book) where thread worm originally come from—vegetable ?—meat ?—infected water supply ?

(*c*) Excellent results in cases of chronic otorrhoea from the use of 5% Sulphanilimide in glycerine.

7. In conclusion, I should like once again to pay my small tribute to all workers on the medical staffs, particularly, perhaps, to the Health Visitors and School Nurses, without whose endless tact, patience and perseverance with reluctant parents, our finest diagnostic flights would be of no more than academic interest.

Area XII. Dr. Marjorie King.

Tiverton Borough and Rural District, South Molton Urban and Rural Districts.

Dr. King only joined the County Staff in October, but has recorded the following observations on her work during the last 2½ months of the year.

CLOTHING AND FOOTWEAR.

While clothing is generally good, footwear is often poor.

CLEANLINESS.

Generally good except for feet.

LOUSINESS.

Much improved with the high standard of personal hygiene in this respect.

Bad Posture, Foot Troubles, Anaemia, Asthma, and Neck Gland Enlargement are more than usually prevalent. Rheumatism seems to be almost "average," nervous and skin diseases less prevalent and teeth particularly good in her area. (Dr. King's last appointment was in Bedfordshire).

Area XIII. Dr. Margaret Gunner.

Crediton Urban District, Crediton Rural District, Exmouth Urban District (Primary Schools and Girls' Secondary Schools), Budleigh Salterton Urban District.

During the war years many rural schools, by sheer force of circumstances, did not receive the regular termly visits which they have had during the past year. With the revival it has been a pleasing feature to note that the teachers have shown an increasing interest in the health problems of the children under their care. Throughout the year my work has been considerably facilitated by the co-operation and interest of the Health Visitors and Head Teachers with whom I work.

I feel that the health of children would considerably benefit if a remedy could be found in the following cases :—

(1) Several children under the age of seven, having a walk of just under two miles to school, show signs of fatigue. It would appear that, in these cases, the existing transport arrangements are inadequate.

(2) Many more children under the age of five have been admitted to schools in the past year, and often the provision for them is not satisfactory ; facilities for resting after lunch should in every case be provided, and, in the larger schools these very young children really do need a room on their own.

(3) Far too many of the children I see have a slack posture, and are pale and tired-looking ; the main reason being a very late hour of retiring to bed, and in urban districts quite a number apparently go to the cinema two or three times a week. The fault rests not with the children, of course, but with the parents, and the remedy is in their hands.

(4) Where time and transport difficulties make attendance at a Central Clinic impracticable, it would be of much benefit if more School Clinic facilities could be provided in rural areas so that regular treatment would the more readily be accessible to those children who need it. For example, remedial exercises for posture or flat feet are rarely maintained at home, and most probably are completely neglected between one visit of the Medical Officer and the next.

The incidence of Scabies has declined throughout the year in my area. I have found that occlusion with Elastoplast has proved most successful in the cure and prevention of spreading of Impetigo.

I have not seen a sufficient number of cases in the Exmouth Urban area—which I did not take over until the latter half of the year—to make proper comment, although it has been noticeable that the children I have seen there have had good and well-cared-for teeth, from the points of view of both oral hygiene and dental treatment.

The number of children who are admitted for a second period at Oaklands Park rather points to the need for a similar Home for delicate children so that they can stay for longer periods. Asthmatic children benefit considerably whilst at Oaklands, due mainly, I feel sure, to the well-ordered routine and the teaching of breathing exercises.

Area XIV. Dr. Thomas Gibson.

Borough of Torquay.

Dr. Gibson, of whose working times four-fifths is allocated to the County Council for School Health purposes only, the remaining one-fifth being reserved for the Borough of Torquay Public Health and Child Welfare Services, has submitted the following valuable report for 1946. He has also written a further most interesting report of his work in connection with the Torquay Open-Air Day Special School for delicate children. This is recorded in the section of this report dealing with Special Schools for Handicapped Pupils.

The School Health Service in the Borough of Torquay, whose administration was transferred to the Devon County Council in 1945, was carried out during 1946 on very similar lines to those described for 1945. The only notable change was in the system of School Nursing. The Medical School work was carried out by the Acting Deputy Medical Officer of Health of Torquay, who in respect of the School work acts an Assistant County Medical Officer. He has carried out and completed the routine medical inspections in the schools, and has usually allotted three sessions a week to this section of the work, apart from the fixed appointments at Clinics. Towards the end of the year four sessions had perforce to be given in order to complete the periodical medical inspections within the year. All these medical inspections are carried out on the school premises, except those at the Boys' Grammar School ; Ellacombe ; and Abbey Road Schools, where suitable accommodation for inspections is not available. The children from these schools are examined at the Castle Road Clinic, but it cannot be said that the arrangement is a satisfactory one, as direct consultation with the teacher is ruled out.

One session a week is given to re-inspection in the schools of children previously found defective or in need of supervision, as well as the inspection of children referred by the teachers or picked out by the doctor himself. At such visits the Medical Officer takes note of the general sanitary conditions of the school, and makes, as far as possible, a tour of the school premises. He also makes a special point of seeing the children in the Retarded Class if there is one, and also watching the P.T. being carried out.

One session a week is spent at each of the two Minor Ailment Clinics (Castle Road and Barton), where the children under treatment were examined, as well as children brought by their parents, or referred by School Nurses, Teachers, or School Enquiry Officers. A school nurse assisted at the periodical medical inspections and at the clinics, but not at the re-inspections in the schools because the present arrangements for school nursing do not allow for this.

One of the school nurses attends the E.N.T. Clinic conducted by Mr. Bradbeer but none of the other special clinics.

School Clinics.

The two main Clinics (Castle Road and Barton) continued to operate during the year.

The Castle Road Clinic provides facilities for

(1) Minor Ailment Clinic, open in the morning of each school day, with the Doctor in attendance one morning a week (Tuesday).

(2) Dental Clinic.

(3) Ophthalmic Clinic (Monday afternoons).

(4) Orthoptic Clinic (each school day except Thursday).

(5) E.N.T. Clinic (Tuesday afternoons).

(6) Psychiatric and Child Guidance Clinic (Thursdays).

The rooms on the second floor, previously occupied by the Caretaker, were taken over during the year for use by the County Psychiatrist and his staff.

The clinic is also used for the cleansing of verminous persons, but lacks proper facilities for this purpose. There is a need for separate and properly equipped cleansing accommodation in Torquay.

It will be noted that the Saturday morning clinic, which has been held for many years has been discontinued as from the 1st April, 1946, as a consequence of the introduction of the new system of School Nursing. The A.C.M.O. however, continues the practice of examining cases in need of special investigation on Saturday mornings.

Barton School Clinic. The premises are used as a Minor Ailments Clinic, with a nurse attending each school morning, and the doctor once a week (Wednesday). The Clinic served Barton and Audley Park Schools—two large schools with the Clinic nearly half-way between them—until last September when a Minor Ailments Clinic was opened at Audley Park School itself. Barton Clinic continued to serve Barton School, and on the Doctor's session, children attended from both schools.

The premises are also used as a Dental Clinic, serving Barton, Audley Park and Westhill Schools.

A Child Welfare Centre is held on Thursday afternoons, and the Clinic is also used for the treatment of scabies.

Audley Park School Clinic. This Minor Ailments Clinic was opened on 26.9.46 in the Medical Inspection Room, already existing, but now specially equipped for the purposes of a treatment Clinic. This Clinic conducted by Miss Wallace, the School Nurse and Health Visitor of the district, has proved very successful. The School population is about 650, and during the three months the Clinic has been opened 227 pupils have attended, with total attendances of 1,005. The doctor does not attend this Clinic, but children specially in need of medical examination or advice are referred by the Nurse to Barton Clinic on the Doctor's session.

Westhill School Clinic. The opening of a Clinic on the premises of this school was approved during 1946, but as it has not been possible to carry out the necessary alterations to the room selected for the purpose, the Clinic has not yet been started. It is intended that this Clinic should serve not only the needs of Westhill School itself, and it has a population of 600, but also that of neighbouring schools, i.e. Priory, Homelands Infants, Homelands Open Air, and Homelands M.S. School. Castle Road will continue as the base Clinic, and cases who need to see the Doctor will be referred there.

The best location and working of School Clinics in an urban district like Torquay is a matter worthy of consideration. For many years the whole school population of the Town had been served by one Clinic, namely that of Castle Road. Then, in 1936 a second Clinic was opened at Barton, to serve the special needs of an outlying district which had grown fast and extensively. This Clinic served, as mentioned before, the two large schools of Barton and Audley Park, with a population of 1,200, but Castle Road Clinic had (and still has) to serve all the remaining schools in the Town with a school population of nearly 4,000, and many of these schools are at a considerable distance from the Clinic. The inconvenience is of course greatest amongst the younger children, who may have to travel half-a-mile or more on a wet stormy morning in order to get a few sores dressed. On the other hand, some of the older children, chiefly boys, have found that the School Clinic is a convenient place of refuge from unpleasant lessons, and defy the Doctor to say they have not got a pain. Even the *bona fide* patients often spend unnecessary time over their journeys to and from the Clinic and altogether the loss of school time occasioned by attendances must be very considerable. The solution of this problem is, of course, to provide all clinics on the school premises, and to arrange for the services of peripatetic nurses, who, provided with the necessary means of transport, could attend a number of these clinics in a morning. Even in the small schools, I see no difficulty about providing the necessary equipment, and some sort of accommodation could always be found. It should be remembered that most of the ailments dealt with at these clinics, e.g., impetigo, sores, minor injuries, running ears, do not require any elaborate means of treatment, and the minority of cases, who require something more, can be referred to the Central Clinic. The Head Teachers would, I am sure, appreciate a visit each morning by the School Nurse who might help to solve some of the recurring problems which teachers have to deal with.

School Nurses.

The one whole-time school nurse (Miss Curtis) having resigned, a new system of school nursing was introduced as from 1st April, 1946. By arrangement with the Torquay Town Council an additional Health Visitor was appointed for the Borough, bringing the number up to four, and it was arranged that each Health Visitor should also act as School Nurse carrying out both duties in the district allotted to her. The advantages of this system are many, and so far as the School Service is concerned, it has already brought about an increased efficiency, particularly in the matter of home visiting. This efficiency could still more be enhanced if these nurses were provided with cars, which, in a hilly town like Torquay, are a necessity and not a luxury.

Infectious Diseases.

There has been no serious outbreak of infectious disease amongst School Children in 1946.

Contagious Diseases.

Scabies. During the year 77 cases of Scabies were discovered amongst the school children, affecting 36 families.

In 1945 the number of cases was 38. Cases were found in 15 schools, but the highest number in any school was 9, in Barton School. All the cases were treated at Barton Clinic, and readmitted to school after medical examination.

Ringworm. 10 cases of Ringworm were discovered amongst the school children, as compared with 32 in 1945. Only two were scalp cases, and of these one was treated by X-rays and one by local treatment at the Clinic.

Inspection and Cleansing of Verminous and Dirty Children.

The work of inspection and cleansing of verminous and dirty children was assiduously carried out by the Nursing Assistant (Mrs. Poole) during the year.

I am obliged to her for the following observations on her work.

"The work of inspecting and de-lousing children's heads sounds unpleasant, but it is not uninteresting.

Every school in Torquay had one routine inspection per term, and it is gratifying to find that during the last year there has been a decided improvement in the cleanliness of the children's heads.

Each routine inspection is followed by re-visits to the school until all the children are clear. The condition of the skin, clothing and footwear is also noted, and anything amiss is reported to the A.C.M.O. If the child is in need of immediate treatment he, or she, is directed to attend the Minor Ailment Clinic.

Visits to parents have had very good results ; mothers are very willing to listen to advice on the quickest and most thorough way to cleanse a head, and most of them have carried out the instructions to the best of their ability. It is only on very rare occasions that a parent has been obstructive.

Visits to parents of children who are only slightly affected are in most cases better than V.1 forms, particularly where it is a ' first offence.' Many of the children whom we termed ' old offenders' are now clean.

The percentage of children found verminous varies each term, depending on the time elapsed since the previous survey ; numbers are found to be higher after long school holidays.

The cleansing of verminous children is carried out at the School Clinics, after copies of the Cleansing Orders have been sent to the parent.

It is rather difficult at Castle Road, as it is a very busy clinic and there are not the facilities or the accommodation there.

In the last year nine boys and twenty-four girls have been cleansed under the Education Act, and two girls at the request of parents.

In addition to the routine surveys, 343 children have been inspected at casual visits to schools including eighteen visits to schools and clinics.

There have been no prosecutions for verminous heads yet, although one or two families have been on the verge of it.

In conclusion, I must add that the Head Teachers of all schools have been most helpful."

I should like to add to Mrs. Poole's remarks, that I have been much impressed during the medical inspections in 1946, by the greatly improved conditions of the children as regards cleanliness. I saw far fewer verminous cases than I have done before in Torquay, and was specially impressed by the improved conditions of our old incorrigible families. I can only attribute the improved state of affairs to the diligent and tactful efforts of Mrs. Poole, and perhaps most of all to the persuasion she has been able to effect on the mothers during the home visits, to which she rightly attributes the greatest importance.

So far, D.D.T. preparations have not been used in our cleansing work in Torquay. Valuable as these preparations are, they cannot in themselves be regarded as a substitute for the older methods of vermin and nit removal. In school cleansing work it is essential that not only must the head be rendered clean in the sense of killing all nits and vermin, but it must be made to *look* clean by removing all nits and vermin.

Area XV.

Barnstaple Borough. (In 1947, the area No. XV will disappear and be incorporated in a new Area No. II which will include parts of the existing Areas Nos. I and II.)

Dr. Frank Martin, previously part-time School Medical Officer to the Barnstaple Education Authority and subsequently part-time Assistant County Medical Officer for School Health purposes only resigned his appointment at the end of the year on becoming a full-time Medical Officer of Health. No report is submitted for 1946.

Dr. Thomas Brown, who returned during the first half of the year worked Area No. XI until Dr. Doyle returned from Military Service, and afterwards acted as *locum tenens* for Dr. Edith Davis in Area No. VI, has kindly submitted the following note :—

"The change from one Area to another has interfered with the reasoned survey of the past year's activities."

One repeated occurrence relating to the milk supplied to school children should be mentioned. At one large school where a hundred or more dinners are served each day, the milk is supplied in bottles fitted with a press-in cardboard cover. When the cover is in place it lies about one-third of an inch below the rim of the bottle-neck and leaves a cup shaped depression to collect any dust that may be flying about. It was noted that, after removing the cardboard cover, the children drank direct from the bottles without first wiping the rim—an excellent method of ingesting dust-borne infection. Hygienic covers for milk bottles should fit *over* the rim of the bottle. Straws should be provided as soon as available.

An inspection of the wire baskets in which the milk bottles are carried showed that each of them was soiled with what looked and smelled like sour milk. They looked as though they had never been cleaned since they were first put into use."

THE SCHOOL DENTAL SERVICE

Report of Mr. Jeffrey Fletcher, L.D.S., R.C.S., Eng., Senior Dental Officer.

During the year 1946 the remaining two members of the dental staff who had served with the Royal Army Dental Corps, were demobilised and resumed their duties with the County, Mr. H. R. Myers on 20th March, 1946, and Mr. A. G. Smith on 11th March, 1946. Their return completed the full establishment of one Senior Dental Officer and 16 Dental Officers. In May, Mr. L. Pringle resigned and his place was taken by Miss Joyce Campbell, who commenced duty on 28th May. On 31st August Mr. W. A. Dredge, Mr. E. H. Chesters and Miss D. M. Phillips relinquished their appointments. Mr. L. D. Smith, Sidmouth area, and Mr. W. E. Lyne, Exmouth area (who both commenced duty in September), and Mr. K. Massey, Tiverton area, were appointed to fill the vacancies so caused. Mr. Massey, however, did not take up his appointment until January, 1947, and Mr. E. H. Chesters continued as *locum tenens* at Tiverton Clinic during the intervening period.

During the year 37,008 primary school children (45,244 in 1945) were inspected, of whom 22,443 or 61% were found to require treatment, and 17,655 or 79% actually received it. Of these 5,236 children in 107 schools were inspected for a second time during the year. This shows a fall of 3% in the acceptance rate compared with the previous year when 82% was recorded (80% in 1944). It should, however, be pointed out that this year's figures are not strictly comparable with those of 1945 and previous years. Until the year under review the schools in the County were classified as elementary and secondary and all senior schools other than Grammar schools were placed in the former category. This year, however, the vast majority of senior schools have been granted modern secondary status, and in consequence there is now a considerably lower average age in the primary schools. This accounts for the fact that some 8,000 fewer children in primary schools were inspected during the year, but to counterbalance this it will be noted later that some 10,000 more secondary school children were examined. This fact should also be borne in mind when studying the details of treatment per 100 children given below. The lower average age of the primary school children will reduce the average number of permanent teeth present per mouth and increase the average number of temporary teeth. One might therefore expect a decrease in the number of permanent teeth receiving treatment and an increase in the number of temporary teeth treated. This fact is to some extent reflected in the figures.

TREATMENT PER 100 CHILDREN.

	1946.	1945.	1944.
Fillings.			
Permanent teeth	68	63	52
(No. of teeth filled) ...	*(61)*	*(56)*	(—)
Temporary teeth	19	16	8
Other operations	32	32	42
Extractions.			
Permanent teeth	10	13	13
Temporary teeth	102	83	82

In view of the foregoing remarks little significance should be attached to the increase in the number of temporary teeth extracted, but there is an absolute increase in the number of permanent teeth filled. This is of interest and would appear to suggest that the lower incidence of dental decay brought about by the more rigorous wartime diet is not altogether being maintained. Many dental officers have expressed this view and the writer of this report is inclined to agree that there is some evidence in support of this.

In an article on "Orthodontic Treatment by the Public Dental Officer" which appeared in *Oral Topics*, July, 1946, Mr. R. H. McKeag, Orthodontist to the Bristol Education Committee, adversely criticised the figures in the 1944 report for the treatment of the temporary teeth in that 10 times as many temporary teeth were extracted as were filled. The proportion has now been reduced to nearly 5 to 1, but the writer considers that the ratio should be still lower and with the more adequate staffing standard which now prevails dental officers are encouraged to pay more attention to the conservation of the temporary teeth. The filling of temporary teeth certainly presents some difficulties which have in the past caused many dental officers to fight shy of attempting it. The writer, however, believes that much can be done by the use of zinc oxide and eugenol, either by itself, when revisionary treatment can be given at reasonably frequent intervals, or with the same material used as a lining for amalgam. Individual dental officers vary greatly in the number of temporary teeth they fill, the most satisfactory ratio is 1 tooth filled to 2 extracted, and the lowest barely 1 in a 100.

It is interesting to note that in 4 areas the acceptance rate is over 90% and in 4 others over 80%. In no area is it below 60%.

Dental Clinics.

The bulk of the treatment, especially in the rural areas, is still carried out by means of portable dental equipment. The future aim, however, will be for at least one well equipped dental clinic to be established in each dental officer's area. During the year 1946 no new dental clinics were opened but plans were approved for clinics at "Ivybank,"* St. David's Hill, Exeter, and "St. Clement's," Exmouth. It is now expected that these two clinics will be ready for use in the Autumn and Summer of 1947 respectively. The clinic at Plymstock is also expected to be ready for use during the latter half of 1947. Plans are also under consideration for the establishment of clinics at Crediton, Kingsbridge and Dawlish. The need for such premises at Tavistock, Bideford, Ilfracombe, Okehampton, Torrington and elsewhere must be considered urgent, but so far suitable accommodation has not been found, although it is constantly being sought. It will be borne in mind that clinic arrangements must eventually be linked with future Health Centre plans.

Dental Equipment.

It has already been pointed out that the portable dental equipment at present in use is not considered by the writer to be of a sufficiently high standard. The type of portable chair is far from satisfactory but there does not yet appear to be available one of a suitable kind. A satisfactory portable electric engine and lighting system is also desirable. At those new clinics situated in areas where portable equipment is being used for the outlying rural schools instead of the usual bracket type dental engine being installed, a portable engine is being ordered which will be available for use in medical rooms in schools where an electricity supply is available. If this experiment proves satisfactory such portable engines will be recommended for use in all areas.

Orthodontic Treatment. (Regulation of Misplaced and Crowded Teeth.)

The number of cases treated under this heading continues to rise. 42 cases were under treatment at the beginning of the year and during the year 121 new cases were commenced; 69 of these were completed and 8 other cases were discontinued during the year for other reasons. The successful treatment of cases under this branch of dentistry is most valuable and apart from other considerations often has a marked psychological effect on the child.

During the year the Committee approved the sending of 3 dental officers to short post-graduate courses in Orthodontics at Bristol University. These courses were held early in 1947. Orthodontics is usually considered a speciality of dentistry and accordingly a scheme was prepared for the submission of the more difficult cases to an orthodontic specialist for guidance as to the best line of treatment to adopt. It is hoped this scheme will come into force early in 1947.

X-Ray Facilities for Diagnosis.

In a report presented to the School Health Sub-Committee in May, 1945, it was pointed out that facilities for the taking of dental X-rays for diagnostic purposes would be necessary in the near future. The expansion of the orthodontic service, coupled with the treatment of expectant and nursing mothers, which is undertaken by the County Dental Officers, has underlined the necessity for such facilities. It had been hoped that surplus Forces equipment would have become available, but unfortunately this has not proved to be the case. It will, therefore, be proposed that 3 dental X-ray outfits be purchased for installation at Torquay, Barnstaple, and Exeter or Exmouth, as serving the more densely populated areas in the county. Later, when available, it may become necessary to acquire a number of portable outfits for use in the more isolated rural districts.

**Since writing this report, arrangements for School and Dental Clinics at Ivybank have fallen through, owing to the premises having been required for office purposes.*

Emergency Dental Treatment.

In those areas within reasonable access of a fixed clinic those cases requiring urgent treatment in between routine dental visits are seen at special emergency sessions held weekly or at other times by special arrangement. In those areas for which clinic facilities are not available, arrangements are made for emergency treatment to be carried out by private dental practitioners.

Parental Consent for Treatment.

In the past parental consent for dental treatment has been assumed unless the parent or guardian wrote a letter to the Head Teacher refusing treatment under the County Scheme. In view of the Authority's increased commitments under the Education Act, 1944, it was thought desirable that parents should be requested either to accept or refuse treatment under the County Scheme at the time of the child's entry into a school maintained by the Local Authority. This system was put into force during the year under review and has proved alike acceptable to Head Teachers and to the County Dental Staff. On the whole it is possible that the acceptance rate may, in a few cases, have been adversely affected, but at a number of schools the converse is also true. A number of dental officers in their .eports have commented favourably on the innovation. (See excerpts below.)

Independent Schools.

Ilfracombe Convent School applied to be included in the County Dental Scheme, and suitable arrangements were made. The figures are included under " Primary Schools."

Secondary School Treatment.

Treatment per 100 Children.

	1946.	1945.	1944.
Fillings.			
Permanent Teeth	154	155	117
(No. of teeth filled) ...	(138)	(133)	(—)
Extractions.			
Permanent Teeth	25	23	17
Temporary Teeth	31	37	16
Other treatment	56	37	12

Comment on these figures has appeared earlier in this report.

Extracts from Reports of County Dental Surgeons.

Miss Campbell, Newton Abbot, who joined the County Staff in May writes : " The Dental health among the school children I have inspected is very good on the whole, and I found in the schools an appreciation of dental treatment created by my predecessors."

Miss B. J. Shapland, Crediton, referring to the introduction of the signed general consent form, writes : " Since the introduction of M.I. 96 the number of acceptances has increased in many schools and, except in one school where the refusal rate has increased seriously, any decrease can be given a valid explanation. Not only has the signing of the form helped in the number of acceptances, but it has saved those responsible for treatment a great deal of trouble, and has put the whole scheme on a more satisfactory basis."

Mr. A. S. Peacock, Plympton, also writes : " Refusals of treatment show a decrease under the new system of acceptance forms. Standard of oral hygiene is improving and acceptances of fillings is higher than last year. Parents have been encouraged to attend at inspections only and their non-attendances at treatment sessions show a better standard of behaviour in the children."

Mr. H. R. Myers, Tavistock, recently demobilised from the Forces, commenting on the present dental condition of the children compared with pre-war days, writes as follows : " During the past nine months following my return from service with the Army Dental Corps, six months were spent in the Tiverton area and three months in the Tavistock district. I have thus been given the opportunity of comparing the dental condition of children in both areas and have arrived at the conclusion that more cases of sound dentition were found in the northern part of the county as compared with the Tavistock area."

" With regard to the Tavistock district I have found the dental conditions much better than in the years 1937 to 1942 and this I attribute to the reduced quantity of sweets and sweet biscuits available to the children, and also to the excellent dinners provided at the schools."

Mr. G. E. Morgan, Exeter, on the subject of the general consent form, writes : " With regard to the new form of acceptance, M.I. 96, initiated during the year, it is as yet too early to speak, but provided a child's dental record card follows it throughout its school life, then the fact of having a consent form permamently attached to the record card should prove of considerable value and save both time and trouble ; it is in many cases appreciated by head teachers." He also notes : " I am pleased to say that I now find much less objection than formerly to conservative treatment and even a slowly increasing appreciation of its value."

Mr. R. J. Inder, Barnstaple Rural, referring to the facilities for extractions under gas and emergency treatment provided at the Barnstaple Dental Clinic, writes as follows : " *Gas Clinics.* These have been of immense value. It is a great advantage, too, to be able to arrange almost immediate treatment for emergency cases."

Mr. N. Harris, Torquay, commenting on the dental condition of children in Torquay, writes as follows : " The dental condition of the temporary teeth continues to give rise to satisfaction by comparison with pre-war standards, and it is regretted that the same improvement has not been observed in the incidence of caries of the permanent dentition, with special reference to the six-year-old molar. Interstitial caries of the interior teeth, too, appears to be more frequent, and in evidence at a comparatively younger age."

Mr. J. E. B. Smith, Newton Abbot Rural, writing of the general consent form, states : " Since the introduction of form M.I. 96 the refusals appear rather higher—although I cannot yet give a completely reliable survey until I have examined all schools using these forms. Judging from the experience I have gained, the wording on the form is not clear to some parents."

In conclusion the writer would like to pay a tribute to the excellent co-operation afforded by the Teaching Staff throughout the county. There is no doubt that much of the success of the dental scheme is due to their encouraging efforts. A word of commendation is also due to the dental attendants whose loyal co-operation makes the work of the dental officers so much less exacting.

SCHOOL DENTAL SERVICE TABLES.

(*a*) **Nursery Schools.**

Age ...	5	6	7	8	9	10	11	12	13	14 & "plus"	Total.	Sp.	Grand Total.
No. of children inspected by the Dentist ...	5	10	16	6	—	—	—	—	—	—	37	5	42
No. of children found to require treatment ...	—	—	—	2	—	—	—	—	—	—	2	5	7
No. of children actually treated including Specials ...											8	—	8

Attendances made by the children at the Clinic.	Half-days devoted to inspection and treatment.		Fillings.		Extractions.		Administration of General Anaesthetics for Extractions.	Other Operations.	
	a.m.	p.m.	Permanent Teeth.	Temporary Teeth.	Permanent Teeth.	Temporary Teeth.		Permanent Teeth.	Temporary Teeth.
30	4		20	1	—	—	11	2	2

SCHOOL DENTAL SERVICE TABLES.

(*b*) **Primary Schools.**

Age ...	5	6	7	8	9	10	11	12	13	14 & "plus"	Total.	Sp.	Grand Total.
No. of children inspected by the Dentist ...	4,563	4,781	5,036	5,229	5,284	5,277	2,484	1,567	1,355	617	36,193	815	37,008
No. of children found to require treatment ...	2,075	2,620	3,086	3,327	3,458	3,367	1,548	1,044	909	401	21,835	608	22,443
No. of children actually treated including Specials ...											17,655	—	17,655

Attendances made by the children at the Clinic.	Half-days devoted to inspection and treatment.		Fillings.		Extractions.		Administration of General Anaesthetics for Extractions.	Other Operations.	
	a.m.	p.m.	Permanent Teeth.	Temporary Teeth.	Permanent Teeth'	Temporary Teeth.		Permanent Teeth.	Temporary Teeth.
21,596	3,552		12,044	3,288	1,713	17,972	1,949	4,047	1,532

SCHOOL DENTAL SERVICE TABLES.

(*c*) Secondary Schools.

Age ...	9	10	11	12	13	14	15	16	17	18	Total.	Sp.	Grand Total.
No. of children inspected by the Dentist ...	162	296	2,980	3,587	3,776	2,113	1,040	515	200	43	14,712	246	14,958
No. of children found to require treatment ...	126	153	1,824	2,103	2,328	1,381	666	322	127	28	9,058	242	9,300
No. of children actually treated including Specials ...											7,111	—	7,111

Attendances made by the children at the Clinic.	Half-days devoted to inspection and treatment.		Fillings.		Extractions.		Administration of General Anaesthetics for Extractions.	Other Operations.	
	a.m.	p.m.	Permanent Teeth.	Temporary Teeth.	Permanent Teeth.	Temporary Teeth.		Permanent Teeth.	Temporary Teeth.
12,208	2,808		10,959	142	1,802	2,195	627	3,821	126

BUDGET.

SCHOOL HEALTH SERVICE.

(Exclusive of Special Educational Treatment, Milk and Meals.)

	1945-46.	1946-47.		1947-48.
	Approx. Actual.	*Estimate.*	*Probable.*	*Estimate.*
	£	£	£	£
1. Salaries	32,587	38,000	42,000	48,000
Hospital Maintenance ...	30,321	30,000	30,000	33,000
Doctors' Fees	—	9,000	9,000	8,500
3. Non-Domiciliary General Practitioners Treatment	—	5,600	—	—
Pharmacists and Dispensing	—	2,000	—	—
Convalescent Home Treatment	1,200	1,300	1,500	1,800
4. Travelling Expenses ...	6,245	7,000	7,000	7,000
5. Printing, Stationery and Postages	2,121	1,800	2,000	2,000
6. Drugs, Medical Requisites, Apparatus, (including Spectacles)	3,389	5,200	3,500	4,000
7. Rents, Rates, Taxes and Insurance	1,817	700	700	1,200
8. Upkeep of Buildings (including Wages) ...	80	1,000	1,750	1,800
9. Fuel, Light and Cleaning (including Wages)	724	600	750	850
10. Cleansing of Pupils and Clothing	—	400	100	100
11. Other Expenses	286	300	400	600
Totals ...	£78,770	£102,900	£98,700	£108,850

INDEX.