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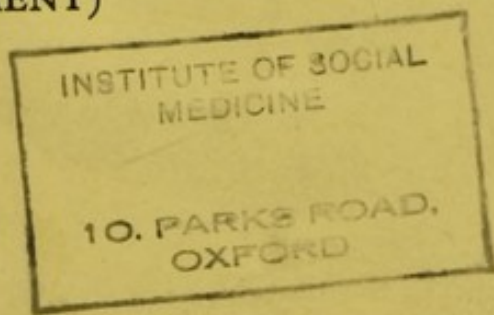
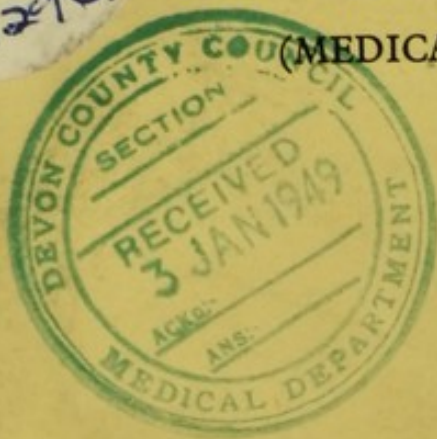


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ON COUNTY COUNCIL

(MEDICAL DEPARTMENT)



ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR

1947

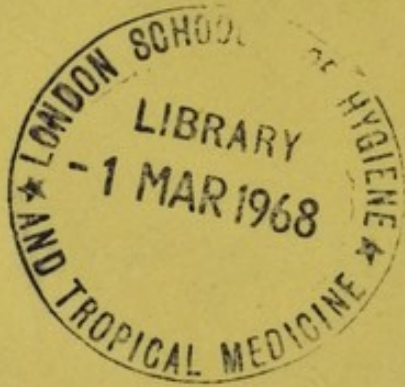


EXETER

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ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER, 1947.

INTRODUCTION AND SUMMARY.

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

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report upon the
work of the School Health Service in the County for 1947.

During the year Dr. F. J. G. Lishman resigned his post as
Deputy County Medical Officer, and Dr. W. J. Doyle, who had
held a Joint Appointment as Assistant County Medical Officer
and Medical Officer of Health to the St. Thomas Rural District
Council, succeeded him.

The new type of Medical and Dental Inspection Cards drawn
up by the Ministry of Education came into force in the County
in September. They are gradually to replace the old type of
card used. Subsidiary cards for use in connection with the new
Medical Inspection Cards have been drawn up by me on the recom-
mendation of the Ministry of Education. These latter cards are
for the recording of heights and weights graphically and to serve
as a record of day to day events, e.g., periods of absence from school
on account of illness, particulars of Nurses' Inspections, etc.

The well-equipped premises known as "St. Clements,"
Exeter Road, Exmouth, were opened during the year as a Minor
Ailment and Dental Clinic, in addition to their use as a Maternity
and Child Welfare Centre. They form an excellent adjunct to
the School Medical Service.

The School Medical Service was difficult to maintain at a normal level at times owing to staff changes, retirements, and the consequent employment of temporary officers.

The report of my Senior Dental Officer again indicates that the School Dental Service in the County is making good progress. I would in particular call your attention to Mr. Fletcher's remarks in regard to the establishment of Dental Clinics in those parts of the County not already satisfactorily covered. This is a matter which in view of the Authority's increased responsibilities in connection with the dental care of Expectant and Nursing Mothers, young children and school children I consider most urgent.

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. Doyle, who has been chiefly responsible for the drafting of this report.

I have the honour to be,

Your obedient Servant,

L. MEREDITH DAVIES.

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.	<i>Number</i>	<i>Apportionment to S.H.S.</i>	<i>Remarks</i>	
School Medical Officer ..	1	25%		
Deputy School Medical Officer	1	50%		
Senior Assistant Medical Officer for M. & C. W. ..	1	—		
Assistant County Medical Officers	14	{ 11-60% 2-30% 1-80%	(The 14 include 2 who are M.O.'s of H., and one who is M. & C. W. M.O. for Torquay Borough).	
County Oculists	2	100%		
Oculists' Attendants ..	2	100%		
Orthoptist (Part-time) ..	1	100%		
County Psychiatrists ..	2	60%		
Educational Psychologists	1	100%		
Psychiatric Social Workers	1	100%		
Speech Therapists ..	1	100%		
Health Visitor-School Nurses	35	45%		
School Nurses	5	100%		
School Nursing Assistants	16	100%		
				1 vacancy Including one officer who is H. Visitor only.
				Including 4 part-time.
				Including 3 part-time and one part-time vacancy.
Dental.				
Senior County Dental Officer	1	90%		
County Dental Officers ..	16	90%		
Dental Attendants ..	17	90%		
Clerical.				
School Health Section :				
Clerk in charge	1	100%		
Senior Clerks.	3	100%		
Other Clerks.	7½	100%		

Personnel.

School Medical Officer.

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

Deputy School Medical Officer.

F. J. Garratt Lishman, M. D. (Hyg.) (London). B.S., M.R.C.S.,
L.R.C.P., D.L.O., D.P.H. (London). Resigned 20.5.47.

W. J. Doyle, M.B., Ch.B., B.A.O., D.P.H., B.Sc. (Public
Health). Commenced 21.5.47.

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.). Resigned
20.5.47.

L. G. Anderson, M.D., Ch.B., D.P.H. (Exmouth U.D. and
St. Thomas R.D.). Commenced 20.10.47.

A. Dick, M.D., Ch.B., D.P.H. (Brixham, Dartmouth and
Paignton Urban Districts).

F. J. H. Martin, M.R.C.S., L.R.C.P., D.P.H. (Part-time *A.C.*
M.O.). (Barnstaple Borough and Rural Districts). Re-
signed 31st January, 1947.

Assistant County Medical Officers.

T. Brown, M.D., Ch.B., D.P.H. (Acting in Paignton Area,
Resigned 31.7.47.). Later acted in Newton Abbot Area
27.6.47. Resigned 31.7.47.

Muriel C. Bywaters, M.D., B.S., D.P.H. (Temporary, part-
time). Commenced 30.6.47, Resigned 26.7.47.

C. Burges, M.B., Ch.B. Commenced 1.6.47., resigned 31.10.47

W. H. Crichton, C.I.E., M.C., Ch.B., D.P.H. Commenced
1.2.47, resigned 31.8.47.

Eleanor M. Dawe, M.B., Ch.B. Resigned and became part-
time 30.6.47, resigned part-time work 18.10.47.

Howell M. Davies, M.A., M.R.C.S., L.R.C.P. Commenced
1.9.47.

Thomas Gibson, M.D., C.M., D.P.H. (Temporary), 4-5ths.
time for County Council in Torquay Borough, 1-5th. for
Torquay Borough Council 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., full-time commenced 1.2.47).

S. G. Hamilton, Temporary. (2.6.47—7.6.47. only).

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

H. A. Mackenzie-Wintle, M.R.C.S., L.R.C.P., D.P.H.

Graham D. Park, M.C., M.B., Ch.B., D.P.H.

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

John Sleigh, M.B., Ch.B., D.P.H.

Assistant County Medical Officers—cont.

H. R. Vernon, M.B., Ch.B. (Temporary, commenced 8.9.47).
Grace H. Walker, M.B., Ch.B., D.P.H.
John H. Wildman, M.R.C.S., L.R.C.P., D.P.H. (Commenced
1.11.47).

County Oculists.

Margaret Lempriere Foxwell, M.R.C.S., L.R.C.P., D.P.H.,
D.C.H.
William Gardner Hutton, M.A., 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).

County Psychiatrists.

Edward William Anderson, M.D., F.R.C.P., D.P.M. (Re-
signed 18.9.47).
Hugh Scott-Forbes, M.R.C.S., L.R.C.P., D.P.M.
John Jackson Justice, B.Sc., M.B., Ch.B., D.P.M. (London).
(Commenced 1.11.47).

Educational Psychologists.

Alice M. Silver, M.A. (London).

Psychiatric Social Worker.

F. M. Dickinson, D.S.S. (Part-time,—Temporary).

Speech Therapists.

Vera Babington, L.C.S.T. (Resigned 7.9.47).
Mary H. Elsworthy, L.C.S.T.
Mildred F. W. James, L.C.S.T. (Temporary). (Commenced
8.9.47. Resigned 13.12.47).

Dental Staff.

SENIOR DENTAL OFFICER :

Jeffrey Fletcher, L.D.S.

COUNTY DENTAL OFFICERS :

Miss J. G. Campbell, L.D.S.

Mr. T. L. Fiddick, L.D.S.

Mr. W. J. M. Hale, L.D.S., (Part-time, 17.3.47 to 31.7.47).

Mr. N. Harris, L.D.S.

Dr. 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.

Mr. K. W. Massey, L.D.S. (Commenced 9.1.47).

Mr. G. E. Morgan, L.D.S., H.D.D.

Dental Staff—Cont.

Mr. H. R. Myers, L.D.S.
Mr. A. S. Peacock, L.D.S.
Miss B. J. Shapland, L.D.S.
Mr. A. G. Smith, L.D.S.
Mr. J. E. B. Smith, L.D.S.
Mr. L. D. Smith, L.D.S.
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.
Miss F. Mann.
Miss D. J. Martin.
Mrs. D. Sabine.
Miss W. Sabine.
Miss M. Sheldon.
Miss M. E. M. Skinner.
Miss J. Sturges.
Mrs. W. L. Wedgery.
Miss F. L. Wright.

Clerical Staff.

CHIEF CLERK :

A. H. Churchill.

DEPUTY CHIEF CLERK :

R. F. Anning.

School Health Section.

CLERK IN CHARGE OF SECTION :

W. A. Down.

SENIOR CLERKS.

A. G. Kelly.

Mary Rogers.

Dorothy E. Fannon (at Torquay office).

Clerical Staff.

Violet G. Jacobs, (Mrs.).

Christopher Morris.

Dennis Hay.*

Raymond F. Branton.* (Commenced 17.2.47).

Basil Tanton.* (Joined the Forces 25.1.47).

Kathleen Knight.

Rachel Seyoud, (Mrs.).

Vera Ville.

Doris Hopper, (Half-time allocation to General Health).

*—Posts, although on permanent establishment, held temporarily.

Health Visitor—School Nurses.

The undermentioned were on the staff on 31st December, 1947 :—

Mrs. A. Butler, S.R.N., S.C.M., H.V.C.
Miss I. Edwards, S.R.N., S.C.M., H.V.C.
Miss H. Faulkner, S.R.N., S.C.M., H.V.C.
Miss W. Frayling, S.R.N., S.C.M.
Miss L. Gilbert, S.R.N., S.C.M., H.V.C.
Miss V. Giles, S.R.N., S.C.M., H.V.C.
Miss K. B. Gillham, S.R.N., S.C.M., H.V.C.
Miss A. Gill, S.R.N., S.C.M.
Miss G. Greenwood, S.R.N., S.C.M., H.V.C.
Miss E. M. Hall, S.R.N., S.C.M., H.V.C.
Miss M. Harris, S.R.N., S.C.M., H.V.C.
Miss E. Honeywell, S.R.N., S.C.M., H.V.C.
Miss D. H. James, S.R.N., S.C.M., H.V.C.
Miss M. Leathley, S.R.N., S.C.M., H.V.C.
Miss R. Lee, S.R.N., S.C.M., S.I. Cert.
Miss G. Mason, S.R.N., S.C.M., H.V.C.
Miss L. E. Maley, S.R.N., S.C.M., H.V.C.
Miss R. Morris, S.R.N., S.C.M., H.V.C.
Miss I. Pester, S.R.N., S.C.M., H.V.C.
Mrs. E. M. Rogers, S.R.N., S.C.M.
Miss E. Ryall, S.R.N., S.C.M., H.V.C.
Miss F. A. Salmon, S.R.N., S.C.M., H.V.C.
Miss E. M. Sercombe, S.R.N., S.C.M., H.V.C.
Miss E. M. Slade, S.R.N., S.C.M., H.V.C.
Miss N. Smith, S.R.N., S.C.M., H.V.C.
Mrs. W. Sparks, S.R.N., S.C.M., H.V.C.
Miss M. Simpson, S.R.N., S.C.M., H.V.C.
Miss M. Steward, S.R.N., S.C.M., H.V.C.
Miss M. Stone, S.R.N., S.C.M., H.V.C.
Miss M. Thain, S.R.N., S.C.M., H.V.C.
Miss E. Walters, S.R.N., S.C.M., H.V.C.
Miss M. Walters, S.R.N., S.C.M.
Miss O. Walters, S.R.N., S.C.M., H.V.C.
Miss J. West, S.R.N., S.C.M., H.V.C.
Miss N. M. Webb, S.R.N., S.C.M., H.V.C.

Frances Heron-Watson, M.B., Ch.B., D.P.H., who is Senior Medical Officer for Maternity and 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.

School Nurses.

Mrs. E. M. Clarke, S.R.N., S.C.M. Plus three part-time School Nurses for whom the County Council pay Torquay Borough Council $\frac{3}{8}$ ths. Salary and one vacancy.

Nursing Assistants.

There were 12 Full-Time and 4 Part-Time Nursing Assistants on 31st December 1947.

GENERAL STATISTICS

Area of Administrative County—1,652,735 acres.

Population of Administrative County during year—(1931 Census) 450,923. Registrar General's Estimated Mid-1947 Census 488,870.

Value of 1d. rate on area,—£13,386.

	<i>Primary</i>	<i>Secondary</i>	<i>Further</i>	<i>Total</i>
(a) Number of Schools				
Council Schools ..	229	57	7	293
Non-Council Schools	216	1	—	217
Totals ..	445	58	7	510
(b) Number of children on roll on 31.12.47. ..	35,085	17,244	285*	52,614
*Full-time.—In addition there are a large number of part-time pupils.				
(c) Number of permanent closures during year ..	..	..	9	
(d) Estimated average attendance for Primary plus Secondary Schools :	..	..	49,928	

In the seven "Further Education" schools mentioned above there are two which have a Secondary Technical Department (formerly known as "Junior Technical."). Statistics regarding these departments are not shown separately for this year, but arrangements are being made for them to be shown thus in future.

HYGIENE OF SCHOOL PREMISES

The difficulties of labour and materials continue it seems in a more accentuated form than it has been in the past years, so that the improvement in the hygienic condition of the schools is a slow and labourious process. Much remains to be done, and only the most outstanding defects are being dealt with, and then only when either the Medical Officer of Health or the School Medical Officer issue a certificate that a defect is such as to be a danger to the health of the pupils.

The survey form noted in my report for 1946 was commenced during the year but owing to the impossibility of making comprehensive improvements it was decided to drop it until more favourable times as regards labour and materials.

MEDICAL INSPECTION.

(a) General.

The total number of children medically examined as "Periodicals" in Primary, Secondary and "Further" schools was 2,665 more than in 1946, but the number examined as "Specials" was 2,260 less. The number of Re-examinations carried out during 1947 was 42,949, against 46,803 in 1946.

(b) Children found at Periodical Examination to require treatment

The number of children found under this heading (excluding those suffering from dental disease, dirty or verminous conditions) is shown in Table 1.D.

The percentage for Primary school children was nearly the same as last year, namely 10.1% as against 10.6%. For Secondary Schools the figures were 8.0% and 8.6% respectively.

TABLE I.

(A) PERIODICAL MEDICAL EXAMINATIONS.	<i>Male.</i>	<i>Female</i>	<i>Total.</i>
*Nursery	<i>See note below.</i>		
PRIMARY AND SECONDARY SCHOOLS.			
<i>Prescribed Groups :—</i>			
Entrants (Primary)	4,082	3,729	7,811
Second Age Group (Primary Leavers) ..	2,113	1,964	4,077
Third Age Group (Secondary Leavers)	961	862	1,823
Total ..	7,156	6,555	13,711
<i>Other Periodical Inspections</i>	2,640	2,326	4,966
Grand Total ..	9,796	8,881	18,677
Further	183	171	354
Total of Primary, Secondary and Further	9,979	9,052	19,031
(B) OTHER (NON-PERIODICAL) EXAMINATIONS.			
<i>Special Examinations :—</i>			
Primary Schools	9,708	8,698	18,406
Secondary Schools	114	174	288
Further Education	2	—	2
Total ..	9,824	8,872	18,696
<i>Re-Examinations (Follow-up) :—</i>			
Primary Schools	20,719	18,518	39,237
Secondary Schools	1,529	2,124	3,653
Further Education	34	25	59
Total ..	22,282	20,667	42,949

Note.—These figures include examinations at School Clinics as well as those carried out at school. They also, in the case of "Further Education," include those for Secondary, Technical Departments, which exist in two schools. In future, figures for the Secondary Technical Departments will be shown under Secondary Schools.

(C) SCHOOL NURSES' VISITS AND EXAMINATIONS.

Number of visits to schools (Primary and Secondary) for any purpose during the year 7,391

Number of visits to homes of school children for any purpose during the year 7,678

(D) 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 Dental, Dirty Conditions, or Verminousness.

<i>Group.</i>	<i>For defective vision, (Excluding squint).</i>	<i>For any of the other conditions recorded in Table IIA.</i>	<i>Total individual pupils.</i>
Entrants	71	783	823
Second age group	77	302	374
Third age group	33	119	148
Total (prescribed groups) ..	181	1,204	1,345
Other periodical inspections ..	83	344	402
Grand Total ..	264	1,548	1,747

(For "Nursery" and "Further" see notes below).

*During the year children attending Part-Time Nurseries were medically inspected as if they attended Nursery Schools (of which there are none in the County at present). Two hundred and thirty-four children were examined at periodical examinations and sixteen of these required treatment for conditions other than dental disorder, dirty conditions and verminousness. Thirty-seven re-examinations were made. These figures are in addition to those given in the above Tables.

As regards Further Education, 23 pupils were found at Periodical Examination to require treatment (except dental, dirty conditions, or verminousness). This represents 6.5% of those Examined. (The number of children examined is shown in part A of Table I.).

TABLE II. (A). PERIODICAL MEDICAL EXAMINATIONS.

Children examined

DEFECTS REQUIRING TREATMENT. (18,677 Examinations of children)

DEFECTS AND DISEASES.		Primary	Incidence per 1,000 Children Examined	Secondary (Mod. Sec. & Grammar Type)	Incidence per 1,000 Children Examined	TOTAL	Incidence per 1,000 Children Examined
SKIN—	..	79	6.6	44	6.5	123	6.6
EYES—	..	108	9.0	95	14.1	203	10.9
(a)	Either Close or Distant Acuity	1	.1	3	.4	4	.2
(b)	Colour Sense	92	7.7	13	1.9	105	5.6
(c)	Squint	28	2.3	17	2.5	45	2.4
(d)	Other	10	.8	11	1.6	21	1.1
EARS—	..	17	1.4	7	1.0	24	1.3
(a)	Hearing	18	1.5	4	.6	22	1.2
(b)	Otitis Media	..	..	..	..	..	..
(c)	Other	..	..	..	..	..	..
NOSE AND THROAT (Any defects)—	..	89	7.5	9	1.3	98	5.3
(a)	Enlarged Adenoids only	191	16.0	44	6.5	235	12.6
(b)	Chronic Tonsillitis only	191	16.0	25	3.7	216	11.6
(c)	Enl. Ad. and Ch. Tonsillitis	14	1.2	6	.9	20	1.1
(d)	Other Throat	26	2.2	16	2.4	42	2.3
(e)	Other Nose	20	1.7	4	.6	24	1.3
SPEECH—	..	13	1.1	1	.1	14	.8
CERVICAL GLANDS—	..	21	1.8	16	2.1	37	1.9
HEART AND CIRCULATION—	..	25	2.1	8	1.2	33	1.8
LUNGS—	..	2	.2	—	—	2	.1
DEVELOPMENTAL—	..	5	.4	1	.1	6	.3
(a)	Hernia	11	.9	13	1.9	24	1.3
(b)	Cryptorchidism	..	..	..	..	..	..
(c)	Other	51	4.3	42	6.2	93	5.0
ORTHOPAEDIC—	..	12	1.0	20	2.9	32	1.7
(a)	Posture	125	10.5	121	17.9	246	13.2
(b)	Flat Feet	..	..	..	..	..	..
(c)	Other	2	.2	—	—	2	.1
NERVOUS SYSTEM—	..	9	.8	3	.4	12	.6
(a)	Epilepsy	..	..	..	..	..	..
(b)	Other	..	..	..	..	..	..
PSYCHOLOGICAL—	..	5	.4	3	.4	8	.4
(a)	Development	463	38.8	192	28.5	655	35.1
(b)	Stability	..	..	..	..	..	..
OTHER—	..	..	..	..	..	..	..

TABLE II. (A). PERIODICAL MEDICAL EXAMINATIONS.

DEFECTS REQUIRING TO BE KEPT UNDER "SUPERVISION" BUT NOT REQUIRING SPECIFIC MEDICAL TREATMENT. (18,677 Examinations of children) — *Children Examined*

DEFECTS AND DISEASES.	Primary	Incidence per 1,000 Children Examined	Secondary (Mod. Sec. & Grammar Type)	Incidence per 1,000 Children Examined	TOTAL	Incidence per 1,000 Children Examined
SKIN—						
EYES—						
(a) Either Close or Distant Acuity	81	6.8	55	8.2	136	7.3
(b) Colour Sense	59	4.9	49	7.3	104	5.6
(c) Squint	1	.1	6	.9	7	.4
(d) Other	52	4.4	23	3.4	75	4.0
EARS—						
(a) Hearing	39	3.3	20	2.9	59	3.2
(b) Otitis Media	18	1.5	10	1.5	28	1.5
(c) Other	57	4.8	24	3.6	81	4.3
NOSE AND THROAT (Any defects)—	33	2.8	16	2.4	49	2.6
(a) Enlarged Adenoids only	139	11.6	23	3.4	162	8.7
(b) Chronic Tonsillitis only	808	67.6	272	40.4	1080	57.8
(c) Enl. Ad. and Ch. Tonsillitis	288	24.1	59	8.8	347	18.6
(d) Other Throat	52	4.4	12	1.8	64	3.4
(e) Other Nose	70	5.9	28	4.2	98	5.3
SPEECH—						
CERVICAL GLANDS—	38	3.2	4	.6	42	2.3
HEART AND CIRCULATION—	338	28.3	100	14.9	438	23.5
LUNGS—	201	16.8	162	24.1	363	19.4
DEVELOPMENTAL—	188	15.8	55	8.2	243	13.0
(a) Hernia	3	.3	1	.1	4	.2
(b) Cryptorchidism	75	6.3	39	5.8	114	6.1
(c) Other	43	3.6	24	3.6	67	3.6
ORTHOPAEDIC—						
(a) Posture	151	12.7	95	14.1	246	13.2
(b) Flat Feet	28	2.3	25	3.7	53	2.8
(c) Other	261	21.9	107	15.9	368	19.7
NERVOUS SYSTEM—						
(a) Epilepsy	6	.5	2	.3	8	.4
(b) Other	50	4.2	16	2.4	66	3.5
PSYCHOLOGICAL—						
(a) Development	15	1.3	4	.6	19	1.0
(b) Stability	46	3.9	35	5.2	81	4.3
OTHER—	563	47.1	275	40.9	838	44.9

TABLE II. (A).

***SPECIAL EXAMINATIONS
(SELECTED CASES).**

DEFECTS REQUIRING MEDICAL TREATMENT.

DEFECTS AND DISEASES.	Primary	Secondary (M.S. and Gram. Type).	TOTAL.
SKIN—	2,657	2	2,659
EYES— (a) Either Close or Distant Acuity	18	9	27
(b) Colour Sense	—	—	—
(c) Squint	7	1	8
(d) Other	605	1	606
EARS— (a) Hearing	—	2	2
(b) Otitis Media	2	—	2
(c) Other	545	—	545
NOSE AND THROAT (any defects)—			
(a) Enlarged Adenoids only	4	4	8
(b) Chronic Tonsillitis only	24	2	26
(c) Enl. Ad. and Ch. Tons :	—	—	—
(d) Other Throat and Nose	537	1	538
SPEECH—	10	—	10
CERVICAL GLANDS—	2	—	2
HEART AND CIRCULATION—	5	—	5
LUNGS—	1	1	2
DEVELOPMENTAL—			
(a) Hernia	—	—	—
(b) Cryptorchidism	1	—	1
(c) Other	1	1	2
ORTHOPAEDIC—			
(a) Posture	6	2	8
(b) Flat Feet	1	—	1
(c) Other	8	3	11
NERVOUS SYSTEM—			
(a) Epilepsy	—	—	—
(b) Other	1	—	1
PSYCHOLOGICAL—			
(a) Development	1	—	1
(b) Stability	1	2	3
OTHER—	11,171	10	11,181

TABLE II. (A).

***SPECIAL EXAMINATIONS (SELECTED CASES).**

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

DEFECTS AND DISEASES.	Primary	Secondary (M.S. and Gram. Type).	TOTAL.
SKIN—	18	—	18
EYES— (a) Either Close or Distant Acuity	11	—	11
(b) Colour Sense	—	—	—
(c) Squint	3	—	3
(d) Other	7	—	7
EARS— (a) Hearing	3	1	4
(b) Otitis Media	2	1	3
(c) Other	13	—	13
NOSE AND THROAT (any defects)—			
(a) Enlarged Adenoids only ..	7	1	8
(b) Chronic Tonsillitis only ..	49	4	53
(c) Enl. Ad. and Ch. Tons : ..	8	—	8
(d) Other Throat and Nose ..	55	—	55
SPEECH—	10	—	10
CERVICAL GLANDS—	12	—	12
HEART AND CIRCULATION—	25	2	27
LUNGS.—	8	1	9
DEVELOPMENTAL—			
(a) Hernia	1	—	1
(b) Cryptorchidism	1	—	1
(c) Other	1	—	1
ORTHOPAEDIC—			
(a) Posture	8	1	9
(b) Flat Feet	—	2	2
(c) Other	11	1	12
NERVOUS SYSTEM—			
(a) Epilepsy	—	1	1
(b) Other	5	—	5
PSYCHOLOGICAL—			
(a) Development	2	—	2
(b) Stability	7	2	9
OTHER—	525	8	533

SPECIAL EXAMINATIONS (Selected Cases).

This group represents (i) children brought to the Medical Officer for special examination (when not due for full periodical age group examination), who are suspected by parent, teacher, nurse or the doctor himself to be abnormal, unwell or suffering from some defect, and (ii) children seen for the first time for a specific complaint at a Minor Ailment Clinic.

It must be borne in mind that a large proportion of the "Special Examinations" are made at school clinics, where every first attendance in the year should count as a "Special." It is also possible that a child may be counted under the heading "Specials" more than once a year, (a) through having been seen at a school as such and subsequently attending a clinic, or (b) having been brought to the notice of the Assistant County Medical Officer as a "Special" more than once a year because of a different defect, etc. I have, therefore, not shown the incidence per 1,000 children examined in the following Table as the work entailed would not justify the result.

Adenoids and Tonsils.

The following 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.		
	<i>Prim.</i>	<i>Sec.</i>	<i>Total.</i>	<i>Prim.</i>	<i>Sec.</i>	<i>Total.</i>
Adenoids only ..	7.5	1.3	5.3	11.6	3.4	8.7
"Chr. Tonsilitis" only ..	16.0	6.5	12.6	67.6	40.4	57.8
Both Adenoids and Tonsilitis ..	16.0	3.7	11.6	24.1	8.8	18.6

GENERAL CONDITION OF THE SCHOOL CHILDREN

The results of the year's work on the assessment of the general condition of the school children are shown in Table II. (B).

The Ministry of Education wisely decided to make an alteration in the classification of the assessment of the school child from the point of view of general condition rather than from that of the general nutritional standpoint.

There are now three categories instead of four :—(a) Good. (b) Fair. (c) Poor.

They differ little from the old "A, B and C" and the old assessment (D) which indicated a bad nutritional standard and which has been dropped. This should be an improvement, but there is still an opening for wide divergencies, in the assessment of "general condition" as the opinion of individual medical officers as to the methods of assessment is wide and no satisfactory method which could be used at the medical inspection has yet been evolved.

On the whole, there is little change in the present findings from that under the old methods.

TABLE II. (B).

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

AGE GROUP.	No. In-spected.	A. (GOOD).		B. (FAIR).		C. (POOR).	
		No.	%	No.	%	No.	%
<i>Prescribed Groups—</i>							
Entrants (Primary)	7,811	2,020	25.9	5,338	68.3	453	5.8
Second Age Group (Primary Leavers)	4,077	914	22.4	2,912	71.4	251	6.2
Third Age Group (Secondary Leavers)	1,823	515	28.3	1,235	67.7	73	4.0
<i>Other Periodical Inspections—</i>	4,966	1,354	27.3	3,324	66.9	288	5.8
GRAND TOTAL	18,677	4,803	25.7	12,809	68.6	1,065	5.7

PROVISION OF 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 1947 :—

The School Meals Service made steady progress in 1947, and by the end of the year there were only thirteen schools in which the supply of meals had not been introduced, the total number of children taking the meal having increased to 32,500. With the raising of the school leaving age and the consequent increase in the demand for meals many of the kitchens, particularly in the modern secondary schools, were taxed to their utmost, and in a few cases it was necessary to restrict the number. In order to avoid lowering the standard of the meal by forcing a kitchen to work beyond the number for which it was equipped rotas were formed and in this way no undue hardship was placed on any child. One new central kitchen at Dartmouth was opened during the year, and this enabled a considerable number of schools in Dartmouth and the surrounding area to be brought into the scheme.

During the autumn term lectures on the risk of food poisoning through contamination of food were arranged in various parts of the County by the County Medical Officer and an opportunity was given to all supervisors and kitchen staffs to attend. The attendance on each occasion was excellent and the County Medical Officer reported that the lectures and discussions which followed were most successful. On the advice of the County Medical Officer arrangements have been made for the periodical spraying of all kitchens as a precaution against fly danger.

During the year the Committee appointed a large number of meal-time assistants who undertake the supervision of the children during and after the meal, and as part of their duties are required to supervise the washing of the childrens' hands before the meal, to encourage good table manners, to give assistance to juniors and infants and to encourage the children to eat the meal provided. These appointments have undoubtedly relieved heads of much of the routine work connected with the School Meals Service, and have given a wider opportunity for social training.

A considerable number of additional appointments of supervisors and cook-supervisors were made during the year, and the Committee adopted a scale allowing for the appointment of a cook-supervisor in the smallest self-contained canteen if such an appointment is desired by the managers and head teacher.

The provision of overalls by the Committee for all canteen staffs has helped considerably to raise the standard of the School Meals Service and has encouraged employees to take an even greater pride in their work.

The following is a comparative statement showing the growth of the School Meals Service :—

<i>School Meals.</i>	<i>December</i> 1946	<i>December</i> 1947
Number of Canteens and Dining Centres ..	487	499
Number of Primary children taking mid-day meals daily	18,416	21,103
Percentage of Primary children taking meals ..	59.3%	68.3%
Number of Secondary children taking mid-day meals	10,791	11,554
Percentage of Secondary children taking meals ..	70.3%	66.9%
Number of Primary and Secondary children taking mid-day meals daily.. .. .	29,207	32,657
Percentage of Primary and Secondary children taking mid-day meals daily.. .. .	62.9%	67.8%

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.

COMMENT.

One must congratulate the School Meals Service on the excellent meals which are now served daily to the majority of the children in the County. All the Assistant County Medical Officers are high in their praise of the service and Dr. Mackenzie-Wintle has gone as far as to say that it is the greatest single contribution yet made to the health of the school child.

The large cooking depot is still with us in some areas and it is difficult to see how it can be dispensed with in a rural county of this size with so many small schools. The depot type of cooking not only has nutritional disadvantages but also increases the risk of food poisoning as much of the food has to be prepared on the previous day. Several outbreaks did in fact occur, but fortunately were not of a serious nature.

Since outbreaks of food poisoning can usually be prevented by the observance of the most elementary rules of hygiene, it was arranged during the year to give lectures on the subject to all the canteen staffs so that they could have an understanding of the position. A one day series of lectures and demonstrations on the subject were given in five centres in the county. The subjects covered were the general bacteriology of food poisoning, the importance of personal hygiene in the prevention of food poisoning, hygiene in the kitchen and a bacteriological demonstration. As a result of these lectures and the discussions that followed, the Education Authorities were advised to have completed a short medical history of their canteen staffs. This history was designated to ascertain if any member of the staff had suffered from the enteric fevers, or were subject to attacks of diarrhoea or skin infections. Where the answers are in the affirmative, suitable investigations will be made.

Propaganda on the subject of hygiene in food preparation is also to be intensified and general measures such as the use of detergents, head coverings, hand lotions, etc. were also advised. The County Sanitary Inspectors also organised the spraying of all canteens and depots with D.D.T. during the school holidays and as a result there was a reduction of the fly population. A system of inspection of food canteens by the Assistant County Medical Officers was instituted, in which the stress was laid, not so much upon the premises as upon the methods used by the staff in the handling and preparation of food.

In food poisoning outbreaks the investigator in many instances is not called until all the offending material has been destroyed. In consequence it is not possible to determine with precision the cause of an outbreak or take the requisite measures to obviate such an occurrence in the future. To help in the investigation of such potential outbreaks, canteen staffs were advised to keep for 48 hours small samples of dishes wholly or partially prepared on the previous day, particularly of the semi-fluid dish which remains at a tepid temperature for a number of hours.

One must record the intelligent interest and enthusiasm with which the lectures on food poisoning were received by the school canteen staffs. One is impressed with the pride that they take in their work and trusts that they will apply to the best of their ability the new knowledge they have acquired.

The Medical Department is indebted to Dr. B. Moore of the Public Health Laboratory Service for his great help and co-operation. Dr. Moore, in conjunction with the Deputy C.M.O., gave many of the lectures and also arranged an excellent bacteriological demonstration.

Milk in School Scheme.

		<i>Primary.</i>	<i>Secondary.</i>
(a)	No. of children on books : Devon ..	33,295	18,649
	Evacuees ..	87	50
	No. of children present on selected day ..	30,866	17,251
	No. of children present on selected day taking milk	28,355	12,411
	Percentage of children present on selected day taking milk	91.86%	71.94%
	Total number of schools	452	65
	Percentage of schools with scheme in operation ..	99.3%	95.8%
The percentage of children taking milk of some type or other, liquid or dried, in schools, on the selected day in 1946 was 94% for primary and 76.6 for Secondary Schools.			

		Schools not receiving milk.		Schools receiving milk.	
		<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
(b)	Primary	4	.88%	448	99.1%
	Secondary.* }	3	4.6%	62	95.3%
	Further }				
Totals ..		7	1.35%	510	98.7%

(c)	T.T.		Past.		Acc.		Non-Des.		Dried		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Primary ..	94	20.7	112	24.7	89	19.6	117	25.8	36	7.9	448	99.1
Secondary*	15	23.07	27	41.5	17	26.1	2	3.07	1	1.5	62	95.3

*—Including Modern Secondary and Grammar.

It is a matter of reproach that at the end of the Year there were 37 schools which could only be supplied with dried milk in this dairying county.

While the majority of the schools are supplied with designated milk, it must be noted that they do not, as a consequence, receive a safe milk. Just after the end of the Year the matter was brought to the notice of the Education Committee, who agreed that all schools in the County should be supplied with either Pasteurised or Tuberculin Tested Milk. Steps to initiate this system were taken up with the Milk Officer of Bristol and negotiations entered into to implement the resolution of the Education Committee.

Veterinary Inspection of Herds supplying School Milk.

Mr. R. R. Willing, Divisional Inspector, Ministry of Agriculture and Fisheries, has kindly supplied the following report on work which his Department has undertaken during the year :—

330 inspections of non-designated herds, which supply milk to schools, were carried out and a total of 4,278 cattle were examined.

3 cows were found to be suffering from mastitis.

3 cows were found affected with tuberculosis and were slaughtered under the T.B. Order.

According to our records 100 non-designated herds were supplying milk to schools.

The Ministry of Education, in Administrative Memorandum 238 of 22nd July 1947, authorised the provision of one pint of milk daily at 1½d. per pint, as from 1.8.47. This can be provided, and will be available all the year round, through the Welfare Foods Scheme of the Ministry of Food for children between the ages of 5 and 16 years who are unable by reason of disability of mind or body to attend school, and in the case of disability of mind, have not been notified or reported to the Mental Deficiency Act Authority, or, having been so dealt with, are not in an Institution or attending a full-time Occupation Centre to which the milk in Schools Scheme applies. The scheme was promptly put into operation.

VERMINOUSNESS AND DIRTY CONDITIONS.

	Primary and Secondary.		
	<i>Routine</i>	<i>Casual</i>	<i>Routine and Casual.</i>
1. Total number of children examined in schools by the School Nurses or Nursing Assistants	42,498	8,675	51,173
2. Number of individual children found infested	2,279	680	2,959
3. Infestation Index	4.6	—	—
4. (a) Number of individual pupils in respect of whom cleansing notices (V.1.) were issued (Sec.54(2), Education Act, 1944).	941		941
(b) Number of individual pupils in respect of whom cleansing orders, (V.2's) were issued (Sec.54(3), Education Act, 1944).	180		180
(c) Number of individual children disinfested under Section 54(3) of the Education Act, 1944.	147	169*	—
5. Number of cases in which legal proceedings were taken :— Under Section 54(6) of the Education Act, 1944			<i>Nil.</i>
Under Section 54(7) of the Education Act, 1944			<i>Nil.</i>
6. Number of successful prosecutions under Section 54 (6) of the Education Act, 1944.			<i>Nil.</i>
7. Number of successful prosecutions under Section 54 (7) of the Education Act, 1944.			<i>Nil.</i>

In comparing paragraphs 1, 2 and 3 of the above with the figures for 1946 it should be borne in mind that the latter must not be regarded as anything more than a minimal guide, and that comparisons should not be made between the 1946 and previous figures, as was explained in the 1946 Annual Report.

*These cases were not all necessarily disinfested in accordance with Section 54(3) of the Education Act, 1944.

There are still many difficulties in implementing Section 54 of the Education Act in a rural county of this type, but it was possible, as noted in my Annual Report of last year, to arrange for figures of individual school children found verminous during the year rather than the number of children found verminous at each examination.

Also, the method of recording the number of children examined differs from that of last year's report, where the total number of examinations was recorded.

In 1947, 151,742 Routine Examinations of children were made in the Schools by the School Nurses and Nursing Assistants. It is worthy of note that the number of children found infested at the Routine and Casual Inspections has declined from 4,618 in 1945 to one of 2,959 in the present year.

There is no room for complacency because, as Dr. T. Gibson remarks, the crux of the verminous problem lies in the fact that there are a certain number of families, in most communities, where children are kept habitually dirty and verminous and these serve as foci for the spread of the trouble amongst other children in the schools. Even the cleansing of the school children in these families does not go to the root of the trouble, for very often there are other members of these families who are verminous as well. Dr. Gibson goes on to say that if the verminous tradition could be eliminated from these families, the problem would be reduced to small proportions. With these families the serving of notices to cleanse is largely futile, and when the children are cleansed by the Nursing Assistant, they are soon as bad as ever. Until some cases are prosecuted under this Section of the Act little progress will be made.

PHYSICAL EDUCATION

For the submission of the following reports on the Physical Education of girls and boys during 1947, I have to thank the Organisers, Capt. A. P. Young and Miss K. Hacker, respectively :

Capt. A. P. Young.

During the year the effect of returned teachers from the Forces has been felt and there has been considerable improvement in the work. It is noticed that physical education now forms a regular and live part of the school curriculum in practically all cases. Once more physical education is being widely interpreted and includes besides gymnastic training, such things as swimming, camping, field events, boxing and wrestling.

In the short monthly reports given during the year, attention was drawn to the general shortage of equipment in Primary Schools and to the general shortage of footwear in all types of

schools. I am aware, too, that the information given to the Committee on playgrounds is receiving as rapid attention as can be expected, so that little purpose would be served in repeating these needs in this general report. Naturally, we are hoping for better things in the new year, and we are convinced that with better supplies and more labour available for playground surfacing, Primary Schools in particular will benefit.

SECONDARY SCHOOLS.

There has been close co-operation between the Staffing Department and myself regarding the filling of vacancies where a Physical Training expert is required. I have been given the opportunity of attending many of the interviews and feel that I have been of some use to the appointment Committees in this part of their work. Unfortunately, there are still about 10 schools of Secondary type which are without a specialist Physical Training teacher, but the Headmasters of such schools are well aware of the fact and the necessary steps will be taken as soon as there is room for a new appointment.

The benefits arising from refresher work are making themselves apparent in those schools where Assistant Masters attended the course at Exmouth last summer. Definite new enthusiasm is being shown and the playing field is coming into its own as an integral part of the Physical Education scheme.

Indoor accommodation may well be described as the biggest difficulty in the Secondary type of school, and although some outdoor halls have been hired little progress, I am afraid, is being made in this direction.

PRIMARY SCHOOLS.

At the moment we are in the middle of a campaign to improve matters in these schools. The almost total absence of men during the war years was felt, and the process of recovery is slow. My Assistant is doing yeoman service in the way of demonstrations, and there is gradually emerging more adaptability in the approach to the work of the syllabus ; there is movement, there is purpose, there is enjoyment. We feel, however, a still greater latitude will have to be given to teachers in improvising simple apparatus and this is a matter which will have to be very fully explored ; part of the difficulty in improvising equipment is the shortage of timber of all kinds. As mentioned before, we are hoping for a greater supply of games equipment.

COURSES.

During the year a full report was submitted on the Residential Course held at Exmouth. Thirty-five teachers from all types of schools attended and we felt that our effort was well worth while. We have been fortunate in re-awakening the old enthusiasm, and

we have brought back into active work many of our soundest teachers who had begun to think that their days of practical Physical Training were long past. We are following up this course with three others this year ; two of these will have started by 30th March at Dawlish, and the third one will be held at Exmouth at the end of July. In the March course I am pleased to report that 56 teachers are attending, and the afternoon of each session will be devoted to the organisation and practice of organised games lessons.

ORGANISED GAMES.

Great interest is being shown in many schools, both Primary and Secondary, in organised games. Games lessons are really objective in their arrangement. Teachers are following definite schemes of work and at the end of a series of lessons most feel that they have achieved something in the correct coaching of games. Many schools appreciate the fact that it is possible to split up major games into many and varied skills, and that these can be taught either during the physical training lesson or before the games lesson starts. All schools take part in friendly matches with neighbours.

The Primary schools in the Paignton and Torquay areas competed against one another at Plainmoor in a most successful sports meeting. The Mid-Devon Sports Association was revived during the past year and keen competition was shown. This is to be an annual affair.

The care and maintenance of playing fields is still a serious problem. Although many schools have their own motor mowers, in too many cases these are not strong enough for their task. The question of labour, too, will have to be seriously faced. I am aware that as cases come forward they receive very sympathetic consideration, and I can only go on hoping that such helpful consideration will continue. The establishment of an Auto-Scythe at Teignmouth for rough cutting in the neighbourhood is a step in the right direction, and further development in this line is clearly indicated. This will make the task of the light Atco machines easier and will result generally in better conditions.

SWIMMING.

The past season was perhaps the most successful on record. All available facilities in Baths and the open sea were fully used. We are gradually stopping the desire for speed in the water and bringing greater insistence to bear on correct action of limbs so as to provide good style. It may be to further this that we shall ask permission to hold a refresher course for teachers in swimming some time during the summer months. Almost without exception schools giving swimming instruction applied for a test and the following certificates have been issued up to the moment :—

Beginners	.....	.....	.....	765
Proficiency	.....	.....	.....	246
Star Proficiency	.....	.....	.....	102
				<hr/>
		TOTAL	.....	1,113
				<hr/>

SUMMARY.

I have every confidence this year in assuring the Committee that there has been a definite step up in the physical training of the boys. My Assistant, Mr. A. A. Brown, has been a great help to me during the year, and I must put to his credit most of the improvement that has taken place. I feel certain that the improvement will not only be maintained, but will be increased in the next year or two.

Miss Kathleen Hacker.

During the year good progress has been made on the whole throughout the County and there is a wider and keener attitude towards Physical Education, particularly in those areas where teachers' classes have been held.

There are cases where the daily lesson is still really only nominal, but in the main, enthusiasm is increasing and teachers are getting a good understanding of modern aims and methods.

The provision of plimsolls for the use of the children in their physical training lesson still presents a great problem. Many parents willing to buy their children shoes to be kept for physical training, cannot afford the coupons to do so and the grant allowed by the Committee to provide shoes for the use of 25% of the children in each school did not go very far. It is encouraging to note that the Committee is considering increasing this grant, as much of the value of physical education is lost if the children are not suitably clad for their lesson.

It would be greatly appreciated by the Women Organizers of Physical Education if the Medical Officer and School Nurse could find time during their visits, to stress the need for removing clothes and for wearing proper footwear for the physical training lesson.

SECONDARY SCHOOLS.

A special class for Secondary School Teachers was included this year in the Teignmouth Residential Course for Women Teachers. This was attended with great benefit not only by Secondary School specialists and semi-specialists, but also by candidates for the County scholarships in Physical Education.

Although the Staffing position has improved in North Devon with marked beneficial results, it still presents a great problem in other parts of the County. The lack of a qualified woman teacher is a great disadvantage to the girls in some of the Secondary Modern Schools and excludes them from using the fully equipped gymnasium in which they should be working.

TRAINING OF TEACHERS.

Classes for Women Teachers were held as follows :—

<i>Staff.</i>	<i>Centre.</i>	<i>No. of Teachers</i>
Miss C. L. Elliot	Torquay	50
Miss C. L. Elliot	Chagford	18
Miss B. S. Martin	Honiton	23
Miss B. S. Martin	Axminster	25
Miss M. M. Chetham	Barnstaple	66
Miss M. M. Moore	Holsworthy	36

A Residential Course in Physical Education was held at Teignmouth again this year, from July 30th to August 13th, with an attendance of approximately 68 members.

Classes were taken as follows :—

1. *Senior*— for Teachers qualified to teach in a fully equipped gymnasium, and also for those using Portable Apparatus only. (Taken by Miss B. S. Martin).
 2. *Junior*— including Full Range Rural Schools. (Taken by Miss Chetham).
 3. *Infant*— (Taken by Miss Elliot).
- Organised Games*— (Taken by Miss Moore).
Dancing— (Taken by Miss Hill).

Two Women Teachers were allowed grants to attend courses in Denmark and Loughborough in August.

The Devon Physical Education Association held three one-day courses in Exeter, which were very well attended by the County teachers. Physical Training Scholarships for a three years course of training were awarded to 4 candidates this year.

ACCOMMODATION.

There are still many schools without suitable space for indoor work which means a complete cessation of activities in wet weather. Village Halls are being used as widely as possible, but often these are not suitable or too far from the school to be of practical use in wet weather. It is encouraging that an increasing number of schools are having their playgrounds resurfaced, though there still remains a good deal to be done in this direction.

Efforts have been made to secure suitable playing fields for the Secondary, and in some cases the Primary schools, but the number of these pitches is not yet adequate for the needs of the schools in the county, and in consequence the Organised Games period loses much of its value when taken on unsuitable and cramped spaces.

SWIMMING.

The fine Summer of 1947 made a longer season than usual, but we were not able to carry out everywhere the Committee's wishes that instruction in swimming should be given to the top class in the Primary schools and first class in the Secondary Schools, which is of such importance. This was due to the fact that in some places the charges for hiring swimming baths were increased which caused a reduction in the amount of time available for the schools.

Miss Chetham took demonstration classes for the staff at Bideford Secondary Modern School, and gave instruction to the boys and girls once a week during the Summer Term. It is hoped to arrange Teachers' Classes in Swimming in North and South Devon this coming season.

50 schools had a test, and on the whole the Swimming has maintained a good standard.

Certificates were awarded to the GIRLS as follows :—

Beginners	.....	.....	.....	444
Proficiency	.....	.....	.....	136
Star Proficiency	.....	.....	.....	46

FURTHER EDUCATION.

Classes in Physical Education under the Evening Institute regulations have been arranged in the following places, and visited by the Women Organisers :—

Axminster	Hooe—Turnchapel
Brampford Speke	Kingsbridge
Bridgerule	Kingsteignton
Brixham	Paignton (2)
Chagford	South Pool
Cheriton Bishop	Starcross
Clovelly	Stokenham
Crediton (2)	Tavistock
Dartmouth	Teignmouth
Dawlish	Torquay
Dunsford	Totnes
Exmouth (2)	Westward Ho
East Portlemouth	Whiddon Down

ASSISTANT ORGANISERS.

Miss Moore left at the end of August and there has been no suitable applicant as yet to take her place. Miss Hill who was appointed as a temporary member of the Staff also left at the end of the Summer. The Staff for 1947 was as follows :—

Miss C. L. Elliot	.....	South Devon
Miss B. S. Martin	.....	East Devon
Miss M. M. Chetham	.....	North Devon
Miss M. M. Moore	.....	West Devon
Miss M. I. Hill	.....	Exeter City, and County Schools in the vicinity of Exeter.

Some excellent work has been done in the County by the Assistant Organizers, particularly with regard to improved and experimental apparatus in the Primary Schools.

REMEDIAL EXERCISES.

Special Remedial Exercises classes were held at Exmouth, Buckfastleigh and Plymstock during 1947.

At Exmouth, 21 new cases were noted during the year, and the total number of attendances was 165.

At Buckfastleigh, a total of 172 attendances were made during the year, while at Plymstock a total of 42 children attended during the year, making over six hundred attendances at 40 sessions.

HANDICAPPED PUPILS.

Provision of Special Educational Treatment.

Considerable difficulty is still being experienced owing to the lack of special school accommodation in the case of Physically Handicapped, Deaf, Partially Deaf, and Epileptic children.

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 is shown in the Table on page 29.

As compared with last year, the total number of handicapped pupils of school age was again less, namely 633 as compared with 772. The proportion provided with appropriate Special Educational Treatment was 372 (58.8%) as compared with 516 (66.8%) the previous year.

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 ..	58	—	58	57	115
At present provided for ..	40	—	40	—	40
II. MALADJUSTED PUPILS.					
Recommended for ..	*30	—	30	—	30
At present provided for ..	30	—	30	—	30
III. BLIND AND PARTIALLY SIGHTED.					
<i>(a) Blind.</i>					
Recommended for ..	11	—	11	—	11
At present provided for ..	11	—	11	—	11
<i>(b) Partially Sighted.</i>					
Recommended for ..	34	—	34	9	43
At present provided for ..	25	—	25	9	34
<i>(c) Blind plus Partially Sighted</i>					
Recommended for ..	45	—	45	9	54
At present provided for ..	36	—	36	9	45
IV. DEAF AND PARTIALLY DEAF.					
<i>(a) Deaf.</i>					
Recommended for ..	41	3	44	—	44
At present provided for ..	26	3	29	—	29
<i>(b) Partially Deaf.</i>					
Recommended for ..	3	—	3	8	11
At present provided for ..	1	—	1	8	9
<i>(c) Deaf plus partially Deaf.</i>					
Recommended for ..	44	3	47	8	55
At present provided for ..	27	3	30	8	38
V. EPILEPTIC.					
Recommended for ..	17	—	17	—	17
At present provided for ..	7	—	7	—	7

*Or Hostel in lieu of Special School.

HANDICAPPED PUPILS. PROVISION OF SPECIAL EDUCATIONAL TREATMENT.—continued.

	Hospital Sch.	Res. Sp. 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	—	—	1	—	1
At present provided for	—	—	—	—	—	—
VII. DELICATE.						
Recommended for	7	43	68	118	131	249
At present provided for	5	5	56	66	90	156
VIII. PHYSICALLY HANDICAPPED.						
(a) <i>Crippled or Ortho. Cases:</i>						
Recommended for	9	27	8	44	1	45
At present provided for	6	10	7	23	9	32
(b) <i>Other Physically Handicapped:</i>						
Recommended for	2	17	18	37	3	40
At present provided for	2	1	12	15	9	24
(c) <i>Total Physically Handicapped:</i>						
Recommended for	11	44	26	81	4	85
At present provided for	8	11	19	38	18	56
COMBINATION OF VI, VII AND VIII (DIABETIC, DIABETIC, DELICATE plus PHYSICALLY HANDICAPPED PUPILS):						
Recommended for	19	87	94	200	135	335
At present provided for	13	16	75	104	108	212
IX. SPEECH DEFECTIVE.						
Recommended for	—	—	—	—	27	27
At present provided for	—	—	—	—	7	7
X. GRAND TOTAL.						
Recommended for	19	281	97	397	236	633
At present provided for	13	156	78	247	125	372

Torquay Open-Air School.

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

Torquay has enjoyed the advantage of a Day Open-Air School since 1920. The school situated at Homelands in the Plainmoor district, consists of a substantial stone built house, previously a private residence, which serves for administration purposes, and contains the kitchen, dining-room, cloakrooms and staff rooms. There are 4 wooden huts in the grounds, 3 of which serve as class rooms, and the fourth as a rest room, where the children sleep for an hour after their mid-day meal. All the class rooms are very freely ventilated, and the children practically live all day in the open air, with protection only from inclement weather. There is a large walled-in garden, which serves the double purpose of providing the children with plenty of fresh vegetables, and affording them healthy exercise in helping to cultivate the vegetables which they afterwards eat.

The temporary wooden class rooms after being in use since 1920 are now worn out and dilapidated and are constantly in need of repair. The school also lacks many of the amenities now considered necessary in a special school of this kind, and before the last war, the Torquay Corporation decided that a new Open-Air School should be built, and a site was secured in the Watcombe district. For obvious reasons, this Scheme was not carried out, and I am glad to learn that the Devon County Council has placed the building of a New Open-Air School in the priority list of new schools to be built in the County. Although the usefulness of the school is undoubtedly handicapped by the unsatisfactory condition of the buildings, excellent work has been done there, and this is largely due to the capable management and enthusiastic devotion of the Headmistress (Miss Laycock) and her staff to the interests of the children. The teaching of some 80 children ranging in age from 5 or under to 16 years, all more or less physically handicapped, and many educationally backward, a few from inherent defect, but many more from ill-health and consequent lack of schooling is itself a formidable task, demanding not only the highest teaching ability but also infinite patience, tact, sympathy and adaptability.

The school accommodates 80 pupils, who from Monday to Friday in each week, spend the whole of each day in the school where they get breakfast, dinner and tea. A maximum weekly charge of 3/9d. is made for the food supplied but in necessitous cases no charge is made.

The Assistant County Medical Officer visits the school once a week, and each child is seen by him at least once a month. Records of each child's progress are kept, and each is weighed and measured once a month. The generous dietary is sup-

plemented as required with Cod Liver Oil, Maltoline, Virol, etc., and treatment for temporary indisposition or defects is carried out at the School. There is no Nurse attached to the School, but the staff is sufficiently experienced to do all that is necessary. The services of the special clinics, e.g. Orthopaedic, Tuberculosis dispensary are fully availed of, when necessary. The types of children admitted include delicate, debilitated, illnourished and crippled children, as well as those suffering from heart diseases, asthma, pulmonary fibrosis, and chronic bronchitis. Children suffering from infective tuberculosis are not admitted, but frequently contacts of tuberculous patients are admitted for observation. The school is also sometimes used with advantage for the observation of children, not strictly in need of open-air treatment, but needing close medical supervision which cannot otherwise be obtained. Even the difficulties associated with "problem" children, have on occasions, been cleared up by a short stay in the school.

The value of the Open-Air School may be inferred from the fact that a large proportion of the children admitted would not have been attending school at all or only very irregularly, and they would have missed the benefits both to health and education which the school affords. Considering the type of children admitted, the attendances are remarkably good. With very few exceptions the children love their school and it would be hard to find a happier lot of children. The results obtained in improved health are naturally best in the debilitated and illnourished class. Many of these are made fit to be transferred to an ordinary school after a few months. The really delicate children take longer to be built up, but the majority of these are in time capable of being transferred. On the other hand badly crippled children, and those with heart disease, asthma and other chronic affections may have to spend a large part or even the whole of their school life in the special school.

The attached tables are submitted to give some statistical idea of the work of the school during 1947.

Table (A).

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Number remaining on Register from 1946.	38	37	75
Number admitted during 1947. . .	23	18	41
Number discharged during 1947. . .	22	15	37
Number remaining on Register at end of 1947.	39	40	79

Table (B).
Periods on School Register.

<i>Periods.</i>	<i>Pupils remaining.</i>	<i>Pupils discharged.</i>
Under 6 months	19	4
6—12 months	16	9
1—2 years.	20	8
2—3	19	6
3—4	2	5
4—5	1	3
5—6	1	1
6—7	1	—
8—9	—	1
Totals ..	79	37

Table (C).
Classification of Pupils remaining on the Register at the end of 1947.

<i>Condition.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Delicate and debilitated, including Tuberculosis contacts ..	25	30	55
Asthma	3	5	8
Heart Disease	4	1	5
Pulmonary Fibrosis	2	1	3
Muscular Dystrophy	1	—	1
Spastic Hemiplegia	1	—	1
Spastic Diplegia	1	1	2
Infantile Paralysis	—	1	1
Tic	—	1	1
Osteomyelitis	1	—	1
Coeliac Disease	1	—	1
Totals ..	39	40	79

Table (D).
Children discharged during 1947.

<i>Condition on Admission</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Delicate or debilitated, including Tuberculosis contacts ..	15	12	27
Asthma	*3	1	4
Pulmonary Fibrosis	1	—	1
Bronchitis	1	—	1
Neurasthenia	1	—	1
Infantile Paralysis	—	1	1
Narcolepsy	—	1	1
Injury to ankle	1	—	1
Total ..	22	15	37

*Including 1 boy who died from appendicitis.

With the above exception, and also that of a boy who suffered from chronic bronchitis and who has been sent to a residential institution at Ventnor, all the children discharged were deemed fit to attend an ordinary school, although 2 of them were left on the handicapped list (delicate). One girl won a scholarship at the Grammar school. Of the 3 Asthma cases discharged, two had become quite free from attacks and the third one got slight wheezy attacks occasionally. The boy with pulmonary fibrosis, after spending 4½ years in the school, was discharged in good condition and practically free from signs or symptoms. The girl who had suffered from Infantile Paralysis, mainly affecting one leg, was discharged with very slight disability. The girl suffering from Narcolepsy was taken in from another school where her relapses into somnolence caused some inconvenience and anxiety, but was discharged at the end of 3 months after treatment with Benzedrine. She is reported to have recovered from attacks since, though the treatment was discontinued.

MEDICAL INSPECTION OF HANDICAPPED PUPILS WHO ARE AT SPECIAL SCHOOLS.

During the year the Assistant County Medical Officer paid two visits to Ryalls Court School, Seaton, and examined 21 children. Seven of these children were found to have defects. Thirty-two special examinations were carried out, and there were 26 re-examinations. The County Ophthalmic Surgeon also visited this school, which is run by the Home Office.

In addition to the above arrangements, the County Ophthalmic surgeon visited and examined children at the Church Stile Approved School, Exminster, and the St. Vincent's Approved School, Kennford. The latter, which was an evacuated school, was moved from Devon during the year.

One child was under treatment at the North Devon Children's Convalescent Home, Lynton, but only for a few days at the beginning of January.

A report on the Open-Air Day School at Torquay will be found on page 31. The Assistant County Medical Officer carried out detailed medical inspections of 42 children, and made 614 re-examinations. No children were examined as "Specials."

MENTAL HEALTH SERVICES.

Report of County Psychiatrist, Dr. H. Scott Forbes.

There have been changes in the staff of this section of the Medical Department during the last year. Dr. E. W. Anderson left to take up the post of Senior Physician to the Maudsley Hospital, and Dr. J. J. Justice was appointed to the D.C.C. Staff. Miss Hotson the Psychiatric Social Worker for the Child Guidance Clinics has also left and it is disappointing that the vacancy has not been filled. P.S.W.'s are highly trained people and only comparatively few are passing out each year. It is unlikely that the full establishment of P.S.W.'s will be achieved for some time. Miss Dickinson has continued part-time and has been of invaluable assistance.

CHILD GUIDANCE SERVICE.

The Child Guidance Clinics at Barnstaple and Torquay have continued. In the latter case it has become necessary to double the number of sessions. There is still a large number of cases waiting to be seen but this waiting list is gradually being reduced. In addition the amount of actual treatment provided has been increased. 7 treatment sessions a week are now being carried out and the large number of 22 cases under treatment at one time has been attained. 144 new cases have been examined and investigated. It has only been possible to carry out this amount of work because of the special ability and particular experience of Miss Silver, one of the Psychologists, in Psychotherapy. It is unfortunate that owing to pressure of other work Miss Sampson, the other Psychologist, has not been able in the latter part of this year, to help with the Clinic work. It has been hoped that a Child Guidance Clinic in Exeter should be opened to deal with the County cases round about the City. The Exeter City Council have promised for two days a week, the use of the premises which they are acquiring for their own Child Guidance Clinic. It is hoped that this will be a step forward to the closer co-operation between neighbouring Authorities. In the same way, it is hoped that when Plymouth Education Authority open their Child Guidance Clinic an arrangement will be made with them for dealing with the County cases who live in the immediate vicinity of that city. The accommodation at the existing Clinics, Barnstaple and Torquay, is still unsatisfactory and inadequate but a temporary improvement at Torquay has become possible by the use of an additional 2 attic rooms.

HANDICAPPED PUPILS.

Considerable headway has been made towards the ascertainment of the school population of the County. This has become possible by the fact that all the A.C.M.O.'s except two have completed a special course on the psychological examination of the backward child. A large amount of the arrears of ascertaining have been cleared but there is still a considerable number of cases outstanding. This work has proved to be extremely difficult and exacting for the reason that Statutory requirements are not always in keeping with medical knowledge and further, that the recommendations made cannot be carried out; this latter point applies to the provision of places in Special Schools which are sadly needed. The Courtenay Special School, the only one in the County except for the newly opened Withycombe House, has virtually been of little value, to the Devon County Council, only two cases were admitted to the Courtenay Special School and only one to Withycombe House during the year under review (none were admitted the previous year) but this number of three is more than offset by the fact that the total number of cases which the R.W.C.I. have accepted there has dropped this year from 30 to 26. It is not understood why in 1944 they were able to accommodate 36 County cases, in 1945/46 only 30 and at the end of the year under review only 26. It is very satisfactory that considerable progress has been made in the creation of special classes for backward children in the ordinary schools.

The three Hostels at Crownwell, Shaldon, for very young boys and girls of all ages, Crichel, Totnes, for senior boys and Morton Crescent, Exmouth for junior boys, continue their useful work in providing residential accommodation for maladjusted pupils.

JUVENILE DELINQUENCY.

The Juvenile Delinquency cases are still increasing. Cases are seen before being charged, after being referred by the Court for opinion and after having been dealt with and waiting sentence in the Remand Homes and in the Approved Schools. Of a total of 44 cases of delinquency, 5 were referred prior to being brought before the Court, 24 were referred by the Court and 15 were referred subsequently, that is, after the Court had passed sentence. It is felt that the last of these three figures is too high and the first too low and that the Psychiatrist could have helped the Court in providing a report of his findings in a greater number of cases had his services been asked for at an earlier stage in the proceedings. An arrangement has been made this year for all cases in the Remand Homes to be seen as a routine by the County Psychologist and where there is any indication of the necessity of it, by the County Psychiatrist as well. The two main causes of delinquency as referred to in previous reports are still outstanding, namely, an unsatisfactory home relationship and a subnormal level of intelligence inadequately catered for.

CASES EXAMINED BY THE COUNTY PSYCHIATRIST.

				<i>New Cases</i>	<i>Re-Examina- tions.</i>
1.	Educationally Subnormal	..	..	69	64
2.	Ineducable	..	..	29	28
3.	Maladjusted	..	..	117	144
4.	Enuresis	..	..	2	4
5.	<i>Neuroses and Psycho-Neuroses.</i>				
	Anxiety State	..	..	2	1
	Depression	..	..	3	1
	Obsessional State	..	..	1	1
6.	Schizophrenia	..	..	—	1
7.	Epilepsy	..	..	7	4
8.	<i>Other Organic Diseases.</i>				
	Cretin	..	..	1	1
	Nervous Disorder	..	..	1	2
	Spastic Diplegia	..	..	2	1
	Heredoataxia	..	..	1	—
9.	Mutism	..	..	1	1
10.	Diagnosis not completed	..	..	21	7
11.	No evident Psychiatric Abnormality	..	..	26	9
Totals				283	269

The County Psychiatrists were consulted in 50 Devon cases in which action was taken under the Children and Young Persons Act, 1933.

3 Devon cases were admitted to the Special Schools. (Two to the Courtney Special School and one to Withycombe House).

26 Devon cases (16 boys, 10 girls) remained at the Special Schools under Section 35 of the Education Act. (16 boys at the Courtney Special School, 10 girls at Withycombe House).

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

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

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

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

TREATMENT SERVICES.

Treatment of Minor Ailments.

Table III. Group I.

Minor Ailments (excluding Verminousness or Dirtiness).

	Number of defects treated or under treatment during the year at Clinics or else- where.
	<i>(Primary, Secondary and Further).</i>
<i>(a)</i> SKIN.	
Ringworm—Scalp :	
(i) X-Ray Treatment	12
(ii) Other Treatment	58
Ringworm—Body	168
Scabies	593
Impetigo	1,450
Other Skin Diseases	2,002
EYE DISEASE. (External and other, but excluding errors of refraction, squint and cases admitted to hospital).	928
EAR DEFECTS	683
MISCELLANEOUS. (e.g. minor injuries, bruises, sores, chilblains, etc.).	14,559
<hr/>	
Total	20,453
<hr/>	
<i>(b)</i> Total number of attendances at Authority's Minor Ailment Clinics	46,121

TREATMENT OF CERTAIN SPECIAL DEFECTS.

Eye and Visual Defects.

The following Tables and Reports show the work carried out in the Ophthalmic Section :—

Table III. (Group II).

Squint and Defective Vision (excluding Minor Eye Defects included in Group I).

		Number of Defects dealt with during the Year.									
		Under the Authority's Scheme.			Otherwise.			Total.			
		<i>Prim.</i>	<i>Sec.</i>	<i>Total.</i>	<i>Prim.</i>	<i>Sec.</i>	<i>Total.</i>	<i>Prim.</i>	<i>Sec.</i>	<i>Total.</i>	
Errors of Refraction and Squint (other than Orthoptic and Operative treatment).		5,065	2,887	7,952	30	25	55	5,095	2,912	8,007	
Other Defect or Disease of the eyes		879	463	1,342	5	2	7	884	465	1,349	
TOTAL		5,944	3,350	9,294	35	27	62	5,979	3,377	9,356	
Spectacles.											
No. of children for whom Spectacles were											
(a) Prescribed		1,386	778	2,164	23	24	47	1,409	802	2,211	
(b) Obtained		1,386	778	2,164	23	24	47	1,409	802	2,211	

Ophthalmic Defects.

	<i>Primary</i>	<i>Secondary</i>	<i>Total.</i>
New Cases seen	2,020	886	2,906
Old Cases seen	3,779	2,843	6,622
Total Cases seen	5,799	3,729	9,528
No. of children for whom glasses ordered	1,386	778	2,164
Analysis			
1. Errors of refraction and/or Squint dealt with	5,065	2,887	7,952
2. <i>External Eye Disease</i> :—			
(a) Conjunctivitis	174	66	240
(b) Blepharitis	284	126	410
(c) Chalazion	22	12	34
(d) Hordeolum	85	62	147
(e) Blocked Tear Duct	11	—	11
(f) Other External Eye Disease	70	29	99
(g) Total External Eye Diseases	646	295	941
3. Other Defects dealt with	233	168	401
4. Total Defects dealt with	5,944	3,350	9,294

Orthoptic Treatment.

(At Exeter and Torquay Clinics).

No. on waiting list at end of year	53
New cases seen	79
Old Cases seen	102
Total	181
Total attendances	2,561
Cases on treatment at the end of the year	38
Cases cured	36
Cases discharged with cosmetic result only	22
Cases discharged uncured, either as the result of failure of treatment, non-attendance or refusal to accept treatment	13
Cases who left the district during the year	3
Cases operated upon	34
Cases awaiting operation at the end of the year	4

With regard to the Plymouth Clinic, the figures available are incomplete. All that is known is that 7 new cases were seen with total attendances amounting to 10. The Orthoptist resigned at the end of September to take up an appointment at the Eye, Ear and Throat Hospital, Shrewsbury.

The two Ophthalmic Surgeons have submitted the following reports :—

Dr. W. G. Hutton.

During the past year the School and Child Welfare Ophthalmic work in West Devon has continued to run smoothly along the lines indicated in my last two Annual Reports.

The subsidised glasses have been much appreciated and well worn and, on the whole, well cared for.

The facilities of the service have been extended to certain Private Schools (e.g. Bideford Convent School) and certain Art Schools as well as the 15 year old age group and opportunities for the orthoptic training of squints has been increased at Torquay, the Orthoptist now attending for 10 sessions a week instead of 8 as previously.

Some of the fixed periodic visits, particularly at Torquay, Newton Abbot, Paignton and Bideford, have at times become very crowded and, unfortunately, parents have sometimes been kept waiting and children have at times returned rather late for their mid-day meal. Apart from these unavoidable occurrences every effort has been made to see that parents, teachers and Authorities have been troubled as little as possible by the service while being kept fully informed about cases and detailed workings of the Service or having the relevant data easily available to them. For example, Parents are sent a verbal invitation each time the County Ophthalmic Surgeon visits a school but are only formally requested to attend when full examination with possible change in treatment is contemplated. In the later case they are told when the examination will begin and when it will be completed to avoid unnecessary waiting, and, if unable to attend, parents are sent a written (or in the case of older children, verbal) report. If they become anxious between visits parents can easily make an appointment through the Headteacher to see the Ophthalmic Surgeon at their local market town at one of the fixed periodic visits continuous throughout the year. Parents therefore are given every opportunity of consulting the Ophthalmic Surgeon with the minimum of inconvenience to themselves should they harbour any anxieties with regard to their children's eyes.

Headteachers are only asked to notify in writing those cases where change of treatment is contemplated and have no clerical work to do in connection with the Eye Cards. Their schools are not visited any oftener than necessary and are disturbed as little as possible yet they are kept fully informed about all bad cases in their school and have detailed notes on all cases of defective vision easily available to them. They can contact the Ophthalmic Surgeon without difficulty and are encouraged to do so when queries arise. Headteachers, therefore, should have no worries in connection with the Ophthalmic service which should prove a pleasant and smooth running part of the life of every School.

Dr. Margaret Foxwell.

There has been little outstanding to report during the year, the Ophthalmic work following its normal routine.

The continued movement of school populations is still leading to unavoidable delay in following-up old cases, but they are eventually all seen, and urgent cases can be examined at the clinics, which still retain their popularity, and undoubtedly answer a great need, now that routine school visits can only be made at 9-12 month intervals.

It has been possible this year to start a clinic in Honiton, as accommodation has become available at the Modern Secondary School. It is held on the 2nd Saturday morning in alternate "odd" months, this day being the most suitable as it is market day in Honiton, and therefore more transport from outlying districts is available.

Suitable accommodation for Ophthalmic examinations continues to be a major problem, especially in the Modern Secondary Schools, where the influx of pupils from surrounding schools, plus the 14 to 15 year groups, has swallowed up all available space. The Head Teachers have however, with indefatigable patience and resource, conjured something out of nothing and sufficient space has been found.

The numbers of cases of convergence deficiency, to the increase of which I drew attention in my last report, seem to be stationary, being approximately equal over an equal period. A good many have shown marked improvement, and a few have been cured with treatment, which however is not easy to apply, especially in young children in rural areas.

I would again like to take this opportunity of thanking all the Health Visitors and Head Teachers in my area for their sustained interest, help and co-operation which in no small measure contribute to the efficient running of the Ophthalmic service and to Miss Newman my Assistant, for her unfailing patience and interest, often under rather trying circumstances.

The Preventive side of the County Ophthalmic Service.

The function of the Ophthalmic Service is to co-ordinate the care of children's eyes with their education in the Technical Colleges, Schools, Nursery Schools and Child Welfare Centres of the County. It is concerned with insuring, as far as possible, the development of normal binocular vision and the prevention of amblyopia, eye strain, blepharitis and progressive myopia. All diseases of the eyes, injuries, congenital abnormalities and squints requiring operative or other treatment being referred to a local hospital.

The main aspects of the work consist of :—

1. The diagnosis of congenital abnormalities and disease and reference for correct treatment where necessary ;
2. The prevention of amblyopia in cases of strabismus and anisometropia by early detection, provision of suitable spectacles and institution of occlusion as required ;
3. The prevention of eye strain and blepharitis by the provision of suitable spectacles ;
4. The early detection of myopia and the prevention of its progress as far as possible by the provision of suitable spectacles and regular supervision ;
5. Notification of children handicapped on account of defective vision so that arrangements can be made for their special care in ordinary schools or transfer to special schools for partially sighted or blind children.

This work is combined with regular routine inspections of all School children to pick out early tendencies towards any of the above conditions and a regular supervision by the County Ophthalmologist of children in whom such tendencies have been confirmed.

The routine work is carried out in the Schools not at Central Clinics for the following reasons, each school being treated as a unit :—

1. It is easier for the Ophthalmologist to visit a school than for large numbers of children to visit a Clinic.
2. The journey to the Clinic with all its opportunities for loitering, playing truant and possible dangers on the road is avoided.
3. Children, particularly young children, co-operate better in the familiar surroundings of their own school than in a strange Clinic.
4. Teachers and Ophthalmologist are better able to meet and discuss cases to their mutual advantage and similarly parents can more easily slip in to the local school.
5. The routine work of the school is interfered with to the minimum.

It is often thought that the main function of the Ophthalmic Service is to provide treatment and I include in this year's Report, in view of the changes to come, the ^{above} following note on the Preventive side of the County Ophthalmic Service.

Speech Defects.

The County is divided into two areas, namely North and South, for the purpose of Speech Therapy.

Towards the end of the year one of the Speech Therapists resigned, and although a temporary officer was immediately appointed in her place she, unfortunately, felt it necessary to leave in December.

The following Table shows the work done by the Speech Therapists in the county during the year :—

	<i>Northern Area.</i>	<i>Southern Area.</i>	<i>Grand Total.</i>
I. Cases in attendance at the beginning of the year	90	59	149
II. New Cases during year :			
(a) Initial	52	81	133
(b) Other	—	27	27
III. Total No. dealt with	142	167	309
IV. No. of attendances	897	2,064	2,961
V. (a) Discharged	27	36	63
(b) Left	10	22	32
VI. Cases improved but not yet ready for discharge	54	57	111

Types of Speech Defect or Disorder dealt with during 1947.

(Classified according to the predominating aspect of the disturbance).

	<i>Northern Area.</i>	<i>Southern Area.</i>	<i>Grand Total.</i>
I. Defects of Articulation— <i>e.g.</i> Dyslolia	60	83	143
II. Defects of Voice— <i>e.g.</i> Excessive Nasality	3	6	9
III. Defects of Language— <i>e.g.</i> Aphasia	6	11	17
IV. Defects of communication— <i>e.g.</i> Stammer	69	57	126
V. Multiple Defects— <i>e.g.</i> Cleft Palate	4	10	14
TOTAL	142	167	309

The following are the reports of the two Speech Therapists who were on the permanent staff. Miss Babington left in September. Her Temporary successor did not submit a report for the short period during which she served.

Miss V. Babington, Northern Area.—(*Extract*).

The total number of attendances for this period is considerably less than for the corresponding period of last year ; this is mainly due to the difficulties in Transport during the winter months when many children were unable to reach the clinics.

In June a further Speech Clinic was opened at Tiverton, and already there is a waiting list in this area.

I should like again to urge the need for special schools or classes for mentally deficient and feeble-minded children in this area.

Miss M. H. Elsworthy, (Southern Area).

At the commencement of the year there was still a considerable waiting list at most of the Speech Clinics in my area. With the arrival of my car in April I was able to enlarge my session at most clinics and hence at the close of the year the cases remaining on the waiting list are those referred during the current year.

During 1947 a sub-clinic was opened at Dartmouth for those patients unable to attend Paignton clinic. This centre has proved very successful and it is hoped that it will also serve Kingsbridge. (In the past these children attended Plymouth).

This brings the total of clinics for the Southern area to seven. There are still, however, areas where children in need of treatment have to travel long distances or transport is difficult and hence it is often impossible for them to attend regularly—if at all. The alternative, for the Therapist to visit them at school or home is not possible at the moment owing to the number of fixed visits to be fitted in. Moreover those attending can do so once a week, only, and in most cases it is decidedly more beneficial for the children to receive twice-weekly treatment.

Here I should like to note my appreciation of the help, given to the children between their visits, by the teachers at the schools.

I look forward to the future when it is to be hoped it will be possible to divide the county into three, even four, areas for Speech Therapy and a child in need of speech treatment can be sure not only of attention but of receiving the fullest benefits Speech Therapy can offer.

**Table III. (iv.)
Orthopaedic and Postural Defects.**

	Residential Treatment with Education.		Total.	Residential Treatment without Education.		Total.	Non-Residential Treatment at an Orthopaedic Clinic.		Total.
	<i>Prim.</i>	<i>Sec.</i>		<i>Prim.</i>	<i>Sec.</i>		<i>Prim.</i>	<i>Sec.</i>	
No. of children treated under the Authority's Scheme	97	83	180	—	—	—	780	732	1,512
No. of children treated otherwise	—	—	—	—	—	—	—	—	—
Total No. of Children treated	97	83	180	—	—	—	780	732	1,512
Total Number of children treated (Residential and Non-Residential).	..	..	..	..	..	..	<i>Prim.</i> 809	<i>Sec.</i> 748	<i>Total.</i> 1,557
<i>Note.</i> —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.							<i>Prim.</i>	<i>Sec.</i>	<i>Total.</i>
Non-Tuberculous School children .. .. .	..	..	..	..	..	..	2,804	3,139	5,943
Tuberculous .. .. .	..	..	..	..	..	..	66	35	101
Total School Children							2,870	3,174	6,044

Mr. Norman Capener, Consulting Orthopaedic Surgeon to the County Council, has kindly submitted the following note on the working of the School Orthopaedic Service during the year :—

For twenty-one years a Specialist Service in Orthopaedics has been run under the auspices of the Devon County Council by the voluntary association, the Devonian Orthopaedic Association, based upon the Princess Elizabeth Orthopaedic Hospital, Exeter. The work of this organization will in 1948 be merged with the National Health Services under the Ministry of Health. At the end of this period it gives me great pleasure, once more, to acknowledge the consideration and efficient help which we have always received from the officers of the Medical Department of the Devon County Council. It has been most gratifying to have seen the growth of the Orthopaedic Service for school children in this area, which as a joint enterprise by a large local authority and a voluntary association, has been one upon which others, not only in Great Britain but elsewhere, have been modelled.

It is worth stressing that the majority of orthopaedic defects seen in school children are preventable. The facilities that we have in Devon have undoubtedly done much to aid the development of healthier children. It is certainly true that we see now much less severe deformities that we did twenty years ago and cases of real neglect are practically non-existent. The most important period in a child's life, from the point of view of development of deforming disease is the first five years. Although this is a period roughly outside the scope of the age groups covered by this report, nevertheless it should be remembered that the health of the school child from an orthopaedic point of view, is largely determined by what happens in the five years of pre-school life. A recent survey carried out at Exeter of cases of bone and joint tuberculous disease has particularly stressed the importance of this statement.

Spastics.

There were preliminary negotiations for the setting up of a special school for spastic cases at the Dame Hannah Rogers School, Ivybridge, which is intended to take some 15 cases from the geographical counties of Devon and Cornwall. The Ministry of Education have been engaged on drafting a new Trust Deed which provides for the school to be administered by a special body of Trustees. The school will of course be a residential one, and it is hoped that eventually it will cater for 30 children.

GENERAL HOSPITAL TREATMENT.

Following receipt of amendment No. 1 to Circular 102 dated 3rd June 1947, from the Ministry of Education, the Committee agreed to a payment being made to Consulting Surgeons at Cottage Hospitals in respect of emergency major and minor operations.

No other charge was deemed necessary since the remuneration offered by Amendment No. 1 differed little from that already in effect in the Devon County area.

The following Table (A) shows an increase in the total number of cases dealt with both as regards In Patients and Out Patients, compared with last year, resulting in an increase in expenditure amounting to approximately £4,777.

The Scheme for the provision of General Hospital treatment for children attending Grant-Aided Schools worked smoothly during the year. There is still a delay in the cases needing plastic surgery, but it is hoped that local arrangements may be made during the coming year to overcome this.

Respiratory conditions still form the great bulk of the medical cases treated, followed by nephritis and rheumatic conditions.

INFECTIOUS DISEASES.

Infectious Diseases cases noted in the following Table (B) do not of course reflect the incidence of such in the County, as they are only a record of those cases which happened to occur in and who were treated at general hospitals.

With the exception of tonsils and adenoids, appendicitis is the commonest surgical condition treated under the scheme. The number of Tonsil and Adenoid cases operated on declined this year in comparison to last year, as operations on nose and throat, except of an urgent nature, were cancelled during the months of July, August, September, October and November due to the prevalence of acute poliomyelitis, since American experience has shown that cases which had had recent operations on the nose and throat were more liable to contract the severer forms of poliomyelitis.

Although there was only a difference of 3 cases between the number of children admitted to hospital this year and those admitted last year, there was an increase of 3,637 in the out-patient attendances. This, combined with the increased hospital charges, in some cases, accounts for the increase of expenditure.

Table (A).
Comprehensive Hospital Treatment Scheme.

Comprehensive Scheme.	Type of Case covered by old Scheme.	Admissions	Discharges	No. of In-Patient Days	No. of Out-Patient Attendances	Maintenance.	Professional Fees		X-Ray and Other		Total	
							£	s. d.	£	s. d.	£	s. d.	£	s. d.
1.	Adenoid and Tonsil (In-Patient)	960	936	3,265	—	2,254 1 0	1,959 12 0	—	—	4,213 13 0	—	—
2.	Other Ear, Nose and Throat (In-Patient)	98	82	1,036	—	725 4 0	188 18 6	—	—	914 2 6	—	—
3.	Squint (In-Patient)	74	71	1,695	—	1,198 5 4	138 15 0	—	—	1,337 0 4	—	—
4.	Squint (Out-Patient)	163	216	—	1,147	142 9 0	25 14 6	—	—	168 3 6	—	—
5.	Orthopaedic (In-Patient)	224	230	16,836	—	10,711 0 2	—	—	—	10,711 0 2	—	—
6.	Orthopaedic (Out-Patient)	484	337	—	5,922	1,480 10 0	—	—	158 2 6	1,638 12 6	—	—
7.	TOTAL of 1—6 (old Scheme)	2,003	1,872	32,832	7,069	16,511 9 6	2,313 0 0	—	158 2 6	18,982 12 0	—	—
8.	General In-Patient (Exclusive of above)	1,159	1,156	17,172	—	12,033 1 7	2,018 7 6	300 17 4	—	14,352 6 5	—	—
9.	General Out-Patient (Exclusive of above)	3,615	2,838	—	10,032	1,254 0 0	1,227 9 0	1,857 14 6	—	4,339 3 6	—	—
10.	Total of (8) & (9) Additions to old Sch.	4,774	3,994	17,172	10,032	13,287 1 7	3,245 16 6	2,158 11 10	—	18,691 9 11	—	—
11.	Total In-Patient	2,515	2,475	50,004	—	26,921 12 1	4,331 7 6	300 17 4	—	31,528 2 5	—	—
12.	Total Out-Patient	4,262	3,391	—	17,101	2,876 19 0	1,227 9 0	2,015 17 0	—	6,145 19 6	—	—
13.	Grand Total	6,777	5,866	50,004	17,101	29,798 11 1	5,558 16 6	2,316 14 4	—	*37,674 1 11	—	—

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

*This total does not take into account the proposed increased charges in connection with Orthopaedic treatment amounting to approximately £1,708 13s. 4d.

TABLE (B).—continued.

	<i>Cases</i>	<i>Totals.</i>
INFECTIOUS DISEASES (other than Influenza, Pneumonia, Tuberculosis).		
(1) Encephalitis	1	
(2) Poliomyelitis	1	
(3) Cerebrospinal fever	3	
(4) Diphtheria	—	
(5) Whooping Cough	—	
(6) Measles	2	
(7) (a) Scarlet Fever and/or Streptoccal Sore Throat—Notified	1	
(b) Scarlet Fever and/or Streptoccal Sore Throat (unnotified Tonsillitis, etc.)	—	
(8) Chicken Pox	1	
(9) Rubella	—	
(10) Mumps	1	
(11) Dysentery	1	
(12) Typhoid	2	
(13) Other Infectious Diseases	—	
(14) TOTAL INFECTIOUS DISEASES		13
TOTAL MEDICAL (including INFECTIOUS DISEASES)		370
(b) SURGICAL TREATMENT.		
Burns	22	
Fractures (pre-orthopaedic) :—		
Street accidents	3	
Other	136	
Other Injuries :—		
Street accidents	16	
Other	150	
Cervical Adenitis	26	
Foreign bodies Swallowed	3	
Appendicitis	224	
Other Surgical Abdominal Disease	1	
Hernia	49	
Cryporchidism	3	
Operations on Kidney, Bladder or Urinary Tract	1	
Other Surgical Conditions of Genitary System	4	
Abscess (unspecified locality)	61	
		699
ORTHOPAEDIC.		
(1) Poliomyelitis	19	
(2) General (Incl. late fractures)	200	
(3) TOTAL		219
THORACIC SURGERY		
(1) Rib Resection for Empyema	1	
(2) Phrenic Avulsion	—	
(3) Thoracoplasty	—	
(4) Lobectomy	—	
(5) Other Thoracic Operation	—	
(6) TOTAL THORACIC CASES		1

TABLE (B).—*continued.*

				<i>Cases</i>	<i>Totals</i>
EYE.	(1)	Squint	.. ..	55	
	(2)	Cataract	.. ..	9	
	(3)	Foreign Bodies	.. ..	—
	(4)	Injuries	.. ..	8	
	(5)	Other conditions	.. ..	25	
					97
E.N.T.	(1)	Adenoid and/or Tonsil Operation	.. ..	1,032	
	(2)	Nasal or Nasal Sinus Operation	.. ..	2	
	(3)	Mastoid Operation	.. ..	21	
	(4)	Otitis Media without major operation	.. ..	55	
	(5)	Foreign Bodies	.. ..	—
	(6)	Other E.N.T.	.. ..	47	
	(7)	TOTAL E.N.T.	.. ..		1,157
PLASTIC SURGERY	(1)	Cleft Lip and Cleft Palate	.. ..	1	
	(2)	Cleft Lip only	.. ..	1	
	(3)	Cleft Palate only	.. ..	2	
	(4)	Other oral	.. ..	—
	(5)	Reconstruction of Genitalia	.. ..	—
	(6)	Other Plastic Treatment	.. ..	5	
	(7)	TOTAL PLASTIC	.. ..		9
DENTAL SURGERY	(1)	Extractions as In-Patient	.. ..	22	
	(2)	Injuries	.. ..	—
	(3)	Impacted & Unerupted Teeth	.. ..	—
	(4)	Dental Abscess	.. ..	—
	(5)	Cysts (Dental & Dentigerous)	.. ..	—
	(6)	Orthodontic	.. ..	—
	(7)	Other Dental	.. ..	—
	(8)	Total Dental	.. ..		22
Congenital Deformity (Unclassified)				1	
Minor Surgical Conditions (Unclassified)				60	
Other Surgical Conditions				24	
TOTAL SURGICAL					85 2,289
(c) GRAND TOTAL—MEDICAL AND SURGICAL					2,659

SANATORIUM TREATMENT AND REPORTS FROM TUBERCULOSIS OFFICERS.

(1) **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.

There were 4 children of school age in the Sanatorium on January 1st 1947, 5 were admitted during the year, and 1 remained in the Sanatorium on December 31st 1947.

These children were grouped clinically as follows :—

(1)	.....	.....	.....	R.B.3.
(1)	.....	.....	.....	R.B.1.
(2)	.....	.....	.....	R.A.1.
(5)	.....	.....	.....	N.R.B.

This is the smallest number of children we have dealt with in a twelve months period since children were admitted to the Sanatorium. In addition to the smallness of the number, the relatively benign nature of the cases, as compared with the last few years, is a gratifying feature.

The R.B.3. case is a child with bilateral pulmonary tuberculosis and diabetes who has been in the Sanatorium since September 5th 1946, and she was the only child in here at the end of the year. The R.B.1. case was a girl aged 14 who responded very well to six months sanatorium treatment, supplemented by left artificial pneumothorax. The two R.A.1. patients were both instances of massive primary infection, and both did well with routine sanatorium treatment. In only one of these four cases was it possible to establish any history of contact. This patient, a child of four, had been sharing a bed with his aunt who was suffering from open tuberculosis, and who is now a patient in the Sanatorium.

The five non-pulmonary patients were all cases of tuberculous cervical glands, all of which were treated by operation. Tubercle bacilli were found in every case, and all have healed satisfactorily. In one instance there was a definite history of contact, and in another an indefinite history.

No children died in the Sanatorium during the year, and the average length of stay was eighteen weeks. Of those discharged during the year three were fit for school, and five were unfit.

(2) The reports from the Tuberculosis Officers are as follows :—

Dr. A. J. McMillan. (*Barnstaple Area*).

During the year 1947 there were 21 (twenty-one) new notifications of Tuberculosis amongst children in this area, comprising :

<i>Non-Pulmonary.</i>	<i>Pulmonary.</i>
13 (thirteen)	8 (eight)

Mantoux and Tuberculin Patch tests were carried out during a number of the examinations, but the Tuberculin jelly test was found to be less reliable in practice.

The total number of children examined was 415, including 21 new notifications, 114 Suspects, 63 old Contacts and 60 new Contacts.

137 children were X-rayed.

These numbers are relatively small owing to the same handicap of previous years, viz., the inadequate X-ray facilities in this area. It is hoped that during the current year this handicap will be removed.

Dr. W. E. B. Wyndham Lloyd. (*Plymouth Area*).

The number of children of school age seen during the year for the first time was 189. A further large number was seen on a second or subsequent occasion as a routine follow-up of known cases of tuberculosis, on re-examination of contacts, or because the diagnosis remained uncertain at the first inspection. There are three main ways in which children come to the tuberculosis officer, (*a*) through their family doctor, (*b*) through the school doctor and (*c*) at the request of the tuberculosis officer (these last are almost all contacts).

The table opposite sets out the main facts. Of the three cases of phthisis, one came from another area where he had been treated and the disease arrested, the other two went to Hawkmoor and are doing well. The boy with primary tuberculosis was treated at home and is now back at school. The Medical Research Council was approached in an attempt to get the patient with generalised tuberculosis treated with streptomycin, but the case was considered unsuitable and he went to Hawkmoor. The four children with pleural effusion were all treated at home and have recovered, though they are still under observation. The three surgical cases (one had a tuberculous spine and two hip disease) were referred to the Devonian Orthopaedic Association and are still under treatment.

When a child is found to have tuberculosis in any form an attempt should always be made to discover the source of infection. Whenever persuasion is effective, the parents and all other contacts come for examination and X-ray. The probable source of infection was traced in one case of phthisis, one pleural effusion and the one case of spinal tuberculosis.

Apart from new cases and re-examination of contacts sixty three children are under periodical observation for a variety of reasons. Seventeen were previously known to have had or were suspected of having pulmonary tuberculosis; in all these the disease is now quiescent or arrested. Three are at an open air school. Six children had histories of tuberculous pleural effusion. Seventeen had had tuberculous glands, mostly in the neck and

Analysis of Results—New Cases Only.

Seen at request of	Number of children.	Phthisis adult type.	Primary and epituberculosis	Generalised tuberculosis	Pleural effusion	Glands	Bones and joints.
Private Doctor	89	1	1	1	4	0	3
School Doctor	41	0	0	0	0	0	0
Tuberculosis Officer (<i>contacts</i>)	62	2	0	0	0	0	0

many had been successfully operated on at Hawkmoor ; all are well now. Eight were old cases of abdominal tuberculosis. The remaining children are either orthopaedic cases or are under observation for lung disease other than tuberculosis.

One striking fact emerges, namely the comparatively small amount of childhood tuberculosis considering the number of children who risk infection. Children of school age rarely develop tuberculosis of the adult pulmonary type. Frequently infection results in tuberculosis of other organs, but when the lungs are affected the normal, but unfortunately not the certain, result is complete recovery. Much can be done towards eliminating childhood tuberculosis by educating the infectious adults, in a sanatorium or elsewhere, so that they can, by suitable precautions, reduce the risk of infecting their children to nearly nothing. It is the sputum positive patient who does not know (or does not care) who is the danger. The road to child-health lies in discovering all the infectious adults and isolating them or training them in the elementary rules of sanatorium hygiene. Bovine tuberculosis is also a big factor and will not be abolished until all milk is made safe either by ensuring that the cows are healthy or by suitable heat treatment of the milk.

Dr. G. E. Adkins. (*Exeter Area*).

Examination of school children was done on 313 occasions.

1st. examination	.....	.....	225	} 313
Re-examination	.....	.....	78	
Examination at Exeter Clinic	.....	.....	221	} 313
Examination elsewhere	.....	.....	82	
Contacts examined	.....	.....	119	

Facilities for examination and X-ray were provided by Tiverton and Teignmouth Hospitals, and for X-ray only by Exmouth and Axminster Hospitals. This co-operation was greatly appreciated.

The following tuberculous conditions were found :—

Open Pulmonary Tuberculosis	.....	.....	3
Pleural Effusion	.....	.....	2
Childhood Type (closed) Pulmonary Tuberculosis	.....	.....	15
Abdominal Tuberculosis	.....	.....	2
Cervical Adenitis	.....	.....	9
Chronic miliary tuberculosis	.....	.....	1
			—
			32
			—

3 Cases were admitted to the County Sanatorium, and 20 recommended to Oaklands Convalescent Home.

It is felt that there is a definite need for a small number of beds for observation and treatment of non-infectious childhood tuberculosis; the majority of these cases being unsuitable for admission to the County Sanatorium.

CHILDREN'S HOME.

The Public Health Committee's children's home at Oaklands Park, Dawlish, continues to serve a very useful purpose to the School Health Service, as delicate children can be admitted there and are greatly improved in health as a result of their stay, since the home is run on an Open Air Regime. With the present lack of residential special schools, accommodation at Oaklands Park continues to be a boon in the County.

STATISTICS FOR SCHOOL CHILDREN IN OAKLANDS PARK HOME.

Number of recommendations for admission received during the year	135
Number of school children in residence, 31st December, 1947	†30
Number of school children admitted for the first time during year	111
Number of children admitted for second time during year	<i>Nil.</i>
Average length of stay	15 weeks, 5 days.
Greatest length of stay	44 weeks, 1 day.
Average gain in weight	6 lbs, 9 ozs.
Greatest gain in weight	16 lbs.

†This figure is misleading for at this time of the year some parents naturally prefer to have their children at home and so the numbers at the Home are not so large as in normal times of the year. Approximately 46 would be an average number.

CONSULTATION SCHEMES

The records of children referred to Consultants were as follows :—

Table XIV.

(a) <i>Psychiatric Consultations</i> :—		
(1) Child Guidance .. .. .	.. .. .	144
* (2) Juvenile Delinquency .. .. .	.. .. .	44
(b) Tuberculosis Officers (Form T.).	.. .. .	92
(c) Ear, Nose and Throat Surgeons .. .. .	.. .. .	306
(d) Dermatologist .. .. .	.. .. .	27
(e) General Physicians or Surgeons .. .. .	.. .. .	74
(f) Any Other .. .. .	.. .. .	16
	TOTALS ..	703

* Details under "Juvenile Delinquency" in Report of Dr. Scott-Forbes, page 36.

Before School children are referred to Consultants the family doctor is approached. Although the numbers of consultations made this year was greater than last year the gross number is smaller because the number of cases seen at the County Council Eye Clinic are not included, as they are already shown in Table III, (Group II).

Infectious Disease in Schools.

There was no major outbreak of Infectious Disease during the year except for the seasonal one of Measles. There were cases of Poliomyelitis among children in country schools, but beyond the exclusion of close contacts no further action was taken.

Six schools were closed on account of infectious disease during the year (5 Measles, 1 Measles and Mumps). All were closed by the School Medical Officer.

EMPLOYMENT OF SCHOOL CHILDREN OVER 12 YEARS OLD

No. of cases examined by Asst. C.M.O.'s.	..	..	388
No. of cases examined by private doctors	..	..	19
No. of cases found unfit for Employment, or who were refused Employment on other grounds	..	..	3
No. of cases whose parents were prosecuted under the C. and Y.P. Act, 1933.	..	..	.. Nil.

(One employer was prosecuted on two occasions).

CHILD WELFARE.

The scheme, which exists in the case of very small schools, whereby parents may bring their pre-school children for examination by the Assistant County Medical Officers at their periodical visits, was taken advantage of to a very small degree during the year. Only four children were reported as having been seen. No defects were found.

As mentioned last year, the great increase during recent years in the number of Maternity and Child Welfare Centres may partly have accounted for this but it was felt that another reason could have been the lack of knowledge of the facilities which existed. In consequence the notice of school medical inspection which is sent out to teachers is being amended and parents are advised therein to bring their pre-school children to be examined as well. It is thought that in due time more parents will avail themselves of this opportunity for an assessment of the health of their children.

Private Schools.

Under Section 78(2) of the Education Act, 1944, arrangements are in force, with a small number of Convent Schools, for medical inspection. Two schools were visited by the Assistant County Medical Officers during the year. During their visit they examined fifty-two children as "Periodicals" and twenty-eight of these were found defective. There were 46 Re-examinations, but no cases were seen as "Specials."

Nursery Schools.

There are no Devon County Council Nursery Schools, but medical inspections are carried out in six Part-Time Nurseries. For details see note on page 10. The London County Council, however run a Nursery School at The Cliffs, Dawlish, and make a grant to the Devon County Council to cover inspections by our staff. Thirty-three children were examined during the year and the number of defects found was thirteen. These figures are not included in any other part of this report.

Direct Grant Schools.

Under an arrangement whereby medical inspection and treatment is arranged for recognised Devon pupils in the above-mentioned schools, six children received a Periodical examination. One of these was found to suffer from defective vision and was referred for treatment. Ten children were examined as "Specials."

NOTES FROM ANNUAL REPORTS OF INDIVIDUAL ASSISTANT COUNTY MEDICAL OFFICERS.

Dr. L. G. Anderson, (*Exmouth, part of, and St. Thomas Rural, part of*).

Dr. Anderson did not join the Staff until 20th October last and, in the short time he has been working in the County, he does not feel he is in a position to submit a Report of any material value. He hopes that, in the near future, he will be able to make a personal survey of children of all age groups of both sexes, after which he will be able to form a better opinion of their general well-being.

He has made a start on the testing of senior children by means of the Ishihari Tests for Colour blindness.

Dr. H. M. Davies, (*Newton Abbot Area*).

Dr. Davies' appointment with the County Council began in September.

CLEANLINESS.

He reports that the cleanliness of the children is, on the whole, satisfactory, but remarks that a small proportion of unclean children still exist despite all efforts to educate them and their parents; it seems to be a rare feat to effect a permanent improvement in some families.

ORAL HYGIENE.

Dr. Davies is amazed at the large number of children, especially young ones, who do not possess a tooth brush, and also at the much larger number who pay little or no attention to Oral Hygiene.

NUTRITION.

He says the standard shown by most children is fairly good and that it is significant that one seldom sees the parents of those children who are worst in this respect.

Dr. Davies concludes by thanking the Health Visitors and Teachers in the area for their ready help and co-operation.

Dr. A. Dick, (*Paignton Area*).

The following brief remarks refer only to the scholars at Paignton (All Schools), South Devon Technical College—Boys, and Totnes King Edward VII Grammar School.

In a year of generally good child health, and in the absence of any investigation upon any special subject of child health or upon any specific defect or condition, one finds little fresh to commend upon other than has been recorded in recent years.

There were no epidemics; infantile paralysis did not occur. The possibility of the latter caused postponement of a small number of operations for removal of Tonsils and Adenoids. With regard to gross tonsillar enlargement, it appears that parents appreciate a cautious approach on the part of the School Medical Officer—the advice that the child should be seen again before finally deciding, and for the parent to obtain the second opinion of the family doctor, results in a more ready acquiescence to have operative treatment.

There appeared to be fewer new cases of Otorrhoea—just as one would expect in a year of lower Measles and Scarlet fever incidence.

One can hardly say anything about the Nutrition of our children without plagiarising almost any report of the past few years; to parody a popular non-classical song "Nutrition's getting better every day."

Certain defects and conditions, mostly in children under 10 to 12 years, and not always from poorer homes, should be avoidable, remediable or lessened.

- (1) *Nasal Catarrhal discharge* :— unpleasant in itself especially with children massed in classes,—and now canteen-feeding together—and the resulting nasal and face sores ; fewer children carrying a handkerchief these days—perhaps the Authority might press for this article to be more easily obtainable on hygienic grounds.
- (2) *Unclean Teeth* :— similarly, the Authority might press that a purchase tax on tooth paste, etc., while good finance is, nevertheless, bad hygiene.
- (3) *Tired Children* :— too many parents have still too little, or no realisation of the need for their children having earlier bedtimes.

Dr. D. M. Green, (*Tiverton, South Molton Area*).

The most striking thing about school entrants is the very poor muscular tone observed in so many of them, and also the poor bony development, with the associated knock-knee and flat foot. This is due, in my opinion, to the insufficiency of meat and similar proteins, and the excess of milk and starch in the infant and toddler diet of today.

Another remarkable feature of the School Clinics is the large number of fractures and joint injuries due to trivial causes, in some cases during ordinary drill and especially during games. This has been the subject of comment from the Head Teachers—who are concerned at the brittleness of bones in children today. In general, defects are found and treated early, but there are still too many dental refusals.

Dr. T. Gibson, (*Torquay*).

The work of the School Health Service within the Borough of Torquay was carried out during 1947 on the same lines as described in previous reports. The School population of the borough (excluding Technical College and Art School) September, 1947, is as follows :—

Grammar Schools	.....	.....	1,200
Modern Secondary School	.....	.....	1,215
Primary Schools	.....	.....	3,059
			<hr/>
		Total	..... 5,474
			<hr/>

In all the Primary, Secondary and Grammar Schools (except the Girls' Grammar School with a population of 600), Dr. Gibson carried out and completed the periodical medical examination of three specified groups, (Entrants, Intermediates and Leavers), and each school was visited at least once each term for the purpose of special and reinspections. Besides the Girls' Grammar School, other arrangements are made for the medical inspections at the Technical College and at the Art School.

Five boarded out children (3 boys and 2 girls) were examined 16 times and their condition was found satisfactory.

The attendance of parents of children in Infant Schools is very good, but diminishes with the older groups, and comparatively few parents turn up in the Secondary Schools.

Dr. Gibson found very little in the general condition of the children to call for special comment. Their state of nutrition appeared to be fairly well maintained, and no doubt school milk and meals have contributed to this. Dr. Gibson has, however, noticed certain signs of a commencing deterioration, due to dietetic deficiencies. For one thing, he has noted an increase in the number of children suffering from boils and styes, often combined with catarrhal conjunctivitis. These cases generally respond to treatment by the Vitamin B. complex, and must be due at least in part to a dietetic deficiency. Last winter there was a definite increase in the number of cases of gingivitis, which cleared up in a few days when treated with Ascorbic Acid. But so far this winter he has seen very few of these cases. Again, there does seem an increase in the number of "tired" children in the schools; but there are so many causes for this condition, that one hesitates to include some dietary lack, although this may very well be one.

Much time is now devoted to ascertaining and advising about pupils who come within the various categories of handicapped pupils as defined in the Regulations made by the Minister of Education. And here Dr. Gibson states he would like to remark that it seems to be unfortunate that in defining some of these categories, a restriction has been imposed which limits the children who may be included as to those who are, owing to some particular disability, not fit to attend an ordinary school. Of course, this limitation has been imposed because the matter has been regarded entirely from the educational point of view, but from the point of view of the doctor, and indeed of the pupil himself, such a limitation is unfortunate, and may be misleading. For example, a physically handicapped pupil can only be properly included in this category, if he, because of his handicap, cannot be satisfactorily educated in an ordinary school. Now there are plenty of children affected with really serious physical defects (e.g. loss of a limb) who can be quite well educated in an ordinary school, but under these Regulations, they are not handicapped and are not counted in the returns of such children. A similar anomaly

is to be found in other categories. For instance, a child is not an epileptic from an educational point of view if he attends an ordinary school. A child may have an epileptic fit every night of his life, but if he is able to go to school in the morning, he is not a handicapped pupil. Now for every epileptic child who has fits so frequently and severely that he could not possibly attend an ordinary school, there must be five or more whose fits are entirely nocturnal or occasionally in the day time, and who may be able to attend an ordinary school. Such a child is not counted as a handicapped pupil in the school returns but every child affected with epilepsy, whatever the degree of severity, is surely a handicapped individual in the ordinary sense of the term. The diabetic category is similarly limited to a very small minority of very severe cases.

Dr. Gibson suggests that a practical, and, at the same time, sufficiently comprehensive definition of the various categories would include all cases where there is a definite defect or disability involving a handicap, and then, except in the case of the deaf and dumb, or the blind, divide each category into (a) those fit to attend an ordinary school, and (b) those unfit to attend an ordinary school. In this way we would get a fairly complete ascertainment of the pupils affected with physical and other handicaps, and, at the same time, an indication of what educational treatment is required in each case. A further argument for this is supplied by the fact that at the present time, there is such a lack of accommodation in special schools, or institutions, for handicapped pupils, that so many such pupils who should be in special schools have perforce to remain in ordinary schools. For his own information, Dr. Gibson kept his own lists of children found with the particular defects, whether officially handicapped or not, and the following notes are founded on these lists.

Further on in his report, Dr. Gibson agrees with the comment of Dr. Sims in last year's report as to what appears to be the excessive prevalence of Asthma, and looking back on his experience of living in the industrial area of an industrial town, he is of opinion that the prevalence of Asthma there was not more than a third of what it is in Torquay.

In common with other Medical Officers, Dr. Gibson also notes the prevalence of another allergic condition, Urticaria.

EDUCATIONALLY SUBNORMAL CHILDREN.

Dr. Gibson notes that it is a great pity that these children, due to the lack of accommodation in Special Schools, should be left in ordinary schools, where they are often a nuisance to their Teachers, whilst they themselves are denied such opportunities for training as is suited to their mental condition.

He notes, also, the excellent work done for retarded pupils at Audley Park Secondary, Torwood and Westhill Primary Schools, but these classes are really only for dull and backward children, and not for those who need residential special schools and special training.

The School Clinics continued to function through the year with difficulty, owing to the shortage of staff.

INFECTIOUS DISEASES.

Dr. Gibson notes that, with the exception of an outbreak of Measles, there was no excessive prevalence of Infectious Diseases during 1947.

It will be noted that there was not a single case of diphtheria reported from the schools, and Dr. Simpson (Medical Officer of Health for Torquay) tells Dr. Gibson that not a single case of diphtheria was notified in Torquay during 1947, which, I believe, establishes a record for the borough, and is also an unsolicited testimonial to the value of prophylactic immunisation. 2 cases of Infantile Paralysis were notified from the schools, but in only one case was the diagnosis confirmed.

UNCLEANLINESS.

The regular inspections and cleanliness of school children were carried out by the Nursing Assistants and during the year, inspection was extended to include the Technical College and the Boys' Grammar School. The total number of routine inspections numbered 13,000, and the following total percentage found verminous :—

			<i>Vermin and Nits.</i>	<i>Nits only</i>
		<i>Total.</i>		
Boys	.....	1.63	0.09	1.54
Girls	.....	3.32	0.35	2.97
TOTAL	.....	2.54	0.22	2.32

There was considerable variation of the extent of vermin disease in the various schools and even in the same school at different times. Taking the last term inspection we find that the head cleanliness varied from 6.99 per cent to NIL. At this inspection all the children were clean in 3 schools, including ILSHAM Primary which was the only school where all the children were found clean throughout the year, and the two Grammar Schools.

In addition to the above routine inspections, 299 casual inspections were made, and 10.7 per cent of these were found verminous.

CLEANSING.

33 children were cleansed by the Nursing Assistant, after the parents had failed to comply with the notices served on them, but the actual cleansings amounted to 46, as 5 children were cleansed twice and 1 child three times. In addition, 6 children were cleansed at the request of parents and without the serving of notices.

Dr. M. Gunner, (*Crediton, Exmouth, part of, and Budleigh Salterton area*).

Many of the faults in the general upbringing of children persist from last year into this, and will again be apparent next year, and again the year later, until the standard of interest and knowledge amongst the parents is sufficiently advanced that it will no longer be necessary for a Medical Officer to make the obvious comment that children who go to bed too late cannot be expected to show the mental and physical alertness of the positively healthy child; too many children still suffer from insufficient sleep.

On the whole, however, the standard of health of children in my area is quite good, although there is little doubt that a general improvement would be noticed if the promise of things to come were to materialise in the form of better buildings, adequate washing facilities, etc., so that practice could follow precept rather the more easily. It is hard to preach cleanliness where the means thereto are sometimes non-existent. I would like to see the damp, communal, roller-towel disappear and individual towels take its place. The newly-built canteens in the country schools often show up the dilapidated school buildings adjoining, but it is encouraging to see that work is steadily progressing; canteens built, playgrounds recovered, and, here and there, a school re-decorated. The opening of the new clinic at Exmouth makes one realise the advantage of working in spacious and bright surroundings.

Parents of educationally sub-normal children seem to be much more interested in the possibilities of specialised education for their children, though, not unnaturally, are reluctant to have them sent away to residential schools. This reluctance is, however, more marked amongst parents of children in the "delicate" category. It is difficult to see how, in rural areas, these children can be treated other than in these schools.

The routine canteen inspections instituted during the latter part of the year reveal that standards of hygiene are high, and this obtains even where the accommodation is cramped and the ventilation poor. In the worst cases, new buildings are either proposed or already under construction. One weak point in the system seems to be the Thermos containers which are washed at

the schools and returned next day to the central kitchen, sometimes damp, and with the remains of food in evidence. The central kitchens scrub out the containers twice weekly as a routine, and at other times when necessary, but I feel it would not be out of place in some cases to impress upon the staff concerned at the schools the importance of keeping these containers clean.

In conclusion I would like again to pay tribute to the Health Visitors and Heads for their unfailing help and co-operation.

Dr. M. H. King, (*Ashburton, Brixham, Dartmouth Area*).

Dr. King notes the difficulty of ensuring that adequate information is included in the medical cards.

CLOTHING AND SHOES.

She is of opinion that clothing is adequate and clean, but that shoes vary and are very often unsuitable and inadequate, due mainly to boots and shoes being made of inferior material. The results are foot deformities, cold and damp feet, causing a general lowering of condition.

Dr. King finds Pediculosis practically non-existent due to the excellent work of the Health Visitors, and notes also that Impetigo is kept under control most successfully at the local Minor Ailment Clinics.

She finds occasional cases of Ringworm and notes that Scabies is surprisingly prevalent.

Dr. King is in agreement with Dr. Gibson and Dr. Proctor-Sims that Urticaria is very prevalent and involves much time and energy.

Dr. King notes the high percentage of children who show enlargement of the Cervical and Maxillary glands. She is of opinion that it is extremely undesirable that School children should be allowed to take part in pantomime shows which require hours of rehearsal and weeks of performance.

She is also of opinion that children, on the whole, are not taught to sit, stand or eat correctly, and suggests that much could be done with more time for remedial work in the school curriculum, and by the provision of correct seats and desks.

Dr. King's general impression is that children who are not having school dinners are in very poor shape indeed ; she sees too many pale, heavy eyed, and flabby children, and blames present housing conditions, lack of adequate rest and insufficient and unbalanced feeding.

Dr. King records her appreciation of the help she has received from Teachers and Health Visitors.

Dr. H. Mackenzie-Wintle, (Honiton Area).

The medical inspection of schools and the holding of School Clinics and Welfare Centres has continued in the East Devon area throughout the year without any features markedly distinguishing it from 1946.

Dr. Mackenzie-Wintle has a general impression, without any statistical confirmation, that the number of minor ailments has considerably declined, and that the standard of nutrition has advanced—he considers this latter a remarkable fact in view of the constant grumbling campaign against present-day rations.

He says that the “decapitation” of many rural schools and the transfer of the seniors to central schools, while probably arguable on many counts, is certainly advantageous from a medical administration angle, since it is always preferable to examine children in a proper medical room rather than on a card table in a medieval museum. Balanced against this, he says we must expect a somewhat lower percentage of parents attending from outlying villages.

Dr. Mackenzie-Wintle says the premises where Clinics and Welfares are held are all too often inadequate but that it is very difficult to see what can be done to remedy this until the new Health Act establishes Health Centres especially designed for the work.

The new medical card is now in use for all new entrants, and, in Dr. Mackenzie-Wintle's view, is by and large a very excellent production.

A marked increase in round-shoulderedness and poor posture generally is noted. This, Dr. Mackenzie-Wintle thinks, is due to three factors :—

1. Nutritional.
2. Psychological
3. Shortage of Physical Training Teachers in Schools.

He would like to record his appreciation of the Eye Clinics opened at Honiton and Axminster, by Dr. Foxwell, which have proved of immense value.

Finally, he reiterates his belief that the school meals service, with all its imperfections, and all the difficulties of its administration, is the greatest single contribution to school health yet made.

Dr. G. D. Park, (Kingsbridge Area).

Dr. Park says there has been a very marked improvement in the general health of the children and particularly during the last six months of the year. Healthier than at any time since he came to Devon in 1945, physically and psychologically. He says the cause of this cannot be any other than the remarkable summer enjoyed by them this year and that he had thought that with the type of rationing now in force the children might have

used up too much of their reserves of energy but so far there is no indication of this. Despite the increase of pupils this year due to the raising of the school leaving age, and the accompanying overcrowding there have been no outbreaks of communicable disease which might have been expected. Tonsillar and adenoidal enlargement which has been such a constant feature in this area was of minor importance even though operative treatment was in abeyance on account of the increase in incidence of acute poliomyelitis. Minor orthopaedic defects, impetigo and minor skin disease have been the main defects. *Enterobius vermicularis* and enuresis are extremely common. In the latter disease Dr. Park has made it a practice to examine the urine and is surprised at the number of times he gets suspicious (evanescent) reaction to "sugar" test. Only one diabetic child was discovered during the year.

As in the past, the parents have attended Clinics and examinations extremely well. It must be remembered that the presence of parents slow down the rate of examination—but of course their presence more than compensates the slower turn over.

Dr. Park had hoped to be able to report how much he was enjoying his work in new clinics at Plymstock and Kingsbridge. Unfortunately there has been little (at Plymstock) or no (at Kingsbridge) adaptation being performed at these two new centres. In the clinics themselves the work of observation examination and treatment proceeds favourably. Particularly is this so at his main Clinics at Kingsbridge and Plymstock where in addition to the clinic, remedial exercises are run as classes under the capable supervision of Miss Mason and Miss West. The results are very good. Both these Health Visitors carry out their work despite accommodation difficulties.

School meals are of sufficient quality, quantity and variety, particularly where the canteens are within the school premises. Two outbreaks of diarrhoea and vomiting occurred during the summer term and were eventually traced to a chocolate pudding served on both occasions from Kingsbridge Central Canteen. In all canteens the standard of hygiene is high.

Many cases of school children under and over the age of twelve years are found working, and in the latter age without medical certification. Dr. Park feels it is a good thing that children want to contribute to the family income but there seems to be a great deal of ignorance amongst parents (real or assumed) of the procedure to be adopted. He says that rather than that these children be found by the School Attendance Officer, Health Visitor or himself, it would be better that the existing administration for placing workers be utilised.

He expresses appreciation of the co-operation he has enjoyed from the teachers and medical practitioners of this area and more particularly of the help and assistance he has received from his Health Visitors and Nursing Assistant.

Dr. N. Proctor-Sims, (*Ilfracombe Area*).

Two reasons for satisfaction during 1947 were, firstly the prolonged sunshine and good weather during the summer, which undoubtedly improved the health and vigour of children, and secondly, consequent upon demobilisation, the return of many families to more normal conditions, and, Dr. Proctor-Sims thinks, fewer behaviour problems and emotional strains among children. She finds the school clinics very valuable for contact with mothers who come for discussion and advice about school children's health rather in the same way as the welfare clinics are used for pre-school children.

An epidemic of impetigo in two primary schools was quickly controlled with strapping and gentian violet paint and the only other noteworthy condition is the prevalence of urticarial types of skin lesions. Mostly described as "heat spots" even in January. Dr. Proctor-Sims has been unable to find a common factor in all cases—allergy in some, harvest mites in others, but in many apparently no definite causative conditions. She says that conducting the ante-natal clinic, the child welfare clinic and the school medical work of the same locality, certainly enables an A.C.M.O. to acquire a good knowledge of the health of many families—not quite the womb to tomb knowledge of the family doctor, but sufficient to give ample opportunities for health education and preventive medicine, in which Dr. Proctor-Sims gratefully acknowledges whole-hearted co-operation from the Health Visitors.

Dr. F. M. Rhodes, (*Bideford, Holsworthy, Torrington Area*).

The general health of school children has been maintained and has improved where a school mid-day meal has been provided. This seems to be more noticeable in the small country schools than the town schools.

The Clinics at Bideford and Torrington have continued and the new Clinic opened at Holsworthy has proved a great success and has been greatly appreciated by all the mothers.

PEDICULOSIS.

There have been fewer children infected with Pediculosis in the Holsworthy and Bideford Areas. In the Holsworthy area, the Holsworthy Modern Secondary School has had a clean record at the examinations held at the end of the year. This is the first time for a considerable number of years.

In the Bideford area, the old offenders have made efforts to become and remain clean.

IMPETIGO.

There have been a few isolated cases.

PERSONAL HYGIENE AND CLOTHING, has shown a marked improvement in a few cases. Footwear on the whole has been satisfactory.

The improvement is due to the co-operation between the Health Visitors, School Nursing Assistants, Teachers and School Enquiry Officers.

ORTHOPAEDIC.

Efforts were made to obtain rooms in Bideford so that an Orthopaedic Clinic might be held there.

Dr. J. Sleigh, (*Okehampton, Tavistock Area*).

Dr. Sleigh is of opinion that one of the most striking defects to be noted among children in his area is the state of their teeth and he stresses the effect not only on the general health and development of the child, but its effect as a cause of tonsillitis, adenoidal infection, sinusitis and otitis media. He notes that he has found ear, nose and throat defects to be more common in children than all other defects put together. He is struck by the number of children who refuse dental treatment, and suggests that more education is needed, and is in full agreement with the policy of the Devon County Council in the setting up of Central Clinics in small towns where dental and other treatment can be carried out.

NUTRITION.

Dr. Sleigh is struck by the incidence of infantile rickets in Devon and is of opinion that this may be due to feeding children with milk from which the cream has been removed, and stresses that the provision of school dinners is the most important work undertaken by the Education Committee for the welfare of the school children, as it comes under the category of Health Condition. He is of opinion that when the milk supply is improved, half a pint of milk may be given in the morning break, and he deplors the number of schools which have dried milk only.

He is struck by the healthier appearance of town children as compared with country children and thinks this may be due to the more enlightened attitude of town parents as compared with country parents.

HYGIENE IN SCHOOLS.

Dr. Sleigh finds the condition of many schools is unsatisfactory, and notes that it is difficult to promote Hygiene where there is no water supply or water sanitation.

SCHOOL TRANSPORT.

Dr. Sleigh is of opinion that parents, seeing numbers of buses pass their doors, are becoming increasingly conscious of this provision, and make frivolous requests for transport. He considers it most important that these should not be encouraged, as he is sure that walking is the best of all forms of exercise and that these days all the exercise that some children have is to walk down the garden to the bus.

AGE GROUPS FOR MEDICAL INSPECTION.

It is suggested that the age groups should be 5, 8, 11 and 14 rather than 5, 10, 12 and 14 as the opinion is expressed that defects are usually corrected in the earlier years.

THREAD WORMS.

Dr. Sleigh notes how often it is that the unhealthy looking child will give a history of the recurrent passage of thread worms, and wonders how many of these are recurrences and how many are due to inefficient treatment. He also advances the theory that the infection may come from an infected water supply.

CONSULTATION SCHEME.

Two hundred and ten children were referred to the various Specialists, the majority of whom (57%) went to the E.N.T. Specialist.

The usual ascertainment of Handicapped Pupils were carried out.

Dr. Walker, (*Exeter Area*).

Work has proceeded on routine lines, and Dr. Walker has had the continued cheerful and skilled co-operation of the Health Visitors. Enthusiasm for "Positive Health" is still far to seek among the general public—only a small proportion are prepared to make an effort to attain it. Even such a simple measure as cleaning the teeth every night is a rather uncommon practice and the daily administration of cod-liver oil has to be continuously urged on the mothers and the reason for it explained over and over again.

Fortunately, the addition of Vit.D. to National Dried Milk ensures an almost adequate dosage to an infant reared on it and for this reason, amongst others, Dr. Walker views artificial feeding with much more approval than she formerly did, as she finds that mothers breast feeding their babies have a false sense of security that no additions to the diet are needed, and this is not so.

The answer to lack of enthusiasm among the public is, and must continue to be, sustained enthusiasm on the part of doctors, dentists and health visitors.

The prolific, improvident, low grade families constitute a major problem of Public Health work. They absorb the energies and amenities of the social services out of all proportion to their numbers, and show a poor return for all the trouble taken. A curious result of the "Planned Society" is that the high grade group are trained in ever increasing numbers to serve the low grade, whereas Dr. Walker cannot but feel that more rational planning would somehow see to it that the social problem class should be gradually eliminated so as to release the energies of society for more constructive work.

Dr. Wildman, (*Bideford, Holsworthy, Torrington Area*).

NUTRITION.

The improvement of the nutrition of the children is noted, particularly after the children have left the Primary School and entered a Modern Secondary School.

MINOR ORTHOPAEDIC DEFECTS.

There is evidence amongst affected children of the good results following corrective exercises for flat feet and knock knees, done under expert guidance in clinics and at home.

SCHOOL CLINICS.

There are no self-contained Clinics in this area. Clinics are held in Church Halls hired for the occasion. This means that most of the equipment and stores must be cleared away and locked up for safety after each session because these halls are afterwards used for many other purposes. The waste of time this procedure entails is considerable, especially as Health Visitors need every moment of their time for visiting homes and mothers with young babies.

SCHOOL MEALS SERVICE.

From what Dr. Wildman has seen, he considers that this Service is good and the food is of good quality and tastefully prepared. The hygiene lectures given to Canteen Staffs at various centres have been appreciated and will go a long way to improve the service. It is his opinion that too few cooks wear any headress.

SCHOOL MILK.

The provision of Pasteurised Milk at all schools is eagerly awaited because the quality and cleanliness of locally produced milk varies.

Dr. Wildman would like to record his appreciation of the help given him by the Health Visitors and School Nurses and also by the Heads of Schools and School Attendance Officers.

THE SCHOOL DENTAL SERVICE.

Report by Mr. Jeffrey Fletcher, Chief Dental Officer.

STAFF.

The dental staff has, during the year under review, been stabilised at the authorised establishment of 1 Chief Dental Officer, 16 Dental Officers and 17 Dental Attendants, one of whom is a shorthand typist and when not engaged on chairside duties assists the Chief Dental Officer in that capacity. Time approximating to that of $1\frac{1}{2}$ dental officers is devoted to Maternity and Child Welfare dental work, work at Hawkmoor Sanatorium and at Public Assistance and Mental Deficiency Act Institutions. Approximately $\frac{5}{11}$ ths of the time of the Chief Dental Officer is devoted to administrative and supervisory duties. Thus the time of approximately 15 Dental Officers is available to deal with the dental needs of a school population of 35,085 Primary and 17,244 Secondary School children.

DENTAL INSPECTION AND TREATMENT.

PRIMARY SCHOOLS.

28,397 children were dentally inspected, 20,078 in 32 schools twice during the year. Of these 19,207 were found to require treatment, which is rather a higher percentage than in 1946, that is to say 68% compared with 61%. Of this figure 15,064 children actually received treatment under the School Dental Scheme, giving the satisfactory acceptance rate of 78.4% (78.7% in 1946). The parents of all new entrants are asked either to give a signed undertaking to accept treatment regularly under the County Scheme or else to make their own arrangements for treatment by private contract. The signed undertakings, black for acceptance under the County Scheme and red for private arrangement, are pasted to the dental record cards. All children in school whether accepting the County Scheme or not, are inspected in accordance with the requirements of the Education Act, 1944. The figures quoted above, therefore give a true picture of the number of children requiring treatment, and of the dental demand rate in the County.

Owing to the prolonged illnesses of two members of the dental staff 231 fewer sessions were devoted to inspection and treatment, and the total output has declined proportionately.

For comparison with previous years the treatment carried out per 100 children is tabulated below.

TREATMENT PER 100 CHILDREN.

	1947.	1946.	1945.
<i>Fillings.</i>			
Permanent teeth (No. of teeth filled) ..	73 (64)	68 (61)	63 (56)
Temporary teeth	24	19	16
Other operations	44	32	32
<i>Extractions.</i>			
Permanent teeth	7.6	10	13
Temporary teeth	89	102	83

It is gratifying to note the steady increase in the number of permanent and temporary teeth receiving conservative treatment and the progressive decline in the number of permanent teeth extracted.

SECONDARY EDUCATION.

15,802 children (492 for a second time during the year) were dentally inspected and 10,445 were found to require treatment. These figures also show a percentage increase in the number of children with dental defects, 66% as compared with 62% in the previous year. 7,860 were actually treated, recording an acceptance rate of 75%.

Figures per 100 treated are as below :—

TREATMENT PER 100 CHILDREN.

	1947.	1946.	1945.
<i>Fillings.</i>			
Permanent teeth (No. of teeth filled) ..	144 (140)	154 (138)	155 (133)
<i>Extractions.</i>			
Permanent teeth	20	25	23
Temporary teeth	28	31	37
Other treatment	62	56	37

A similar trend in regard to treatment carried out for the permanent teeth, as commented on for the primary school, is here again noted.

DENTAL CLINICS.

The Dental Clinic at Exmouth foreshadowed in my report for 1946, was opened in September and has proved of great benefit to the Dental Scheme in the Exmouth Urban District. The number of fixed clinics in operation in the County is now 7. Plans have been approved for clinics at Kingsbridge and Crediton but the opening of the clinic at Plymstock has been further delayed through lack of materials to complete the necessary adaptations. A further 10 such clinics are urgently needed. In this connection one has in mind Ilfracombe, Bideford, Okehampton, Holsworthy, Tavistock, Honiton, South Molton, Totnes, Brixham, and Plympton. The necessity for clinics at Sidmouth, Dawlish, and Teignmouth cannot be overlooked. In regard to Bideford where the situation is very difficult an approach was made to the Ministry of Education to ascertain whether a prefabricated hut, of which many are there being erected as extra classrooms, could be made available for clinic purposes. The supply position is apparently such as to encourage little hope that one would be forthcoming. At Holsworthy and Okehampton it is hoped to adapt premises at the Public Assistance Institutions.

EQUIPMENT.

The purchase of three dental X-ray machines was approved for inclusion in the 1948 Dental Estimates; as were improved lighting installations for Newton Abbot and Paignton Clinics. Provision was also made for the purchase of trolley type angle-poise lamps for use by the mobile officers. These should prove of great benefit during the winter months.

ORTHODONTIC TREATMENT. (Regulation of misplaced and crowded teeth).

This service has shown considerable expansion during the year and greatly adds to the value and popularity of the dental scheme besides adding variety and interest to the Dental Officers' work. 95 cases were under treatment at the beginning of the year, 180 new cases were commenced, 101 were completed and 35 were discontinued for other reasons. The scheme for obtaining the advice of a Consultant on the more difficult cases, proposed in the 1946 report, was instituted and 3 cases were so submitted. There is no doubt that this Scheme is a most valuable one, and the number of cases for whom specialist advice is sought is likely to increase considerably.

REFRESHER AND POSTGRADUATE COURSES.

During the year three dental officers attended intensive courses of one week's duration on orthodontics at Bristol University. These courses were much enjoyed. During late August 4 Dental Officers attended a general refresher course arranged by the Dental Officers Group of the Society of Medical Officers of Health, at the Eastman Dental Clinic, London. This too, proved most helpful and stimulating. In all cases the expenses and fees of those attending the courses were paid by the County Council. The Council's action in this respect was much appreciated by those concerned.

Excerpts from Dental Officer's Annual Reports.

Commenting on the proposal to establish a further clinic at Torquay to relieve the pressure of work in the Borough, which is expected still further to increase in 1948, when the Health Authority will be required to provide a priority service for expectant and nursing mothers and young children, MR. HARRIS, Dental Officer, Castle Road Clinic, Torquay, writes: "The news, therefore, of the prospective appointment of another Dental Officer to share the work in Torquay is very welcome, and should make for a more comprehensive and efficient service, and one which can be carried through much more expeditiously than at present."

Children are frequently referred by Speech Therapists for dental advice in regard to misplaced teeth or partially closed palatal clefts. Commenting on such a case, DR. HOUSE, Dental Officer, Paignton Clinic, and Barton Clinic, Torquay, writes: "At the suggestion of the County Speech Therapist a dental plate was fitted for one of her patients, who had a partly healed cleft palate, in order to assist his speech training. I was informed that as a result a considerable improvement in his speech was obtained."

MRS. INDER, Dental Officer, Barnstaple Clinic, referring to the co-operation of the dental officer from Bideford at anaesthetic sessions said: "It is most interesting to have a change of outlook on operative treatment and anaesthesia." The work of a rural dental officer is certainly apt to become somewhat confined. Meetings with one's colleagues at sessions such as described by MRS. INDER and in particular at refresher and post-graduate courses can prove a most valuable stimulus and are of great benefit to the service.

MR. W. E. LYNE, Dental Officer, Exmouth area, commenting on the opening of the Dental Clinic at St. Clements, Exeter Road, Exmouth, writes: "This well-planned and excellently equipped surgery does much to facilitate the carrying out of dental treatment and benefits both patient and operator. A session for the treatment of emergency and special cases is held every Monday morning, and regulation cases are also given appointments for that session."

MR. MASSEY, Dental Officer, Tiverton area, who commenced duty with the County in January, 1947, after many years service in a Wiltshire County Borough writes : " Taking the area as a whole I have been most favourably impressed by the soundness of the permanent dentition." He however thought that the general physique of the Devon children compared unfavourably with those of Wiltshire. He would like to see a controlled experiment into the value of teeth cleaning as a preventive of dental disease carried out in the Tiverton area.

MR. G. E. MORGAN, Dental Officer, Exeter area, commenting on the treatment of milk teeth writes : " More attention has however been paid to the conservation of the deciduous teeth, as will be seen from the figures of fillings inserted, and it is hoped to extend this policy even further in future," and " as regards the temporary dentition, 1,601 temporary teeth were extracted, while 870 were filled, all with permanent amalgam fillings, usually lined with a non-conductive and sedative cement. In addition 210 teeth were treated with silver nitrate to retard decay."

MISS SHAPLAND, Dental Officer, Crediton area, also writes : " I am particularly pleased to find that most mothers are very anxious that all temporary teeth should be saved, if possible."

MR. A. G. SMITH (Bideford area), commenting on the provision of artificial dentures to replace lost incisors writes : " Five children have been supplied with partial upper dentures during the year, two girls and three boys, the girls in particular show a marked improvement in morale as a result of this treatment. One girl who as a result of a kick in the mouth by a horse, lost some of her front teeth and had great difficulty in articulating correctly, and this, plus a natural impediment in her speech made her a very distressing case when engaged in conversation. Now, however, with a satisfactory partial denture, plus instruction from the area Speech Therapist, her outlook on life seems changed. In the minds of myself and my Dental Attendant she has lost much of her ' hang-dog ' appearance, and is no longer afraid to talk to you, and she can and does hold her head higher and smile."

Table IV. (a). SCHOOL DENTAL SERVICE TABLES.
(a) **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	3,892	3,697	3,997	3,955	4,015	3,804	1,734	883	921	534	27,432	965	28,397
No. of children found to require treatment	2,004	2,278	2,593	2,783	2,895	2,673	1,217	630	659	378	18,110	917	19,027
	No. of children actually treated including Specials ..												15,064
Attendances made by the children at the Clinic.	Half-days devoted to inspection and treatment		Fillings.		Extractions.		Administra- tion of General Anaesthetics for Extractions.		Other Operations.				
	a.m.	p.m.	Permanent Teeth.	Temporary Teeth.	Permanent Teeth.	Temporary Teeth.	Permanent Teeth.	Temporary Teeth.	Permanent Teeth.	Temporary Teeth.			
19,538	—	2,147	11,054	3,632	1,139	13,392	1,124	4,537	2,078				

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