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DORSET COUNTY COUNCIL.

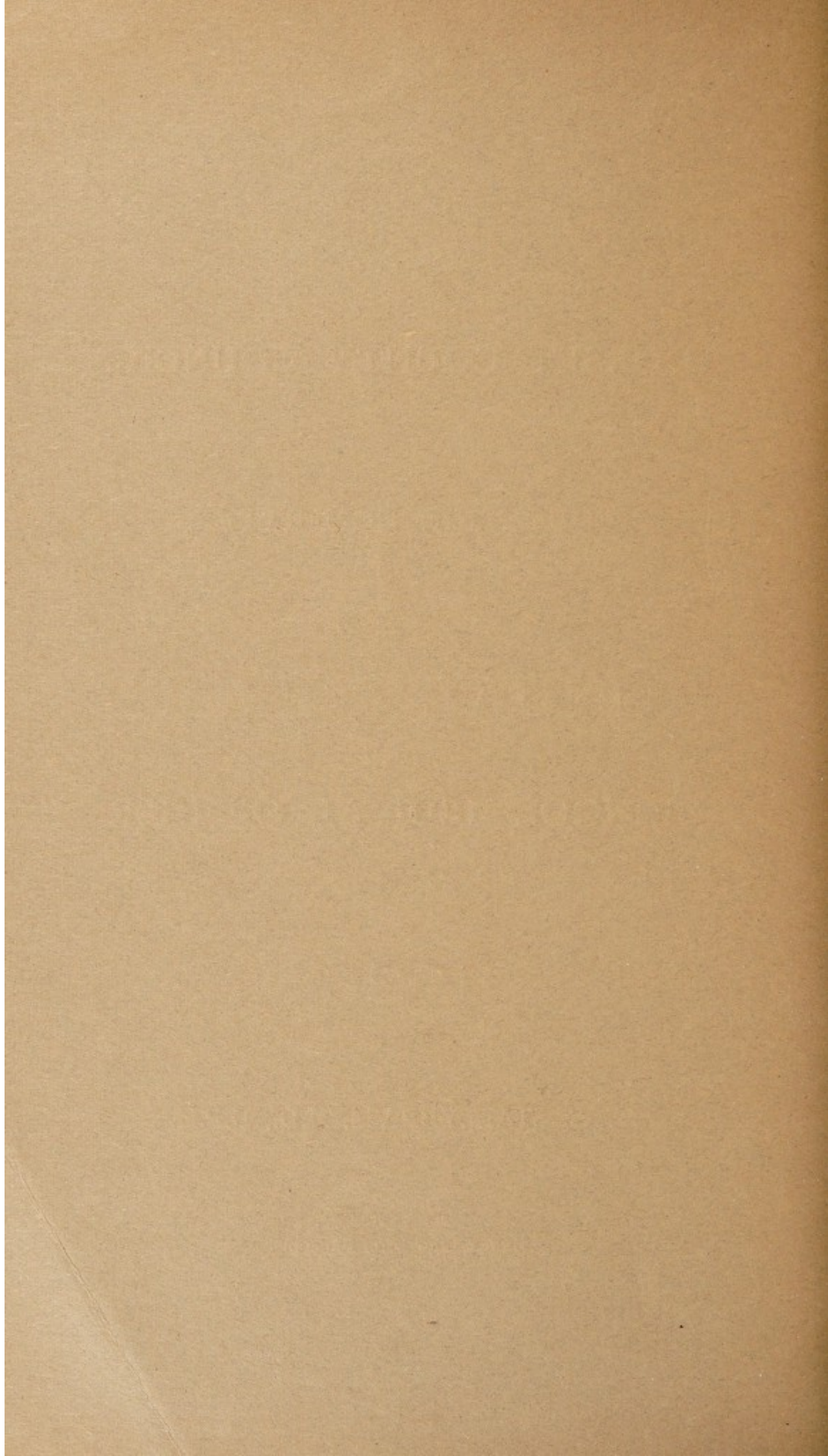
EDUCATION COMMITTEE.

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER.

1936

T. W. STALLYBRASS, M.D., D.P.H.

DORCHESTER.
HENRY LING LTD., PRINTERS.





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General.

Area (whole County)	622,843 acres.
Population (whole County estimated 1935)	...			246,200.
do. (excluding Poole and Weymouth Boroughs, estimated 1935)	...			149,580.

Elementary Schools.

Provided	...	...	42	(Departments	45)
Non-Provided	...	...	166	(Departments	179)
			<hr/>		<hr/>
			TOTAL		224
			<hr/>		<hr/>
No. of names on Register	...	...	...		17,091
Average Attendance	...	...	...		15,390

Secondary Schools.

Provided	...	...	...	...	8
Non-Provided	...	...	...	...	9
					<hr/>
				TOTAL	17
					<hr/>
No. of names on Register	...	...	...		3,762
Average Attendance	...	...	...		3,514

The County Council is the Education Authority for Higher Education throughout the whole of the administrative County. Poole and Weymouth Borough Councils are the authorities for Elementary Education in their respective districts.

Staff.

No change has occurred during the year in the whole-time staff of the School Medical Service with the exception of the appointment of a third dentist from the 1st May, 1936.

As reported last year, Dr. L. S. Evans had been granted 9 months' leave of absence for the purpose of taking a course for the D.P.H. at the London School of Hygiene and Tropical Medicine. She returned to duty on 1st August after having obtained the Diploma.

During the current year it is intended that a fourth dentist shall be appointed from the 1st May, 1937, and this appointment will be that of a senior dentist, part of whose duties will be to exercise technical supervision over the work of the three assistants.

It is noteworthy that stress has been laid on the advisability of such an appointment by the Chief Medical Officer to the Board of Education in his last Annual Report on the Health of the School Child, since published, and there can be little doubt that this appointment should lead to a considerable improvement in the dental work of the County in due course.

The appointment of a whole-time Medical Officer of Health for the four sanitary districts in the West of the County was made on the 1st July, 1936, and the question arose as to whether these District Councils were prepared to avail themselves of the scheme adopted by the County Council under Section 111 of the Local Government Act, 1933.

This scheme was prepared with a view to enabling District Councils to comply reasonably and economically with the requirements of the Act which provides that Medical Officers of Health appointed in future must be restricted from engaging in private practice.

The scheme provides that the County Council should co-operate with District Councils in the way of joint appointments so that the same officer could be appointed as Medical Officer of Health for two or more districts and be directly responsible to the District Councils for his work as such, and also be appointed as an Assistant County Medical Officer and be directly responsible to the County Council for his work in connection with School Medical Inspection and possibly Maternity and Child Welfare in the districts for which he is a Medical Officer of Health.

The increased efficiency obtained by combining these duties has been known for many years, and many such appointments have been made in other Counties, but the proposal for a combined appointment in this case was rejected by the District Councils concerned.

One thousand and ninety-seven visits to schools and departments were made by the Medical Officers during the year. The number of children examined and re-inspected was 15,174, of whom 4,621 were Secondary School pupils and 10,553 Elementary School children. The number of children treated under the County Schemes was 5,251, of whom 264 were Secondary School pupils, and 4,987 were Elementary School children.

Co-ordination with other Health Services.

There is no change to record in what has been reported upon in previous years. During the coming year with the appointment of an additional dentist it is intended to extend dental treatment to children under five years of age and also to special place pupils in Secondary Schools.

School Hygiene.

The following are the main defects brought to notice during the year :—

Defects in warming in 4 schools.
„ lavatories in 10 schools.
„ equipment in 8 schools.
„ playgrounds in 5 schools.
„ water supply in 4 schools.
„ accommodation in 5 schools.
„ decoration in 5 schools.
„ lighting in 5 schools.
„ floors in 3 schools.
„ cloakrooms in 4 schools.
„ roofs and gutterings in 3 schools.
„ ventilation in 2 schools.
„ windows in 1 school.
„ doors in 2 schools.

Medical Inspection.

Elementary Schools.

The Age Groups inspected include all those that the Board schedule with the addition of a special examination at 10 years of age for sight only. During the year 82 children in this group were found with defective vision requiring treatment.

Nearly 30 years' experience is now available with regard to the medical inspection of these various Age Groups, and many suggestions of reform with a view to improvement have been made by different Medical Officers in recent years.

The present system, certainly as far as a rural area is concerned, has not yet outworn its usefulness, but if and when reform comes I am inclined to think that the inspection should be undertaken more on the lines of those in Secondary Schools where all pupils are examined annually.

It might be considered that this would require much additional staff, but in a rural area with small schools this is probably not the case. The time spent at a school varies very considerably with the arrangements made for the inspection by the Head Teachers, and with the number and attitude of the parents that attend.

An annual inspection of all children in the school would simplify very much the clerical work of the teachers, they and the parents would know well when children were due to be examined, and the number of "specials" would probably be decreased very much in consequence.

Findings of Medical Inspection.

Malnutrition.

The survey of the state of nutrition of the children attending the Elementary Schools carried out last year has been again repeated, and the results are shown in Table II. (b).

It will be seen that a percentage of :—

15.05 have been classified as of excellent nutrition ;
 73.86 have been classified as of normal nutrition ;
 10.03 per cent. of slightly sub-normal nutrition, and only
 0.19 per cent. as bad.

Uncleanliness.

As shown in Table VI., 640 children were found during the year to be unclean or verminous. The number of exclusions during the year as a result was 105. In 11 cases legal proceedings were taken under the School Attendance Bye-laws.

Inspections for verminous conditions were carried out by the nurses at 224 departments and schools and the total number of special inspections of departments made for this purpose was 792.

Minor Ailments and Diseases of the Skin.

As a result of medical inspection the following cases were referred for treatment :—

Ringworm	...	...	2
Impetigo	...	...	33
Scabies	...	...	1

Visual Defects and External Eye Disease.

As shown in Table II. a total of 388 cases of defective vision were found to require treatment. Of these, 310 were found at routine inspections, and the classification of the Age Groups in which they were found as now required by the Board is shown for the first time in Table I. (c). Forty-one cases of squint were found to require treatment and in addition 14 other cases of external eye disease.

Nose and Throat Defects.

Four hundred and thirty-five children were referred for treatment for chronic tonsilitis and other conditions of the throat. In addition 408 cases were found to require observation, not necessarily treatment.

Ear Disease and Defective Hearing.

Thirty such cases were found and referred for treatment during the year while 36 further cases were found to require observation. The Aural Consultants Scheme was started during the year and has proved of the very greatest value. It is now possible in these conditions to obtain a definite diagnosis and prognosis that can only be given by a specialist and to arrange for suitable treatment or disposal of the children in each case. During the year 11 children were so referred to Aural Consultants with the following results :—

Congenitally deaf or partially deaf, and no treatment of any avail	...	...	...	...	2 cases.
Deafness from an early age, with secondary nerve deafness and little likelihood of improvement under treatment	...	...	...	...	1 case.

(The above 3 cases were certified as too deaf to be taught in a class of hearing children in an Elementary School, and have been referred to the Committee with a view to their admission to a Special School for the Deaf).

Courses of treatment prescribed and carried out by the Aural Surgeons	7 cases.
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In 2 of these cases the hearing has subsequently been reported to be normal. In 5 cases the result of treatment has not yet been reported on.

Treatment prescribed by Aural Surgeon, but deferred at the parents' desire	1 case.
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Dental Defects.

As a result of a third dentist having been appointed from the 1st May, 1936, there has been a corresponding increase in the amount of dental work during the year.

Five thousand eight hundred and forty children were inspected by the dentists as compared with 4,007 in 1935, and of these 5,237 were found to require treatment as compared with 3,568 found to require treatment in 1935. The number actually treated being 3,539 as compared with 2,365 in 1935.

Orthopaedic and Postural Defects.

As a result of medical inspection 156 children with crippling defects were referred for treatment at the Orthopaedic Clinics, and a further 73 children were referred for observation only. The number of cripple children shown in Table III. has been reduced this year to 33 as compared to the figure of 386 shown last year. This is due to the fact that a survey of all these physically defective children has been carried out during the year and the figure of 33 only includes those whom a Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, as being incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary public Elementary Schools.

Heart Disease and Rheumatism.

Two cases of organic heart disease were found at inspections and referred for treatment during the year. The 15 cases of heart disease shown in Table III. have all been surveyed during the year and are certifiable as being incapable by reason of the physical defect of receiving proper benefit from the instruction in the ordinary schools. This also applies to the 47 now classified as delicate children in this Table.

Following Up Defects.

There has been no change in the Scheme reported in the past for following-up.

The following is a summary of the work by School Nurses :—

Visits to Schools for Verminous and other examinations	792
Visits to Children's Homes	1714
Number of cases " followed-up "	1412

Arrangements for Treatment.

Malnutrition.

There is no change to report in the scheme for the treatment of this condition and as stated previously the number of cases is very small.

Milk in Schools Scheme.

There has been no change in this scheme which has been fully described in previous reports. The responsibility of selecting a supplier and submitting the name to me for my approval in the case of individual schools rests with the Managers. Care should also be exercised by the Managers to ensure as far as possible the continued supply of the milk approved. During the year as a result of a sample taken at Motcombe school being found to be tuberculous, it was ascertained that apparently the milkman had of his own initiative decided to stop the supply of the pasteurised milk that had been approved and to supply instead Accredited Milk from a source of his own choice. Where pasteurised milk is not available approval is given to those suppliers who have obtained an "Accredited" Licence.

It must be recognised that the Accredited Milk Scheme is not a Public Health measure and only partially under Public Health control, but merely devised by the Milk Marketing Board, whose main object presumably is marketing, and it can only be recognised as a first step in providing an improved milk supply for the nation. Accredited Milk should attain a certain degree of "cleanliness" but from a Public Health point of view it is necessary that milk should be in addition "safe," *i.e.* free from pathogenic organisms.

By no stretch of imagination can Accredited Milk be regarded as "safe," and the best practicable means by which clean milk can be rendered safe is by Pasteurisation.

The wisdom of the Board of Education in urging the necessity for the selection of pasteurised milk where it is available was only too tragically confirmed by the outbreak of typhoid at Poole and Bournemouth during August. As a result of this outbreak, 51 deaths alone are known to have occurred locally out of possibly more than 1,000 cases in the country as a whole. Had this outbreak occurred one month earlier when the schools were open and had the children been supplied with the raw milk involved instead of the pasteurised milk that had been provided in all the Poole Schools, the result would have beggared description.

Minor Ailments and Diseases of the Skin.

Cases of impetigo and anaemia are treated at the schools on application being received from the parents, no Minor Ailments Clinics as such existing in the County. Ringworm is also similarly treated and suitable cases are referred for special X-Ray treatment.

Visual Defects and External Eye Disease.

The only change in the year has been the reference of cases in the Wareham Schools to a local practitioner with ophthalmic experience in preference to sending a Medical Officer specially to this centre for the small number of children that require treatment there.

Nose and Throat Defects.

Authorities were issued for the operative treatment of 284 children. 273 children were actually admitted during the year to the various hospitals with which the Committee have arrangements for treatment. Of this latter number 140 were operated upon by Ear, Nose and Throat Specialists at the hospitals where they are available. The remaining 133 were operated upon in smaller hospitals where no such specialists are available.

The average length of stay in hospital varies between 3 to 5 days in the case of the former presumably as a result of a more complete operation by dissection and varies between 1 and 2 days in the other cases.

At Beaminster the operations are performed at the Infant Welfare Centre and there are no facilities for detaining the children over night.

The choice of operation on Tonsils is reported to have been in 108 cases by Guillotine and in 157 cases by the method of Dissection.

The Anaesthetic used is reported in every case and the question of the use of chloroform is being taken up with those hospitals that continue its use.

All cases are reported upon subsequently in school and in the few cases where it appears necessary and the result of the operation not entirely satisfactory children are again referred to the surgeon who operated.

The results recorded up to date of those operated upon last year are as follows :—

Assistant School Medical Officers' Reports.

Operation satisfactory ...	...	148
Result doubtful ...	...	1
Operation not satisfactory ...	...	3
		<hr/>
		152
		<hr/>
Child's health improved ...	...	129
Child's health not improved ...	...	12
Doubtful ...	...	11
		<hr/>
		152
		<hr/>

Ear Diseases and Defective Hearing.

The reference of these cases to an Aural Consultant has been the most noteworthy change made in the arrangements for treatment during the year and the number of cases dealt with has already been reported.

Dental Defects.

The increased number of children treated during the year as a result of the appointment of the third dentist has already been reported, and similarly the conditions under which the dentists have to work in the schools was referred to in my Report of last year. No progress has yet been made in the establishment of central clinics. These are required for Wimborne, Portland and Dorchester.

Orthopaedic and Postural Defects.

The scheme has continued to work smoothly throughout the year and the attendances at the clinics and admissions to hospital are shown below :—

THE NUMBER OF CASES AT ORTHOPAEDIC CLINICS DURING 1936.

		<i>Educ.</i>		<i>P.H.</i>		<i>Weymouth Borough.</i>		<i>Total.</i>	
		<i>Elem.</i>	<i>Sec.</i>	<i>C.W.</i>	<i>Tub.</i>	<i>P.A.</i>	<i>Educ.</i>	<i>P.H.</i>	
<i>Surgeons' Clinics.</i>									
Bridport	...	46	4	16	2	1	—	69	
Dorchester	...	97	10	36	21	6	7	182	
Sherborne	...	39	3	21	7	—	—	70	
Weymouth	...	18	6	9	11	4	—	48	
Wimborne	...	35	16	15	14	—	—	80	
Salisbury	...	—	—	1	—	—	—	1	
Yeovil	...	—	—	—	1	—	—	1	
		224*	36*	96*	49*	10*	7	5	427*
<i>Sister's Clinics.</i>									
Blandford	...	33	4	15	3	—	—	55	
Bridport	...	51	8	21	3	2	—	85	
Dorchester	...	57	12	34	6	4	—	113	
Poole	...	—	—	—	5	—	—	5	
Portland	...	26	—	21	2	—	—	49	
Shaftesbury	...	24	2	11	1	—	—	38	
Sherborne	...	25	2	17	4	—	—	48	
Swanage	...	12	2	3	1	—	—	18	
Wareham	...	25	1	3	2	—	—	31	
Weymouth	...	6	7	2	9	—	—	24	
Wimborne	...	38	22	18	6	4	—	88	
Salisbury	...	—	—	1	—	—	—	1	
		288*	58*	140*	39*	10	—	—	535*
Total number of patients who attended at Surgeons' or Sister's Clinics during year		311	65	152	53	16	7	5	609

* After allowance is made for cases attending more than one clinic.

THE NUMBER OF ATTENDANCES AT ORTHOPAEDIC CLINICS
DURING 1936.

		<i>Educ.</i>		<i>P.H.</i>		<i>Weymouth Borough.</i>		<i>Total.</i>	
		<i>Elem.</i>	<i>Sec.</i>	<i>C.W.</i>	<i>Tub.</i>	<i>P.A.</i>	<i>Educ.</i>	<i>P.H.</i>	
<i>Surgeons' Clinics.</i>									
Bridport	...	76	5	25	4	1	—	—	111
Dorchester	...	158	15	61	41	14	7	5	301
Sherborne	...	68	5	39	18	—	—	—	130
Weymouth	...	25	6	15	20	7	—	—	73
Wimborne	...	49	26	22	20	—	—	—	117
Salisbury	...	—	—	2	—	—	—	—	2
Yeovil	...	—	—	—	1	—	—	—	1
		376	57	164	104	22	7	5	735
<i>Sister's Clinics.</i>									
Blandford	...	165	30	42	10	—	—	—	247
Bridport	...	293	19	75	14	9	—	—	410
Dorchester	...	327	71	199	23	16	—	—	636
Poole	...	—	—	—	6	—	—	—	6
Portland	...	132	—	81	7	—	—	—	220
Shaftesbury	...	69	3	28	1	—	—	—	101
Sherborne	...	105	13	70	12	—	—	—	200
Swanage	...	73	7	11	4	—	—	—	95
Wareham	...	127	8	6	6	—	—	—	147
Weymouth	...	23	28	6	32	—	—	—	89
Wimborne	...	162	68	73	21	12	—	—	336
Salisbury	...	—	—	3	—	—	—	—	3
		1476	247	594	136	37	—	—	2490
TOTAL ATTENDANCES								3225	

ORTHOPÆDIC HOSPITAL TREATMENT.

(Education Committee cases only).

<i>Hospital.</i>	<i>Cases in Hospital on 1/1/36.</i>	<i>Admitted during year.</i>	<i>Discharged during year.</i>	<i>In Hospital on 31/12/36.</i>
Bath and Wessex C.O.H.	8	22	23	7
Swanage Red Cross				
Children's Hospital ...	1	7	4	4
Princess Elizabeth Hospital, Exeter ...	1	1	2	—
	10	30	29	11
		<i>C.O.H.</i>	<i>Swanage.</i>	
Waiting List, 31/12/36 ...	...	2	3	

Infectious Diseases.

Apart from the outbreak of typhoid fever in Poole during August when the Schools were not affected the year has been a very favourable one as far as infectious disease is concerned.

Measles seems to recur in increased numbers approximately every 5 years and previous epidemics were noted in 1930-31, 1926, 1920 and 1915.

Diphtheria has been almost absent, only 4 cases apparently having been excluded from school. This is the smallest number ever so recorded.

From the returns received there appears to be no undue incidence of any other condition.

During 1936 the Regulations for Closure of and Exclusion of Children from School were revised. The chief revision was the cancellation of the regulation requiring the exclusion from school of contacts of cases of Mumps.

Exclusions under Medical Authority.

			<i>Sick Children.</i>	<i>Contacts.</i>
Bronchitis	...	...	10	—
Chicken Pox	...	...	575	208
Colds	...	...	268	—
Conjunctivitis	...	...	15	3
Coughs	...	...	22	—
Debility	...	...	2	—
Diphtheria	...	...	4	11
Eczema	...	...	1	—
German Measles	...	...	95	72
Impetigo	...	...	287	—
Influenza	...	...	232	9
Jaundice	...	...	8	5
Measles	...	...	1445	509
Mumps	...	...	145	98
Other Diseases	...	...	61	3
Pneumonia	...	...	2	—
Ringworm	...	...	55	1
Scabies	...	...	15	—
Scarlet Fever	...	...	158	119
Suspicious Sore Throat	...	...	8	—
Tonsilitis	...	...	4	3
Tuberculosis	...	...	1	—
Verminous Conditions	...	...	105	—
Whooping Cough	...	...	366	67
			<hr/> 3884	<hr/> 1108

The number of exclusions of sick children during the year show a slight decrease on those of last year, being 3,884 as compared with 4,195.

There was a large increase in the number of children excluded for Measles and also an increase in the number of children excluded for Whooping Cough, and decreases in the number of children excluded for other conditions.

The above table is prepared from returns received from the Head Teachers who are required under the Regulations to send immediate information of every case of infectious disease (both notifiable and non-notifiable) and of every suspected case occurring among the scholars to both the District Medical Officer of Health and the School Medical Officer. From a scrutiny of the returns received during the year it would appear that compliance with this Regulation varies greatly as in 37 Departments no notifications were received from the Head Teachers, and it does not seem feasible that no children were excluded or absent from these Departments during a whole year on account of

infectious disease. If Head Teachers notify me of cases of certain infectious diseases, *e.g.*, Influenza, Whooping Cough, Scarlet Fever, etc., on the forms provided, leaflets are issued from this Department to the Head Teachers for distribution to the parents, giving advice as to prevention and precautions to be observed, and this may result in epidemics being curtailed. If I am not informed by the Head Teachers as required by the Regulations the leaflets are not sent.

It is also important that the District Medical Officer of Health should be informed of such cases to enable him to take any necessary steps to deal with them.

Frequently the form which has to be completed by the Head Teachers when the attendance falls below 60% on account of epidemic illness is sent for my signature, but I am unable to sign it because the Head Teacher has failed to notify me of the exclusions and this leads to delay and unnecessary correspondence.

Another important reason for prompt notification is in connection with the treatment of Minor Ailments. I rely on the Head Teachers notifying me in order to offer treatment for these diseases and when notification is late, or not sent at all, it leads not only to complaints being received from School Managers or District Education Committees, but also to the children not receiving treatment and unnecessary delay in their being re-admitted to school.

By a circular letter dated 16th July, 1935, the attention of Head Teachers was called to the importance of prompt notification. It is realised, however, that in the urban schools and large rural schools it is often very difficult for the Head Teachers to obtain information as to the cause of absence of children from school.

Reduced attendance due to epidemic illness.

During the year 162 certificates were issued with respect to 53 schools where the attendance had fallen below 60 per cent. owing to epidemic illness.

School Closure.

Below is shown the number of departments closed during the year for each disease and by what authority :—

<i>Disease.</i>	<i>Number of Closures by Managers on authority of School Medical Officer.</i>	<i>Number of Closures by order of Sanitary Authorities on Advice of Medical Officer of Health.</i>
Chicken Pox ...	1	—
Coughs and Colds ...	6	—
Diphtheria ...	1	—
Measles ...	17	—
Mumps ...	1	—
Scarlet Fever ...	7	—
Vincent's Angina ...	1	—
Whooping Cough ...	4	—
	38*	Nil

* Of these 25 were on a Certificate of the District M.O.H.

Attention was called in my Report of last year to the fact that closure was still too often resorted to on insufficient grounds. The 38 closures this year show a reduction of 10 as compared with last year, when there were 48 closures. Unfortunately, the 25 closures on the certificate of a District Medical Officer of Health only show a reduction of one from the 26 closures so authorised last year. The districts in which these closures were only authorised on the receipt of a certificate from the District Medical Officer of Health are as follows :—

Sturminster Newton Rural District	...	15
Beaminster Rural District	...	4
Sherborne Rural District	...	1
Dorchester Rural District	...	2
Dorchester Urban District	...	1
Bridport Rural District	...	2

It is possible that unnecessary closures are taking place in the Sturminster Newton Rural District. The limit to which this fetish of school closure can extend was probably reached in January, 1937, when during my absence a recommendation was received from the Medical Officer of Health concerned that every school in the Bridport and Lyme Regis Boroughs, and the Bridport and Beaminster Rural Districts should be closed as a result of the prevalence of influenza. Approval to this course was rightly withheld.

Physical Training.

Annual Report of Miss H. Grimwood, the Organiser of Physical Training, for the year 1936.

The Board of Education issued during this year Circulars 1445 and 1450, both dealing with Physical Education. The former gives a reminder that "unless the body is trained to health the education of mind and personality cannot but be incomplete," and calls for an "improvement in the standard of Physical Training in the Elementary Schools." There is some improvement in many Dorset Schools, particularly where teachers have attended a Vacation School, or Teachers' Courses in the County. In many classes there is freer and more vigorous movement, better control and clearer aim. Dorset has progressed beyond the stage "where the teaching tends to be dull and lifeless, and to lack that atmosphere of enjoyment and exhilaration which is now so striking a feature of many Schools."

Physical Training Periods.

"A daily period of organised physical activity" has been the practice in nearly every School in Dorset for some time. Some Schools are now taking full lessons of sound training value, so that longer periods are needed. The longer Organised Games now included in the time-table, enable more use to be made of playing fields, but, as stated in the last report, the work done in the Organised Games period requires to be more carefully planned. On wet days practical health talks might be given and the children might be instructed in the correctness of posture by demonstration and pictures in the classroom. Enlargements of some of the plates in the 1933 Syllabus have been used for this purpose.

Swimming.

Swimming lessons were started for the first time in connection with 7 Schools, but there are only 18 Elementary Schools in the whole County where this subject is included in the curriculum. In some Schools enterprise is shown in meeting difficulties, *e.g.*, the pupils of one School used for undressing a collapsible screen which they had made from hessian slung on poles. In the case of another School the teacher and children walked or cycled over 2 miles to use a private pool.

Dancing.

Several Schools include Dancing in their Physical Training periods, but more might do so, although time is short and in many cases facilities are lacking. Expert help can be obtained from the Dorset Folk Dance Organiser.

Accommodation and Equipment.

Several Schools have shown much resource in improvising apparatus and providing storage accommodation, obtaining the use of fields, marking fields and playgrounds and obtaining suitable clothing. The storage of apparatus, and upkeep of fields need, however, careful consideration. Most of the Schools having hard playgrounds and attended by senior children, were supplied with paint for marking out the playgrounds, and this was satisfactorily done. A few playgrounds have been improved during the year, but there are still many with bad surfaces.

The 1933 Syllabus stresses the importance of "encouraging the children to take off unnecessary garments and to obtain suitable shoes." In the Summer many Schools did this with good results. In October, 1936, Circular 1450 stated that this advice "must now be regarded as out of date," and that "special clothing and shoes for physical exercises are desirable." The teachers of one or two Schools had already encouraged many children to wear special clothing. It is disappointing, however, to find other teachers after the Summer term making less effort in this direction, and to find heavy boots and tight garments preventing "proper execution of many of the most valuable exercises."

Courses and Films.

Courses for Teachers were held during the year at :—

- Gillingham for all teachers—14 certificates for 100% attendance gained.
- Shaftesbury, for all teachers—11 certificates gained.
- Swanage, for all teachers, 17 certificates gained.
- Dorchester, for Infant Teachers—8 certificates gained.
- Dorchester, for Junior Teachers—23 certificates gained.

Instructional films illustrating the Physical Training Syllabus were used during each Course, and a special class held at Sherborne for the same purpose, was attended by 46 teachers from the district. Opportunities have now been given in nine centres in the County for one or more of this series of 13 Films to be seen. The films show the work of Schools in different parts of the Country and are particularly stimulating to teachers, and interesting to children and the general public. Some of the films were shown one Saturday morning in Dorchester and a large number of teachers and children were present.

Physical Activities.

Physical activities in the form of voluntary "keep fit" classes and outdoor exercises were included daily during the Education Committee's Easter Vacation Course at Bryanston for Teachers of Infants and Standard I.

Four teachers attended the Summer School at Scarborough. One who attended the month's Course gained the E.H.A. Certificate; another gained this certificate the previous year.

Demonstration.

A Demonstration was held in Bridport in June with over 1,000 children from Bridport, Beaminster and Lyme Regis districts taking part. The programme included classes of seniors, juniors and infants, taken by their own teachers in physical exercises and games, and also massed activities, including boys' sword dancing, by pupils from Secondary and Elementary Schools. The inclusion of a Women's "Keep Fit" Class enabled the Demonstration to give a complete illustration of Physical Training from infant to post-school stages. The afternoon proved enjoyable and stimulating, chiefly owing to the willing co-operation of teachers, children, and all concerned.

Senior and Post-School work.

The steady work that has been done in Junior and Infant Classes on the 1933 Syllabus should now be producing a higher standard in Senior classes than has yet been achieved, but with improved facilities, and more teachers attending Vacation Courses, it is hoped that the work done by senior boys and girls will soon reach a higher standard.

Many teachers give up time to out-of-school physical activities both with the children still at School and with those who have left. The Central Council of Recreative Physical Training links up all existing social and physical organisations, and although Folk Dance Classes, "Keep Fit" Classes and Games Clubs run in many towns and villages, there are still many places where no such activity takes place. Perhaps the Leaders' Course at Dorchester in 1937 may help to supply this need in the Dorchester district.

Defective Children.

Two children were certified for a Blind School under the provisions of the Education Act, 1921; three children for a School for the Deaf; and one child for a School for Epileptics.

Mental Deficiency.

No. of children examined	...	...	...	88
No. of children certified for instruction in a Special School	...	...	...	41
No. of children notified to M.D. Acts Committee of the County Council	...	...	...	8
No. of children recommended for a special class for "Dull and Backward" children under the Public Elementary School Code	...	...	...	20
No. of children found to be "Backward" only	...	...	...	15
No. of children found to be of normal intelligence	...	...	...	4

The Board's Administrative Memorandum, No. 151, was received during the year and is at present under consideration. In the past the names of all feeble-minded children not sent to special schools have been referred to the Voluntary Association for Mental Welfare, and no detailed information as to the extent of the supervision exercised has been received.

On reference to Table III. it will be seen that there are now 104 feeble-minded children under the age of 16 in the area of the County for which the County Council is the Education Authority, and there are probably a similar number who have been certified as "dull and backward." All these children attend or have attended the ordinary Elementary Schools in the County with the exception of 15, who have been sent to special schools—the majority being at Starcross.

Those children who are merely certified as "dull and backward," are recommended for instruction in a special class in an ordinary school, but the only provision made for such is one class in Dorchester for local children.

The retention of these children in the ordinary Elementary Schools either means that they do not receive the additional attention that they require as a result of their mental condition, or alternatively, that they receive extra attention from the teaching staffs to the detriment of the normal children.

Assuming that these high-grade mentally defective children and possibly the dull and backward group in addition, would derive considerable benefit from education in special schools, the question of the provision of a suitable special school requires consideration and should any such action be decided upon the further question whether it should be provided for the County alone or possibly in conjunction with one of the neighbouring Counties should also receive consideration. Educable children should be educated in a special school that has no connection whatever with mental defectives of a low grade.

The ascertainment of the condition is entirely dependent upon the school medical service with the co-operation of the Elementary School teachers who are required to bring to the notice of the medical inspectors those children considered to be possibly abnormal. The work entailed is considerable, including as it does the completion of lengthy forms and certificates.

The importance of this early ascertainment during school age becomes apparent, however, later on in adolescence when questions are raised as to whether an individual is mentally deficient or otherwise, as a result of failing to retain employment, immorality and other causes. In the case of girls it is often of vital importance that their early history should be known.

Parents' Payments.

Parents' contributions towards the cost of treatment in the case of Elementary School children have been revised during the year. In the case of dental treatment a flat rate of 1/- is now accepted in all cases and this has meant a reduction in much unnecessary clerical labour. Definite contributions under the orthopaedic scheme have been adopted and are now the same as those that have always been required in the past by the Public Health Committee. The detailed contributions under the various schemes are as follows :—

Parents' Contributions.

Minor Ailments.

Under 31/- per week	...	No fee payable.
31/- to £250 per annum		1/- for first child treated ; 3d. each succeeding child.
Over £250 per annum		Full cost.

Defective Sight.

Under 31/- per week	...	No fee payable.
31/- to 50/- per week	...	2/-.
Over 50/- per week	...	Full cost of glasses.

Dental Treatment.

Flat rate of 1/- per child.

Orthopaedic Treatment.

(a) *Clinics* ... No fee payable.

(b) *Hospital Treatment* :—

<i>Weekly income of husband and wife.</i>	<i>Contribution.</i>
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Under £1 10s. 0d.	*3/- per week.
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Under £2 0s. 0d.	5/- per week.
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Under £3 0s. 0d.	10/- per week.
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Under £4 0s. 0d.	£1 per week.
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(The weekly income to be increased by 5/- for each child in family under 14 years of age).

* *May be waived in special circumstances.*

Minor Operations.

(a) Under 31/- per week No fee payable.

(b) 31/- to £2 per week 2/6d.

(c) £2 per week to £250
per annum ... 5/- minimum, raised by 1/3d. for
every 10/- income above £2.

In all cases under (b) and (c) up to £2 10s. 0d. per week,
reduction of 6d. per child above two children.

(d) Over £250 per annum Full cost.

(e) In the cases of parents who are members of Hospital Leagues,
a contribution varying in amount is paid by the Leagues in
lieu of any contribution by the parents.

Secondary and Junior Technical Schools.

Medical Inspection.

All these schools were medically inspected twice during the year, and in addition the arrears of inspection reported last year in four of the schools were successfully dealt with.

The numbers of children inspected and the numbers found to require treatment or observation are shown in Tables I. and II.

Two hundred and ninety-four pupils out of a total of 3,978 inspected as routines, or approximately 7.3% were found to be suffering from defective vision.

As regards nutrition, it will be noted that 95.7 have been classified as either normal or excellent, whereas only 3.8 per cent. were considered to be slightly sub-normal and none were considered to be bad.

The percentage of pupils found to require treatment during the last few years is as follows :—

<i>Year.</i>					<i>Percentage of pupils found to require treatment.</i>
1930	...	...	...	...	17.6
1931	...	...	...	...	16.2
1932	...	...	...	...	13.1
1933	...	...	...	...	9.5
1934	...	...	...	...	8.5
1935	...	...	...	...	12.2
1936	...	...	...	...	10.3

Medical Treatment.

It was not found possible during the year to provide dental treatment for special place pupils in the Secondary Schools with the Staff available, but it is definitely hoped that a start will be made in providing this treatment during the coming year with the assistance of the fourth dentist who has been appointed. It has been definitely decided that such treatment should be provided for Secondary School pupils in necessitous cases.

Miscellaneous.

National Society for Prevention of Cruelty to Children.

The number of cases (including children under School age) referred to the Inspectors during 1936 was 28. All the cases were duly followed up and reported on, and the necessary action taken.

Children and Young Persons Act, 1933.

Under this Act the School Medical Officer is required to furnish medical reports on the health and school records of children who are brought before the Juvenile Courts. During the year 41 such reports were furnished.

Juvenile Employment.

The Assistant Medical Officers have been instructed to certify cases of children employed in contravention of Section 94 (1) of the Education Act, 1921. One certificate was issued during the year.

Examination of Supplementary Teachers, etc.

Ten were examined and reported on during the year by the Assistant Medical Officers.

T. W. STALLYBRASS, M.D., D.P.H.,

*Barrister-at-Law,
County Medical Officer of Health,
School Medical Officer.*

Elementary Schools.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the Prescribed Groups.

Entrants	...	...	...	...	...	...	1920
Second Age Group	...	...	...	...	...	...	1950
Third Age Group	...	...	...	...	...	...	1732
TOTAL							5602

Number of other Routine Inspections (Special Sight Examination of 10-11 year old children)	...	...	...	...	...	...	1559
GRAND TOTAL							7161

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	544
Number of Re-Inspections	...	...	...	...	...	2848
TOTAL						3392

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at *Routine Medical Inspection* to require treatment (*excluding Defects of Nutrition, Uncleanliness and Dental Diseases*)

<i>Group.</i>	<i>For defective vision (excluding squint)</i>	<i>For all other conditions recorded in Table IIa.</i>	<i>Total.</i>
Entrants ...	14	311	323
Second Age Group ...	135	221	327
Third Age Group ...	79	152	213
Total (Prescribed Groups)	228	684	863
Other Routine Inspections	82	3	85
Grand Total ...	310	687	948

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31ST DECEMBER, 1936.

DEFECT OR DISEASE. 1.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Re- quiring treat- ment. 2	Requiring to be kept under observation but not requiring treatment. 3	Re- quiring treat- ment. 4	Requiring to be kept under observation but not requiring treatment. 5
Skin.				
Ringworm—Scalp	—	—	—	—
" Body	1	—	1	—
Scabies	1	—	—	—
Impetigo	17	—	16	—
Other Diseases (Non-Tuberculous)	3	3	2	—
Eye.				
Blepharitis	10	4	2	—
Conjunctivitis	—	—	1	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Other Conditions (excluding Defective Vision and Squint)	1	1	—	1
Defective Vision (excluding Squint)	310	77	78	3
Squint	34	5	7	—
Ear.				
Defective Hearing	10	11	6	2
Otitis Media	8	13	5	1
Other Ear Diseases	1	9	—	—
Nose and Throat.				
Chronic Tonsillitis only	265	331	32	10
Adenoids only	37	29	12	1
Chronic Tonsillitis and Adenoids	71	27	18	3
Other Conditions	9	6	2	1
Enlarged Cervical Glands (Non- Tuberculous)	18	54	5	3
Defective Speech	—	10	—	—
Heart and Circulation.				
Heart Disease—Organic	2	1	—	—
" Functional	2	31	2	1
Anaemia	96	13	21	—
Lungs.				
Bronchitis	28	19	1	1
Other Non-Tuberculous Diseases	7	16	—	1
Tuberculosis.				
Pulmonary :—				
Definite	—	—	—	—
Suspected	—	—	1	—
Non-Pulmonary :—				
Glands	—	—	—	1
Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other Forms	—	1	—	—
Nervous System.				
Epilepsy	1	2	2	1
Chorea	2	—	1	1
Other Conditions	2	2	—	—
Deformities.				
Rickets	5	3	—	—
Spinal Curvature	33	7	2	—
Other Forms	98	57	18	6
Other Defects and Diseases (excluding Defects of Nutrition Uncleanliness and Dental Diseases)	29	28	12	4
TOTAL ...	1101	760	247	41

TABLE II.—*continued.*

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED
DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age. Groups.	Number of Children Inspected.	A. (Excellent)		B. (Normal)		C. (Slightly subnormal)		D. (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	1920	256	13.33	1471	76.61	188	9.79	5	.26
Second Age-group	1950	306	15.6	1408	72.02	232	11.8	4	.2
Third Age-group	1732	311	17.95	1259	72.68	160	9.23	2	.11
TOTAL	5602	873	15.05	4138	73.86	580	10.03	11	.19

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA ON
31st DECEMBER, 1936.

DEFECT.	At Certified Special Schools.	At Public Elementary Schools.	At Other In- stitutions.	At no School or Institution.	Total
BLIND ...	7	—	—	2	9
DEAF ...	4	4	—	2	10
MENTALLY DEFECTIVE (Feeble Minded) ...	15	74	1	14	104
EPILEPTIC (Severe Epilepsy) ...	—	—	—	1	1
PHYSICALLY DEFECTIVE Tuberculous—					
Pulmonary ...	1	6	1	5	13
Non-Pulmonary ...	9	26	1	12	48
Delicate ...	—	47	—	—	47
Crippled ...	14	19	—	—	33
Heart Disease ...	—	14	—	1	15
MULTIPLE DEFECTS					
Crippled and M.D. ...	—	2	—	—	2
Blind and Epileptic ...	—	—	—	1	1

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st
DECEMBER, 1936.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.)

DISEASE OR DEFECT. 1	Number of defects treated or under treatment during the year.		
	Under the Authority's Scheme. 2	Otherwise. 3	Total. 4
<i>Skin—</i>			
Ringworm—Scalp—			
(i.) X-Ray Treatment	2	—	2
(ii.) Other Treatment	3	—	3
Ringworm—Body	4	1	5
Scabies	2	—	2
Impetigo	72	24	96
Other Skin Disease	—	4	4
<i>Minor Eye Defects :</i>			
(External and other, but excluding cases falling in Group II.)	—	9	9
<i>Minor Ear Defects</i>	—	12	12
<i>Miscellaneous</i> (Anaemia, minor injuries, bruises, sores, chilblains, etc.)	56	71	127
TOTAL	139	121	260

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

DISEASE OR DEFECT. 1	No. of Defects dealt with			No. of Children for whom Spectacles were			
	Under the Authority's Scheme 2	Otherwise 3	Total 4	Prescribed 1		Obtained 2	
				(i)	(ii)	(i)	(ii)
				Under the Authority's Scheme	Otherwise	Under the Authority's Scheme	Otherwise
Errors of Refraction (including Squint)	693	25	718	460	22	434	19
Other Defect or Disease of the Eyes (excluding those re- corded in Group I.)	—	1	1	—	—	—	—
TOTAL	693	26	719	460	22	434	19

TABLE IV.—*continued.*

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.												Received other forms of Treatment	Total Number Treated.
Received Operative Treatment.													
Under the Authority's Scheme in Clinic or Hospital				By Private Practitioner or Hospital apart from the Authority's Scheme.				Total					
1				2				3				4	5
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
53	18	213	—	9	3	1	—	62	21	214	—	27	324

(i) Tonsils only. (ii) Adenoids only. (iii.) Tonsils and Adenoids.
(iv) Other Defects of the Nose and Throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	(1) Under the Authority's Scheme.			(2) Otherwise.			Total Number treated.
	Resi- dential treatment with Education	Resi- dential treatment without Education	Non-Resi- dential treatment at an Orthopaedic Clinic.	Resi- dential treatment with Education	Resi- dential treatment without Education	Non-Resi- dential treatment at an Orthopaedic Clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of Children Treated	38	—	311	—	—	3	318

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1)	Number Inspected (Routines and Specials)	...	...	...	5840
(2)	Number found to require treatment	...	...	...	5237
(3)	Number actually treated	...	...	...	3539
(4)	Attendances made by children for treatment	...	...	...	7528
(5)	Half-days devoted to :—				
	Inspection	120			
	Treatment	1187			
(6)	Fillings :—	Permanent Teeth	5057	Total	1307
		Temporary Teeth	406		
(7)	Extractions—	Permanent Teeth	1387	Total	5463
		Temporary Teeth	7833		
(8)	Administrations of general anaesthetics for extractions	...	...	Total	9220
(9)	Other Operations—	Permanent Teeth	Scalings	...	2767
		Temporary Teeth		Total	59

TABLE VI.

UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1)	Average number of visits per school made during the year by the School Nurses	...	...	...	3.5
(2)	Total number of examinations of children in the Schools by School Nurses	...	...	...	43,963
(3)	Number of <i>individual</i> children found unclean	...	...	...	640
(4)	Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	—
(5)	Number of cases in which legal proceedings were taken :—				
	(a) Under the Education Act, 1921	...	...	...	—
	(b) Under School Attendance Byelaws	...	...	...	11

Secondary Schools.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Routine Inspections	3978
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B.—OTHER INSPECTIONS.

Number of Special Inspections	24
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Number of Re-Inspections	619
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Total	643
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C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at *Routine Medical Inspection* to require Treatment (*excluding Defects of Nutrition, Uncleanliness and Dental Diseases*)

<i>Group.</i>	<i>For defective vision (excluding squint).</i>	<i>For all other conditions recorded in Table IIa.</i>	<i>Total.</i>
Routine Inspections ...	253	163	410

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31ST DECEMBER, 1936.

DEFECT OR DISEASE. 1.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Re- quiring treat- ment. 2.	Requiring to be kept under observation but not requiring treatment. 3.	Re- quiring treat- ment. 4.	Requiring to be kept under observation but not requiring treatment. 5.
Skin.				
Ringworm—Scalp	—	—	—	—
„ Body	1	—	—	—
Scabies	1	—	—	—
Impetigo... ..	—	—	—	—
Other Diseases (Non-Tuberculous) ...	3	7	—	1
Eye.				
Blepharitis	1	4	—	—
Conjunctivitis	2	1	—	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Other Conditions (excluding Defective Vision and Squint) ...	—	1	—	1
Defective Vision (excluding Squint)...	253	41	4	—
Squint	1	2	—	—
Ear.				
Defective Hearing	2	2	—	—
Otitis Media	—	—	—	—
Other Ear Diseases	3	1	—	—
Nose and Throat.				
Chronic Tonsillitis only	35	77	—	—
Adenoids only	3	3	—	—
Chronic Tonsillitis and Adenoids ...	3	6	—	—
Other Conditions	2	7	1	—
Enlarged Cervical Glands (Non- Tuberculous)	3	2	—	1
Defective Speech	—	—	—	—
Heart and Circulation.				
Heart Disease—Organic	1	—	—	—
„ Functional	7	18	—	1
Anaemia	17	10	1	—
Lungs.				
Bronchitis	—	4	—	—
Other Non-Tuberculous Diseases ...	3	4	1	—
Tuberculosis.				
Pulmonary :—				
Definite	—	—	—	—
Suspected	1	2	—	—
Non-Pulmonary :—				
Glands	—	—	—	—
Bones and Joints	1	—	—	—
Skin	—	—	—	—
Other Forms	—	—	—	—
Nervous System.				
Epilepsy	—	1	—	—
Chorea	—	1	—	—
Other Conditions	1	4	—	1
Deformities.				
Rickets	—	—	—	—
Spinal Curvature	17	10	—	—
Other Forms	60	44	1	1
Other Defects and Diseases (excluding Defects of Nutrition Unclean- liness and Dental Diseases)	10	71	—	2
TOTAL ...	431	323	8	8

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED
DURING THE YEAR IN THE ROUTINE AGE GROUP.

Group.	Number of Children Inspected.	A. (Excellent)		B. (Normal)		C. (Slightly subnormal)		D. (Bad)	
		No.	%	No.	%	No.	%	No.	%
Routine Inspections	3978	1224	30.76	2600	65.03	154	3.87	—	—

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st
DECEMBER, 1936.

GROUP II.—DEFECTIVE VISION AND SQUINT.

DISEASE OR DEFECT.	No. of Defects dealt with			No. of Children for whom Spectacles were			
	Under the Authority's Scheme	Otherwise	Total	Prescribed		Obtained	
				1		2	
				(i)	(ii)	(i)	(ii)
1	2	3	4	Under the Authority's Scheme	Otherwise	Under the Authority's Scheme	Otherwise
Errors of Refraction (including squint) ...	198	36	234	147	30	89	62
Other Defect or Disease of the Eyes ...	—	—	—	—	—	—	—
TOTAL ...	198	36	234	147	30	89	62

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	(1) Under the Authority's Scheme.			(2) Otherwise.			Total Number treated.
	Resi- dential treatment with Education	Resi- dential treatment without Education	Non-Resi- dential treatment at an Orthopaedic Clinic.	Resi- dential treatment with Education	Resi- dential treatment without Education	Non-Resi- dential treatment at an Orthopaedic Clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of Children Treated ...	1	—	65	1	—	—	67

