[Report 1912] / School Medical Officer, Somerset County Council.

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Somerset County Council.

THE COUNTY EDUCATION COMMITTEE.

Annual Report

OF THE

SCHOOL MEDICAL OFFICER,

For the Year 1912.

WILLIAM G. SAVAGE, B.Sc. M.D. (Lond.), D.P.H.,
County Medical Officer of Health,
School Medical Officer.

CONTENTS.

To the Chairman and Members of the Education Committee of the Somerset County Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Fourth Annual Report as School Medical Officer.

The arrangements for Medical Inspection have been carried out on the lines described in detail in earlier reports.

During the year under review extensions have been made in regard to the treatment of defective teeth in school children and as regards the treatment of ringworm. Details are given in the Report.

Many difficulties have to be overcome in making arrangements for a large county with a scattered and in some cases a scanty population, but extended experience shows that existing arrangements have worked well, and that a large measure of success has been obtained. No one acquainted with the facts can doubt the great value of Medical Inspection.

One important advance for future years will be to arrange a close co-ordination between Medical Inspection and the Tuberculosis preventative and curative work now being developed in the County.

The Report, like those of previous years, is divided into five parts—

Part I. Organisation, extent and scope of the Medical Inspection carried out.
„ II. General review of the facts disclosed by Medical Inspection.
„ III. Machinery in use for dealing with the defects found.
„ IV. The results obtained in regard to the treatment of individual children.
„ V. Schools in relation to infectious diseases. General sanitary arrangements of Schools.

These constitute the chief divisions of the work, and enable the available data to be most conveniently reviewed, although it is not possible to keep the divisions quite distinct.

I am,
Your obedient Servant,
WILLIAM G. SAVAGE.

Health Department,
Somerset County Council,
March, 1913.

Part I.

ORGANISATION, EXTENT AND SCOPE OF MEDICAL INSPECTION.

AREA OF COUNTY, NUMBER OF SCHOOLS, Etc.

The area of the Administrative County for the purposes of elementary education is 1,029,269 acres, and the population (census 1911) 335,725.

The number of Elementary Schools is 495, with 585 departments.

		Urban.	Rural.	Total.
Council Schools	...	22	101	123
Voluntary Schools	...	38	334	372
	Total	60	435	495

The average attendance during the year ending 31st March, 1912, was 47,136. Many of the Schools are very small.

STAFF.

The Medical Staff during the year consisted, in addition to myself, of three whole-time Medical Inspectors and seven part-time Inspectors. The districts allotted to each are shown in Table II. One change was made during the year in the number of Inspectors, Dr. Dix resigning his two Unions. In the fresh arrangement made Dr. MacLaren took over the work in the Wincanton Union and Dr. Annie Hyatt in the Shepton Mallet Union. The work in the Frome Urban area was transferred from Dr. Bendle to Dr. Howard, thus giving Dr. Bendle more time for eye work.

The clerical staff was unaltered as far as school work was concerned, the additional clerk appointed in the autumn being specially for the Tuberculosis work now undertaken by the County Council. The clerical work increased considerably, and all the clerks had to put in a good deal of over-time.

No alterations were made in the number or personnel of the whole-time School Nurses during the year. The three nurses were employed mainly in connection with the Verminous scheme, but they also did a certain amount of work in connection with Ringworm, Dental Talks to parents, visiting special outbreaks of skin diseases, etc.

For School Inspection work and following up the cases a larger number of District Nurses are employed.

Three whole-time nurses are insufficient to adequately cover the whole county and at least five would be required for this purpose. To obtain an adequate service of whole-time nurses an alternate plan to making separate and additional provision

is to make combined appointments, each nurse carrying out several classes of work. It is a much more economical and effective arrangement for each nurse to have a smaller area and more duties in that area than to do one class of work over a large area. At present the waste of time and loss in travelling expenses is considerable.

No arrangements of this kind could be made during 1912, but at the end of the year arrangements were under consideration to combine the work of School Nurses with that of Health Visitors in connection with Tuberculosis. Arrangements of this nature will shortly be made. At the end of 1912 four whole-time Tuberculosis Health Visitors had been appointed.

GENERAL ARRANGEMENTS FOR INSPECTION.

The routine adopted for Medical Inspection was set out fully in the Annual Report for 1908, and need not be recapitulated. A few minor alterations only have been made in addition to those recorded in last year's report. The work has been carried out without friction or difficulty, and, as in previous years, great help has been given by the teachers. The percentage of parents who attended the inspections was 41 (44 for 1911), but varied somewhat in different parts of the County. Only a few refusals by parents to allow their children to be examined were met with.

The number of children re-inspected during the year was 4,865, an increase of 806 compared with the previous year. This is exclusive of the large number of children referred to the School Oculist. This is a very important part of the work and great attention is paid to it. All the cards of children previously defective and for whom defects were found are given to the Inspector at his next visit, and he re-inspects all or as many as he thinks necessary. It is very essential to concentrate attention upon the cases which specially require it.

The percentage results of the returns by each Inspector under the different items of examination have been periodically compiled and circulated to the different Inspectors.

EXTENT AND SCOPE OF MEDICAL INSPECTION.

The number of visits paid to Schools for the purpose of conducting routine inspections during the year was 1,209. Of these, 361 were paid by the seven part-time Inspectors and 848 by the full-time officers. The number of children inspected by the former was 6,506 or 18·0 inspections per School session of rather under 2½ hours; and by the latter 15,059 or 17·7 inspections per session. The average number of inspections per session by all Inspectors was 17·8.

The children selected for examination during 1912 were for the same age periods, etc., as those examined during 1911.

The number of children inspected, classified for age and sex is stated in Table I. In Table II. is shown the number of inspections in each district and under the different groups examined.

Part II.

GENERAL REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

In my report for 1911 considerable space was occupied by a detailed consideration of the statistical information accumulated as to defects found in children, the figures for the three years 1909-1911 being considered together. Since the figures vary but little from year to year, it will be unnecessary to discuss these facts in detail in the present report.

The actual figures for 1912 are set out in Tables III., IV. and V.

CLOTHING AND FOOTGEAR.

	Percentages.			
	1909	1910	1911	1912
Clothing—Bad	2	2	2	2
,, —In need of repair ...	6	9	5	4
,, —Unclean ...	2	2	2	2
Footgear—In need of repair ...	6	8	4	3

As for previous years, clothing and footgear are on the whole very good.

I have drawn attention in former reports to the inadequacy of the arrangements for drying children's outdoor clothes and boots in wet weather, and Dr. Parker has made some further inquiries in this direction.

In schools heated by hot-water pipes, the pipes are generally carried into the cloakrooms to heat them also. These schools are few compared with those heated by other methods, and in very few of the latter is there any means of heating the cloakroom.

In a few country schools children are encouraged to bring slippers to school and to change their wet boots. In a very few cases slippers are provided unofficially by the teacher or a manager.

Wet outdoor clothing is sometimes dried by the school fire, and children whose indoor clothing is wet (including stockings) are sometimes sent to dry themselves by the fire. Generally the outdoor clothing is left hung in the cloakroom where it probably remains wet until worn again to go home in.

Drying wet clothing by the schoolroom fire is by no means an ideal solution of this problem.

Verminous Condition of Head.

The results obtained by the Medical Inspectors show a steady improvement. For 1910 the percentage of children found verminous by Medical Inspectors was 21, for 1911 it was 16, and for 1912 only 12 per cent. This is a striking diminution, although some of it is probably due to more care being exercised by parents in preparing their children for medical inspection. The improvement effected in this direction can be better discussed in the section dealing with the work of the School Nurses. (See page 22).

Skin Diseases.

During 1912 the Medical Inspectors reported amongst routine children 66 cases of Impetigo, 12 of Scabies, 89 of Ringworm of scalp and 6 of Ringworm of the body. In addition, 50 other kinds of skin diseases (mostly eczema) were found. A few cases (see Table V.) were also found among children specially presented.

Teeth.

The following table shows the average number of carious teeth found by the Medical Inspectors for the last four years.

	1909	1910	1911	1912
Boys (12 & over)	2·5	2·4	2·4	3·4
Girls (12 & over)	2·4	2·4	2·3	3·1
Boys (age 7)	4·0	4·4	4·7	4·4
Girls (age 7)	3·9	4·3	4·4	4·2
Boys (Infants)	2·6	2·8	2·8	2·4
Girls (Infants)	2·7	2·7	2·8	2·0
Total ...	3·0	3·1	3·2	3·3

The figures are all strikingly alike, and show the enormous prevalence of dental caries amongst School children. Large as the figures are, they are a decided under-statement, since only those teeth are recorded as carious which are detected by examination of the mouth without the use of probe or mirror. Undoubtedly, in addition, there are a large number of teeth which are showing slight signs of decay not appreciable on incomplete examination.

Ear Disease and Hearing.

The following table shows the prevalence of ear discharge, the so-called "running ears," in children during the last four years.

Year.	Number examined.	EAR DISCHARGE			
		Present.	Recent.	Past.	Total.
1909	16,740	112	445	231	788
1910	14,648	91	145	175	411
1911	15,310	94	237	282	613
1912	15,092	114	200	181	495
4 years.	61,790	411	1,027	869	2,307

LUNG DISEASES AND TUBERCULOSIS.

During 1912, 256 cases of lung diseases were recorded amongst the routine inspections. Only 34 were cases of tuberculosis or suspected tuberculosis, while 111 were cases of bronchitis and 111 other lung conditions, some being merely cases in which the breathing sounds were not altogether satisfactory. In these cases the children are kept under observation.

In addition, 7 cases of phthisis and 15 suspected cases were found amongst the specially presented children.

Of other varieties of tuberculosis 8 routine and 5 "special" cases of tubercular glands are recorded, and 24 of other kinds of tuberculosis, 8 of these being "specials."

The figures for the past three years are as follows, giving *routine* cases only. They may be compared with the percentage of 0·59 recorded for half a million children in the country generally (year 1911), compiled by Sir George Newman :—

Year.	Children examined.	Phthisis or suspected Phthisis cases.	Other varieties of Tuberculosis.	Total cases of Tuberculosis.	Percentage of Tuberculosis.
1909	16,740	41	7	48	0·28
1910	14,648	20	6	26	0·18
1911	15,310	22	8	30	0.19
1912	15,092	34	24	58	0·38
4 years.	61,790	117	45	162	0·26

Although the figures for 1912 are higher than for previous years they are very low and both for this year and previous years are lower than the figures recorded for the country generally. As pointed out last year they are undoubtedly an understatement, but can be taken as showing that definite cases of pulmonary tuberculosis are not prevalent amongst Somerset school children. The figure is an understate-

ment because a number of definite cases are excluded from school and are not therefore included in the above return. Making due allowance for these cases the Somerset experience accords fully with that of the country generally that definite pulmonary tuberculosis is infrequent amongst school children. As far as school work itself is concerned tuberculosis is not a great danger nor is there serious danger of the dissemination of tuberculosis in school from school children.

If teachers suffer from pulmonary tuberculosis it is a different matter and they certainly should not be allowed to teach.

The above figures and remarks might suggest that tuberculosis in childhood is very rare and from the point of view of practical preventive work might be neglected. In reality the converse is the case and the problem of tuberculosis in children is not only one of the greatest significance and importance but in the campaign against tuberculosis amongst the community generally nothing is so fruitful of good results as steps taken to prevent and eliminate tuberculosis infection in childhood.

Careful and extensive inquiries have been instituted in different countries as to the proportion of children *infected* with tubercle bacillus. For this purpose clinical examinations are useless as usually, or at least frequently, the children show no symptoms. Very different results are however obtained when specific reaction tests with tuberculin are employed. The simplest form and one which is quite without harm is Von Pirquet's test in which the skin is scratched and the scratch inoculated with tuberculin, infection with tuberculosis being shown to be present or absent by a local reaction. When children from various sources are tested in this way it is found that from 25 to as many as 90 per cent. have been infected with the tubercle bacillus.

In the various published records the percentage infected is usually under 15 per cent. up to 2 years but then steadily rises during school ages. These figures are chiefly for town children and I cannot find data for rural areas; the figures are probably much lower.

In dealing with tuberculosis we have to face the fact that the majority of persons become infected in childhood, although as shown from our records comparatively few develop definite signs of the disease during school life, the disease being latent. The majority of these cases recover and show no further signs of the disease but in others, under the depressing influence of insanitary surroundings, illness from other diseases, insufficient or improper food, fresh sources of infection, etc., the disease becomes active and definite clinically recognizable tuberculosis results.

These facts are introduced to show that while tuberculosis as a disease of school life bulks small in our returns, amongst the most important aids to the prevention of tuberculosis in the community generally are measures to bring up children in a healthy environment and the taking of proper steps to look after children showing the very early signs of tuberculosis.

A large proportion of delicate, poorly nourished, anæmic children are infected with the tubercle bacillus, and without special treatment and care many will develop the disease. Their cure is comparatively easy in this stage.

At present a great deal of attention is paid to all children showing the slightest signs of pulmonary tuberculosis. They are kept under observation and reported to the District Education Sub-Committees, while all are re-examined by the School Medical Inspector at his next visit. If necessary they are reported to the Head Teacher as requiring special care.

For such children and for children in the early stages of tuberculosis special open air schools are of great utility. At least one resident school for such cases would be most valuable in the County.

The proportion of children showing definite signs of tuberculosis is very much higher when the children are examined from homes in which cases of tuberculosis are present. Under the County Tuberculosis scheme these children are all carefully examined by Dr. Short, the County Tuberculosis Officer. Our figures are at present very small but out of 63 children so examined between the ages of 4 and 15 as many as 22 showed definite clinical signs of tuberculosis.

VISION DEFECTS.

The figures for the routine cases are given in Table III. "Slight defects" includes visual acuity of $\frac{6}{9}$ to $\frac{6}{18}$ and "Very defective" any greater defect.

Girls composed 58·5 per cent. of the cases referred to the Oculist and boys 41·5 per cent. These figures are in accord with previous experience and their significance was discussed in my report of last year.

During the year 1699 cases were examined by the Oculist, 380 being re-examinations. Of these cases, 112 were found normal after examination. In the remaining 1207 primary cases eye defects were found. The nature of the defects found are given in the following table.

		BOYS.				GIRLS.				ALL AGES.		
		Under 7.	7-8.	12 and over.	Other ages.	Under 7.	7-8.	12 and over.	Other ages.	Boys.	Girls.	Totals.
Refractive Errors.	Simple Hypermetropia	25	25	22	35	24	24	27	46	107	121	228
	Simple Hyper. Astig.	6	7	35	21	2	20	62	57	69	141	210
	Compound Hyper. Astig.	8	43	38	77	15	42	89	99	166	245	411
	Simple Myopia ..	2	3	19	7	1	6	21	10	31	38	69
	Simple Myopic Astig.	0	0	1	2	0	2	10	2	3	14	17
	Compound Myopic Astig.	4	3	26	21	2	5	24	20	54	51	105
	Mixed Astigmatism ..	1	5	15	22	2	5	38	31	43	76	119
	Anisometropia ..	0	7	12	6	0	2	11	2	25	15	40
	Irregular Astig. ..	0	1	2	1	0	0	2	2	4	4	8
	Totals ..	46	94	170	192	46	106	284	269	502	705	1207
Old cases re-inspected ..										189	191	380
Normal Refractory cases ..										56	56	112
Disorder of Motility and Fusion.	Converg. Strabismus	24	12	17	29	27	18	23	31	82	99	181
	Alternating ,,	4	4	3	2	4	3	2	3	13	12	25
	Divergent ,,	1	3	5	1	2	5	6	6	10	19	29
	Heterophoria ..	0	0	0	0	0	0	2	1	0	3	3
	Nystagmus ..	0	4	3	2	0	1	0	3	9	4	13
	Totals ..	29	23	28	34	33	27	33	44	114	137	251
Diseases of the Eye.	Disease of Conjunctiva	0	5	19	8	1	6	28	20	32	55	87
	,, ,, Cornea and Sclerotic	1	4	3	4	5	0	3	7	12	15	27
	,, ,, Iris and Ciliary body	0	1	0	1	0	2	1	1	2	4	6
	,, ,, Lens ..	2	2	1	1	2	4	2	0	6	8	14
	,, ,, Vitreous ..	0	0	0	0	0	2	0	0	0	2	2
	,, ,, Choroid and Retina	1	1	3	2	1	1	4	1	7	7	14
	,, ,, Optic nerve	0	0	4	0	0	0	1	2	4	3	7
	,, ,, and Injuries of Eyeball	0	1	0	0	0	0	0	1	1	1	2
	Congenital abnormal.	1	3	2	2	2	1	1	4	8	8	16
	Totals ..	5	17	32	18	11	16	40	36	72	103	175
Disease of the adnexa of Eye.	Disease of Eyelids ..	2	9	18	17	2	6	33	24	46	65	111
	,, ,, Lachrymal apparatus	0	0	2	0	0	1	1	0	2	2	4
	Totals ..	2	9	20	17	2	7	34	24	48	67	115
Symptomatic and nerve disorders (including headache associated with eye strain).		2	8	52	38	2	19	110	93	100	224	324

The following remarks by Dr. Bendle deal with some of the defects found.

Simple hypermetropia was the refractive error present in over 50 per cent. of the children examined under the age of seven years. The presence of strabismus brought most of these cases under observation. These figures signify little relationship between astigmatism and the development of strabismus.

The proportion of hypermetropic astigmatism to simple hypermetropia, as in former years, increases with the age of the children examined. This is scarcely consistent with the theory that astigmatism is almost entirely a congenital affection.

Myopic cases (including those of mixed astigmatism) occur in far greater numbers and are of a more severe type amongst the twelve year old children, than amongst the younger ones. Previous reports here and elsewhere exhibit similar figures. It can only be concluded that a serious development of this defect occurs during school life, and in view of its seriousness, it is very desirable that all practicable means be used to prevent its onset; where already existing, systematic measures should be adopted to limit its progress. Many instances have been observed here during the past four years where the trouble has increased in a very marked degree. In susceptible cases the progress of the malady is the usual experience where the ordinary routine of school life is unmodified. Remembering the grave consequences to the child's future, resulting from myopia, and the fact that under ordinary circumstances little increase of the trouble occurs after adult life is reached, it seems very desirable to consider the practicability of organising special classes for myopic children in the larger centres. The advantages of these classes to such cases are very great.

The cases of convergent strabismus were divided as follows:—Right side 79, Left side 102.

Heredity as a factor in visual defects has been investigated in a number of cases. During the year about 90 children showed defects of a similar kind to those existing in the case of one or other of their parents. The difficulties attending such an investigation in the course of the work were too great to permit anything like an exhaustive enquiry being attempted. Hypermetropic conditions in the parents associated with similar defects in the children were much oftener observed than myopic troubles. Myopia was more prevalent in colliery areas than in either rural or manufacturing districts.

The very important question of the treatment of squint or strabismus has engaged the attention of Dr. Bendle and myself for some years. The principles of the treatment practised is described in my 1910 Report. A large amount of work is being carried out in this direction and supervised by Dr. Bendle. During 1912, for example, special eye shades were distributed to about 210 children. The following report by Dr. Bendle to me, gives further information in regard to this condition.

SQUINT.—This trouble is a very common one and its seriousness is insufficiently recognised. Parents largely believe the deformity will disappear before adult life is reached, leaving no traces of its previous existence, hence treatment of the condition is frequently considered redundant. Demonstration of the almost complete

suppression of vision in the deviating eye causes painful surprise. Keen disappointment is felt, and often expressed, that complete and speedy restoration of sight in the more defective eye does not rapidly follow the use of spectacles suited to the refractive condition of the child's eyes. Satisfactory results can only be expected if treatment is begun very early, since remedial measures commenced after the age of five years are very disappointing. The need for detecting speedily any sign of the disorder cannot be too strongly emphasised on all who are brought into contact with children on their first entry into Infant Schools. Squint is the visible sign of the imperfect development of an important visual faculty, hence the wearing of spectacles without other measures is an entirely futile proceeding in the great majority of cases. The spectacles are prescribed to correct any error of refraction present, so that the eyes may be in the best possible condition to benefit by special procedures suitable for the defect under notice. The most practical, and at the same time one of the most valuable, lines of treatment is special exercise of the deviating eye. Such remnants of function as exist in this eye are thus developed as far as possible. Hitherto from a period preceding the development of the squint the "squinting" eye has been disused and its faculties in abeyance. The compulsory exercise of the disused eye is ensured by the use of a specially devised shade worn for a stated time daily in front of the other eye, so that it is effectively screened. These shades are supplied to every case seen, and when they have been used as intended, it is usual to find on the second examination some restoration of the visual faculty. When this has developed sufficiently, orthoptic exercises are carried out at the eye examinations with a special form of stereoscope, so that the arrested development of single vision with both eyes simultaneously, may be resumed. The extent of the work has been too great to permit as much being done in this way as is desirable, but many cases have benefited very considerably. Vision practically non-existent in many "squinting" eyes has sufficiently improved for the children to be cognizant of large objects at a considerable distance and even large printing types are recognizable at short distances. Exact estimation of the results can scarcely be made by the ordinary standards of visual acuity, but it may be fairly claimed much benefit has accrued from the resulting increased field of vision, leading to greater safety in going about, as the child is able to recognise more quickly objects on the side of the squinting eye or moving towards him on that side. Incidentally the deformity becomes less noticeable and operative procedures for cosmetic reasons will be seldom necessary in cases taken in hand early; from an opthalmological point of view operation is of questionable value.

AVERAGE HEIGHTS, 1912.

AGE.	BOYS. SOMERSET. Total number measured.	Urban. cms.	Urban. inches.	Rural. cms.	Rural. inches.	Total. cms.	Total. inches.	British Association, 1883. No. measured 3135 inches.	GIRLS. SOMERSET. Total number measured.	Urban. cms.	Urban. inches.	Rural. cms.	Rural. inches.	Total. cms.	Total. inches.	British Association, 1883. No. measured 755 inches.
3-4	529	92·1	36·6	93·8	36·9	93·6	36·8	37·4	461	92·6	36·5	93·3	36·7	93·0	36·6	36·8
4-5	961	99·0	38·9	99·9	39·3	99·6	39·2	39·3	814	99·2	39·1	99·1	39·0	99·1	39·0	39·0
5-6	1042	104·9	41·3	105·6	41·5	105·4	41·4	42·35	1052	104·3	41·0	104·7	41·2	104·6	41·2	41·9
6-7	386	110·7	43·5	110·2	43·3	110·3	43·4	44·6	377	110·1	43·3	109·7	43·2	109·8	43·2	43·4
7-8	2255	115·6	45·5	116·6	45·9	116·4	45·8	45·8	2179	114·8	45·1	115·7	45·5	115·5	45·4	45·35
8-9	186	120·1	47·2	120·5	47·4	120·4	47·4	47·1	163	119·8	47·1	120·0	47·2	120·0	47·2	47·1
9-10	99	125·9	49·6	125·8	49·5	125·8	49·5	49·1	88	124·5	49·0	126·0	49·6	125·7	49·4	48·9
10-11	63	130·0	51·1	129·5	50·9	129·6	51·0	50·9	78	131·2	51·6	130·3	51·3	130·6	51·4	50·4
11-12	92	135·6	53·3	137·5	54·3	136·9	53·8	52·3	101	135·8	53·4	137·0	53·9	136·7	53·8	52·5
12-13	2246	139·6	54·9	140·4	55·2	140·3	55·2	53·7	2150	141·0	55·5	142·4	56·0	142·0	55·9	55·6
13-14	245	144·6	56·9	143·2	56·3	143·5	56·4	55·3	256	146·4	57·6	145·5	57·2	145·7	57·3	57·4

AVERAGE WEIGHTS, 1912.

AGE.	BOYS. SOMERSET. Total number weighed.	Urban. kilos.	Urban. lbs.	Rural. kilos.	Rural. lbs.	Total. kilos.	Total. lbs.	British Association, 1883. No. weighed 2796 lbs.	GIRLS. SOMERSET. Total number weighed.	Urban. kilos.	Urban. lbs.	Rural. kilos.	Rural. lbs.	Total. kilos.	Total. lbs.	British Association, 1883. No. weighed 951 lbs.
3-4	527	14·9	32·7	15·2	33·4	15·1	33·2	33·1	469	14·7	32·3	14·9	32·7	14·8	32·5	33·0
4-5	954	16·4	36·0	16·6	36·5	16·5	36·3	35·8	815	16·4	36·0	16·3	35·8	16·3	35·8	34·6
5-6	1040	17·7	38·9	18·0	39·6	18·0	39·6	38·9	1050	17·5	38·5	17·7	38·9	17·7	38·9	38·4
6-7	383	19·3	42·4	19·5	42·9	19·4	42·6	44·2	377	19·8	43·5	19·1	42·0	19·3	42·4	40·5
7-8	2258	21·4	47·0	21·8	47·9	21·7	47·7	47·2	2185	21·1	46·4	21·2	46·6	21·2	46·6	46·8
8-9	185	22·7	49·9	23·3	51·2	23·1	50·8	54·8	164	22·6	49·7	22·9	50·3	22·9	50·3	51·9
9-10	100	26·3	57·8	25·6	56·3	25·8	56·7	60·5	84	25·2	55·4	25·6	56·3	25·5	56·1	56·5
10-11	63	28·0	61·6	27·8	61·1	27·9	61·3	67·0	78	29·2	64·2	27·3	60·0	27·9	61·3	61·8
11-12	90	30·2	66·4	31·6	69·5	31·2	68·6	72·2	103	31·2	68·6	31·0	68·2	31·1	68·4	67·1
12-13	2242	33·0	72·6	33·6	73·9	33·4	73·4	75·9	2146	33·4	73·4	34·6	76·1	34·3	75·4	75·7
13-14	245	35·6	78·3	35·4	77·8	35·5	78·1	79·7	257	37·1	81·6	36·9	81·1	36·9	81·1	84·0

The other tables show the average heights and weights for the separate Urban and Rural Districts at the chief age periods selected for examination.

AVERAGE HEIGHTS (in Centimetres).

RURAL.

DISTRICT.	BOYS.				GIRLS.			
	4-5	5-6	7-8	12-13	4-5	5-6	7-8	12-13
Axbridge ..	100·0	106·3	117·2	141·1	99·5	104·7	116·3	143·0
Bath ...	99·9	105·7	116·7	141·1	99·0	105·8	117·1	142·5
Bridgwater ...	99·0	105·2	116·1	139·7	98·5	104·3	115·7	142·0
Chard ..	99·3	104·7	115·3	139·5	96·9	105·2	115·5	141·7
Clutton ...	99·0	105·5	116·2	140·6	99·0	104·1	114·4	142·9
Dulverton ...	101·5	104·6	116·5	142·8	97·3	103 2	116·4	139·6
Frome ...	102·3	105·4	117·7	140.7	100·7	103·6	115·7	143·0
Keynsham .	102·2	106·3	118·3	141·0	98·3	105·5	117·3	142·2
Langport ...	100·2	105·2	116·5	140·7	99·5	104·4	116·3	142·7
Long Ashton ...	100·2	106·9	117·0	141·4	100·9	105·9	116·6	143·6
Shepton Mallet ...	98·6	106·1	116·6	140·0	97·8	105·0	115·8	141·7
Taunton ...	100·0	104·6	115·6	139·7	100·2	105·0	115·5	141·5
Wellington .	99·5	105·0	116·2	141·5	97·0	103·3	113·9	143·3
Wells ...	100·1	105·0	116·3	141·0	99·2	104·7	115·4	142·6
Williton ...	100·1	106·0	116·9	138·9	99·9	104·6	114·6	142·1
Wincanton ...	100·5	105·3	118·2	141·4	100·0	104·2	116·0	143·9
,, Castle Cary	100·7	106·0	114·6	138·3	98·0	105·0	113·0	141·5
Yeovil ...	100·2	104·7	117·0	140·1	97·0	104·0	116·4	141·0
	99·9	105·6	116·6	140·4	99·1	104·7	115·7	142·4

URBAN.

DISTRICT.	BOYS.				GIRLS.			
	4-5	5-6	7-8	12-13	4-5	5-6	7-8	12-13
Chard ...	98·2	104·4	116·0	139·2	97·1	103·2	116·1	140·4
Ilminster ...	97·3	103·5	116·0	139·8	99·7	104·6	114·5	141·7
Clevedon ...	97·7	103·7	116·8	140·6	96·6	105·0	114·3	142·2
Crewkerne ...	98·7	106·0	114·2	138·5	101·6	103·8	113·5	138·1
Frome ...	100·9	108·8	116·4	140·4	103·0	105·4	117·1	145·8
Glastonbury ...	99·1	103·0	115·1	137·7	99·5	103·4	115·5	140·2
Midsomer Norton ...	98·9	102·9	114·8	139·0	98·7	101·5	113·4	140·2
Radstock ...	98·7	104·1	113·1	140·3	100·0	102·2	114·5	140·5
Shepton Mallet ...	97·1	104·5	116·9	139·0	98·4	104·7	114·7	138·7
Street ..	99·8	104·2	114·7	140·3	96·9	106·3	115·1	141·0
Wellington ...	100·6	104·6	116·7	139·9	97·7	104·6	113·3	140·2
Wells ...	96·0	105·7	114·7	139·0	98·0	103·7	114·6	139·5
Weston-super-Mare ...	100·0	105·2	115·8	140·6	99·8	105·6	114·4	141·4
	99·0	104·9	115·6	139·6	99·2	104·3	114·8	141·0

AVERAGE WEIGHTS (in Kilogrammes).

RURAL.

DISTRICT.	BOYS.				GIRLS.			
	4-5	5-6	7-8	12-13	4-5	5-6	7-8	12-13
Axbridge ...	16·6	18·3	21·9	34·2	16·1	17·6	21·4	35·0
Bath ...	16·7	18·3	22·0	33·7	16·2	18·1	22·1	34·6
Bridgwater ...	16·5	18·2	21·5	33·4	15·7	17·6	21·2	34·0
Chard ...	16·9	18·1	21·9	33·4	16·1	18·3	21·9	35·1
Clutton ...	16·2	17·9	21·5	33·3	16·1	17·3	20·3	34·1
Dulverton ...	16·6	18·3	22·6	34·7	15·1	17·9	21·8	34·3
Frome ...	17·7	17·8	22·4	34·8	17·0	17·6	21·1	34·9
Keynsham ...	17·5	17·6	21·9	34·1	16·3	17·2	21·3	34·8
Langport ...	16·3	17·6	22·0	33·6	16·1	18·0	21·4	34·8
Long Ashton ...	16·6	18·3	21·9	33·5	16·8	18·0	21·3	35·6
Shepton Mallet ...	16·3	18·2	21·7	33·3	15·7	17·5	20·9	33·6
Taunton ...	16·8	17·7	21·8	32·9	17·3	17·7	21·3	34·5
Wellington ...	16·6	17·5	21·7	33·7	16·5	17·6	20·9	35·6
Wells ...	16·2	18·0	21·5	34·0	16·3	17·1	21·2	35·2
Williton ...	16·5	17·9	21·7	32·3	16·6	17·8	20·8	34·1
Wincanton ...	16·6	18·5	22·3	34·1	16·9	17·8	21·4	35·8
,, Castle Cary	16·7	18·7	21·1	32·3	15·9	17·7	20·6	33·7
Yeovil ..	16·9	17·7	22·0	33·3	16·3	17·6	21·5	33·2
	16·6	18·0	21·8	33·6	16·3	17·7	21·2	34·6

URBAN.

DISTRICT.	BOYS.				GIRLS.			
	4-5	5-6	7-8	12-13	4-5	5-6	7-8	12-13
Chard ...	15·9	17·5	21·4	33·5	15·9	17·1	21·2	31·9
Ilminster ...	15·7	18·2	22·4	31·5	17·2	—	21·3	34·7
Clevedon ...	15·6	17·3	21·2	33·3	15·5	17·0	20·5	33·4
Crewkerne ..	15·9	17·3	20·8	31·6	16·6	17·8	20·4	32·0
Frome ...	16·5	18·7	21·2	32·8	17·6	17·5	23·9	35·8
Glastonbury . .	16·5	17·3	21·2	32·5	16·4	17·4	21·1	33·1
Midsomer Norton ...	16·8	17·7	21·8	33·2	16·4	17·3	20·8	32·8
Radstock ...	16·3	17·3	20·3	32·4	16·0	16·6	20·2	32·3
Shepton Mallet ...	16·8	18·5	22·5	33·3	16·7	17·9	21·4	33·7
Street ...	16·0	15·7	20·5	32·7	15·6	17·3	20·0	32·7
Wellington ...	17·5	17·7	21·7	32·9	17·1	18·1	20·5	35·3
Wells ...	15·4	18·3	20·9	33·7	15·7	17·2	20·6	32·8
Weston-super-Mare ...	16·7	17·8	21·7	34·1	16·9	18·2	21·1	33·8
	16·4	17·7	21·4	33·0	16·4	17·5	21·1	33·4

We have now tabulated figures of heights and weights extending over 4 years, and giving the figures for the different cases. The numbers are sufficiently large to serve as reliable standards for Somerset children and I do not think that any useful purpose will be served by further summaries. The heights and weights of individual children are useful aids to a consideration of their physical condition more particularly now that we have definite standards for normal children.

The figures in regard to the incidence of other defects and conditions are set out in the tables, and no special discussion of each is required. The percentage prevalence in regard to the most important of them is set out in the following table.

PERCENTAGES.

CONDITION.	Average for three previous years.	1912.
Nutrition. Good or Average	86·0	88·0
Below Normal	14·0	12·0
Bad	0·2	0·24
Verminous condition of Head	19·9	11·6
,, ,, ,, Body	0·37	0·46
Average number of carious teeth per child	3·1	3·3
Ear Discharge. Present	0·6	1·0
,, ,, At some previous period	3·8	2·5
Defective Hearing	2·2	1·9
Somewhat enlarged tonsils	12·0	12·0
Markedly enlarged tonsils	4·0	3·4
Slight degree of adenoids	11·0	9·0
Marked adenoids causing obstruction	1·6	1·0
Defective speech. (Present as a primary condition) Boys	0·76	0·95
Girls	0·3	0·3
Decidedly mentally defective children	0·4	0·24
Heart Disease	0·45	0·36
Anaemia	2·35	1·8
External eye disease	3·6	4·0
Vision defects. 7 years Boys	15·5	14·2
7 ,, Girls	17·2	16·2
12 and over Boys	21·6	25·4
12 ,, ,, Girls	28·8	31·4

HYGIENE INSTRUCTION IN SCHOOLS.

In my report for last year I dealt, in some detail, with the importance of teaching the principles of hygiene in the schools. The School Management Sub-Committee asked His Majesty's Inspector to furnish the Committee with particulars as to the extent to which Hygiene Instruction is at present given in the Elementary Day Schools in the County.

Through the kindness of His Majesty's Inspector I am enabled to supply the following particulars:—

Two groups of Schools were investigated, Group I. 38 Schools West of Taunton; Group II. an area in the east of the County comprising 26 Schools. The results of the inquiries are as follows:—

Group. I.—38 Schools.

(*a*) In 23 Schools no lessons are given.

(*b*) In 3 Schools a book on Hygiene is read. No oral lessons are given and the subject is not on the Teachers' Time-table.

(*c*) In 7 Schools Hygiene subjects are included in the Syllabus of lessons in Elementary science.

(*d*) In 1 School Hygiene appears on the Teachers' Time-table as an alternative to Physical Exercise on wet days.

(*e*) In 4 Schools Hygiene is on the Teachers' Time-table and regular oral lessons are given. Of these 4 Schools, 2 are Girls' Schools.

Group II.—26 Schools.

(*a*) In 7 Schools no lessons are given.

(*b*) In 6 Schools a book on Hygiene is read. No oral lessons are given.

(*c*) In 3 Schools Hygiene subjects are included in the Syllabus of object lessons.

(*d*) In 5 Schools Hygiene is an alternative to Drill on wet days.

(*e*) In 8 Schools systematic instruction is given and in one of these (a mixed school) to girls only.

In Group II. 10 Schools had prepared syllabuses, but of these only 5 could be considered good.

The figures show that Hygiene is not taught to any great extent in the schools investigated and presumably not in the schools of the County generally, as the areas selected are representative.

During the year the Higher Education Sub-Committee extended their arrangements for the training of Teachers in Hygiene with a view to this subject being efficiently taught in the Elementary Schools. They arranged for Miss C. M. Symonds to give courses of lectures on "Infant Care and Management and Hygiene." to teachers at a number of Centres. Lectures were given during the year at Bridgwater, Taunton, Weston-super-Mare, Williton and Yeovil with average attendances of 47, 22, 38, 15 and 18 respectively.

The Lecture Course given by Miss Symonds consisted of the following subjects:

Lecture I. Personal Hygiene.
,, II. Baby Management.
,, III. Feeding of Infants.
,, IV. Food.—General principles.
,, V. Feeding of young children.
,, VI. Care of young children.
,, VII. Common ailments of children.

Inquiries were instituted by the Education Secretary in October, 1912, as to the use being made in the schools of the information acquired from these lectures. Particulars are available from 48 Schools from which teachers attended the lectures. In 9 some definite instruction on these subjects was being given, in 3 the information was made use of in connection with infant classes or private instruction to the elder girls, in the remaining 36 no special instruction was given.

Both Dr. Parker and Dr. Burnell-Jones have made inquiries in regard to the extent to which hygiene is taught in the schools with results very similar to those recorded above. From their enquiries it would appear that very few of the teachers have any special qualification for teaching hygiene except in the largest schools.

A certain amount of instruction in hygiene and kindred subjects is also given in Evening Continuation Schools. During the Session 1911-12 Hygiene was taught in 1 School, Domestic Economy and Hygiene in 12 and Domestic Economy in 17. Home Nursing was not taken as a subject in any of the Schools.

Part III.

MACHINERY FOR DEALING WITH DEFECTS FOUND ON INSPECTION.

This section of the work has been dealt with in detail in previous reports so that only special points and alterations in procedure require to be mentioned.

After Care Work.—The arrangements for following up cases have on the whole worked smoothly and well and no alterations in procedure have been required. The regulations provide that returns be sent to the Health Department within 4 months of their being issued. While there still continues to be some delay in sending in these case-sheets, the returns have been very much better from this point of view. A few Health Visitors still fail to return their case-sheets regularly to the Clerk. During 1912, 2538 cases were referred to District Education Sub-Committees (see Table VI).

There is one alteration which would be, I believe, very beneficial. This is to try as far as possible to obtain a Care Visitor definitely responsible and appointed for each school. At the present time schools are often grouped together with one or more Care Visitors for the group, while all communications between them and the County Health Department have to go through the Clerks of the District Committees. If a definite Care Visitor could be obtained for each separate school and we could if necessary communicate as regards individual children directly with that Visitor in certain cases, attention to the defects would be facilitated. All routine work, such as the passing to and fro of the case-sheets, should be done, as at present, through the Clerks.

District Nurses' Work.—This work has continued during 1912 without alteration. Arrangements have now been made with 81 Nursing Associations, an increase of ten during the year. Nearly all of these are affiliated to the County Nursing Association. The Associations are irregularly distributed and deal with only part of the Schools, inspections in 221 Schools being attended by District Nurses. During 1912, 433 inspections were attended by District Nurses, and 1296 cases were referred to them for home visits. Their reports state that 2113 home visits were paid to these cases.

These figures show a steady increase in the work being done, as regards after care, by the District Nurses, an increase considerably greater than for previous years.

The special report compiled by Miss Du Sautoy shows that the Nursing Associations are very irregularly distributed through the County.

It has been suggested that the fees paid to the District Nursing Associations are inadequate. A fee of 2/6 is paid for each attendance at a Medical School Inspection, morning and afternoon attendances counting separately. A fee of 2/6 is paid for the cases to be followed up reported to her by the Medical Inspector at each session. For 1912 the Nurses paid 2,113 visits for which their Associations received £54 . 5s. in fees. This works out at 6d. per visit.

Attendance of Parents.—In 41 per cent. of cases one of the parents (almost invariably the mother) attended the inspection and received direct instructions from the Medical Inspector as to existing defects. In 1911 the percentage was 44, and in 1910 43. In some other Counties and Areas, as the novelty of the inspection wears off, it has been found that the number of parents attending substantially diminished. In Somerset this has not been the case, a nearly identical proportion of parents attending during each of the four years.

School Attendance Officers.—At present, in Somerset, School Attendance Officers have very little to do with Medical Inspection, but their recently revised duties bring them more in touch, in one or two particulars, with Medical Inspection work. Last year I drew attention to the fact that a certain number of children absent from school for long periods through general ill-health or for some specific malady escape being medically inspected since their names are not on the School Register, or because they are continually absent on the days of Medical Inspection. When these new duties come into force early in 1913, it will be the duty of the School Attendance Officer to report these cases monthly to the District Education Sub-Committees. Further steps should be taken by these Committees to report these cases to me with the reasons why they are away from school unless they have been excluded by the Health Department.

PROVISION OF SPECTACLES.—The general machinery for this purpose has not been altered. At the end of the year the number of eye centres in use in the County was 33, an increase of two over the previous year. The new centres were at Castle Cary and Winsford. During 1912, as in previous years, a few refusals to obtain spectacles were met with. In all the cases with marked defects it was found possible, by direct letters to the parents and by pressure exerted in other ways, to induce the parents to obtain the glasses. Children with less serious eye defects for whom the parents fail to obtain glasses are reported to District Education Sub-Committees, and in a good many of these cases spectacles are ultimately obtained. 84 per cent. of the children summoned to attend at the different eye centres attended. Of the remaining 16 per cent., the majority attended on being again sent a notice to attend.

The spectacles obtained under the present contract have been very satisfactory, and the 3/6 has been as readily forthcoming as the previous charge of 2/6 used to be. During the year 3/6 for spectacles was received from 924 of the parents, while in 77 cases the cost, or part of the cost, was provided out of County funds. The amount paid towards the provision of spectacles by the County Education Committee during the financial year ending July 31st, 1912, was £12 . 1s.

Applications for financial assistance are made on a special form by the District Education Sub-Committee, after they have investigated the suitability of the cases, and are then submitted to the Chairman of the Attendance and Health Sub-Committee for his decision.

During the year, 1026 new pairs of spectacles were supplied, while 250 pairs previously ordered were repaired.

A difficulty in the spectacles work, and one which causes us a good deal of trouble, is the rough usage and neglect to which spectacles are subjected in some cases. The frames become bent, and this causes the lenses to be worn in incorrect positions with the inevitable result that not only does no benefit accrue from their use but the spectacles become uncomfortable and a cause of visual confusion to the wearer. Too often parents, and occasionally teachers, quite overlook the fact that spectacles are only serviceable when worn as intended, and that their correct position when in use is of paramount importance.

Dr. Bendle pays a great deal of attention to accurate measurement of the frames. The Medical Inspectors are instructed to re-examine children with spectacles to see that they fit and have not been bent out of shape while, if necessary, they are referred back to Dr. Bendle in special cases.

TREATMENT OF DEFECTIVE TEETH.—The problem of the treatment of the teeth of school children has been under consideration by the County Education

Committee for a number of years. A fresh scheme for dealing with this problem was adopted during 1912. The scheme is based upon the following three considerations :—

(*a*) Dental treatment in this County can only be efficiently given by means of whole-time dentists on the staff of the County Education Committee.

(*b*) It is essential that the dentists themselves examine the children and select their own cases for treatment. It is not satisfactory for them to only treat cases referred to them by the School Medical Inspectors.

(*c*) In view of the magnitude of the problem, the great bulk of the children in the elementary schools cannot be treated at once, and the only procedure which combines economy and efficiency is to select a definite school age period or periods, and then follow up these children right through their school life.

The age period most suitable to commence with is 6 and 7 years, since at this age serious decay is not likely to have taken place and defects can be treated while they are slight and curable and easily and painlessly put right. It is hoped that these children will be examined once each year. If this is done, this procedure will in time result in all the teeth of the children being examined and treated. The scheme which has been adopted, while it aims at mainly examining children of this age period, will permit of really urgent cases of older children being treated by the School Dentist.

A start was made with the scheme by the appointment of one dentist, who started work in November, 1912. The expenses for one dentist are estimated to be about £400 per annum. The basis of payment arranged is that as far as practicable the District Education Committees or the Managers are responsible for £1 a day, this being approximately half the cost of treatment, the rest of the expense being borne by the County Education Committee. All payments made by parents go towards the contribution made by the Managers.

It was suggested to Managers that parents of children aged 6 and 7 should be asked to contribute sixpence for each child examined. If no treatment is required the child will be examined free in the next and following years so long as treatment remains unnecessary, but a further sum of 6d. should be charged on each occasion after the first on which it is necessary to give any treatment. The effect of this would be that should treatment be found unnecessary on the first or any subsequent occasion, the fee of 6d. would be retained and credited to the parent until such time as the child required treatment. This arrangement is not laid down as a rule but as a suggestion to help Managers to obtain the guarantee of £1 per day, leaving them free to obtain the money by other means if they desire to do so.

Obviously with only one dentist it is quite impracticable to visit all the schools in the County. The basis of selection in the scheme is that the dentist only goes to the schools for which the Managers have guaranteed a fee of £1 per day.

Arrangements have also been made with County Nursing Associations for the use of district nurses to assist the dentist.

It was recognised by the County Education Committee that it was very important that steps should be taken by demonstrations and informal talks with parents to educate them in regard to the value of early treatment of the teeth and their preservation from decay. This forms part of the scheme, and as far as possible it has been arranged that before the dentist visits any particular school one of the County School Nurses visits the school and gives a talk upon the matter to parents and elder children. At the same time leaflets dealing with the importance of the care of teeth and the great value of early treatment, as well as leaflets dealing with proper feeding in relation to teeth, are distributed to all parents. In this way steps are taken to prepare the ground for the visit of the School Dentist.

Mr. Sturton, L.D.S., was appointed School Dentist, and started work at the end of November, 1912. Since he was at work for only a few weeks of 1912, any account of his work is best postponed until the Report for next year.

Apart from the curative dental scheme, a good deal has been done along preventive lines. A number of teachers have given instruction to children upon "care of teeth" in their yearly list of lessons in Elementary Science. During the year, 1038 tooth-brushes have been sold to children at cost price (2d. each).

There is no doubt that if any considerable diminution is to take place in the amount of dental caries in children, this will only be effected by preventive measures being adopted as well as curative. The causes of dental caries are now well recognised and the measures to prevent caries known. The difficulty comes in the application of these remedies, but although difficult much can undoubtedly be done by inculcating cleanliness, and what is even more important, by imparting information as to the nature of the foods which facilitate dental decay and how their bad effects can be prevented.

The present vast amount of dental decay existing amongst children is probably in considerable part due to the wrong methods of feeding which are so widely prevalent.

VERMINOUS CONDITION OF HEADS.

The scheme has been fully described in previous reports. No alterations were made during the year. Three School Nurses were at work in the County giving up a large part of their time to this work.

The results obtained by the Nurses are set out in the following tables:—

ORDINARY SCHEME.

DISTRICT.	No. of children inspected.		No. of children excluded.	No. of children whose parents were prosecuted	Percentage Verminous First Inspection.		Percentage Verminous. Second Inspection.		Percentage excluded.	
	Boys.	Girls.			Boys.	Girls.	Boys	Girls.	Boys.	Girls.
Taunton Rural ...	818	817	116	34	21·6	46·7	11·3	35·6	2·6	11·5
Chard Rural ...	523	578	70	8	25·6	60·3	11·2	45·9	0·7	11·4
Wincanton ...	1052	993	58	3	6·6	31·1	2·8	21·5	0·2	5·5
Axbridge ...	1578	1473	102	4	7·6	28·1	5·5	27·3	0·1	6·7
Bridgwater Rural ...	1148	1200	145	16	14·5	33·6	11·8	30·2	0·2	11·8
Keynsham ...	591	561	73	8	7·4	33·3	4·8	26·9	0·0	13·0
	5710	5622	564	73	12·4	36·3	7·8	30·0	0·5	9.4

RE-EXAMINATION SCHEME.

DISTRICT.	No. of children inspected.		No. of children excluded.	No of children whose parents were prosecuted	Percentage Verminous. First Inspection.		Percentage Verminous. Second Inspection.		Percentage excluded.	
	Boys.	Girls.			Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Wells Urban & Rural (including Street and Glastonbury) ...	1134	1534	51	—	3·9	17·6	4·1	15·7	0·0	3·2
Frome Urban & Rural	1596	1954	62	2	3.3	19·0	9·2	29·8	0·1	3·0
Shepton Mallet Urban and Rural	832	882	14	—	5·5	19·3	3·2	13·5	0·2	1·3
Axbridge ...	430	380	57	14	20·0	35·3	23·1	33·5	1.6	13·1
Long Ashton ...	218	181	10	—	10·0	25·4	16·5	28·7	0·0	5·5
Chard ...	984	1617	144	16	12·2	29·4	14·0	35·0	1·2	8·1
	5194	6548	338	32	7·1	22·4	12·0	25·6	0·4	4·7

In the Ordinary Scheme Table the results are shown when schools are visited for the first time or only after a very long interval from the first visit. All the children are then examined and again all at the second visit. This table shows, accurately, therefore, the number of children normally verminous in the schools before the Cleansing Scheme has been put in action. 36·3 per cent. of the girls and 12.4 per cent. of the boys were verminous when first inspected.

The tables show that the percentage of children, especially girls, found verminous is still very high. Undoubtedly a great improvement has taken place in the County generally and in special areas in particular. Both the Medical Inspectors and the School Nurses report a great diminution in the grossly verminous children.

During the year the Nurses have given a number of demonstrations to parents in the Schools as to the precise way to clean and keep clean their children's heads. Some of them were well attended, others badly.

Although great leniency has been shown to parents, it has been found necessary to institute proceedings in a number of cases. 61 parents of 105 children have been prosecuted. In one case a conviction was not obtained, the case not being pressed owing to extenuating circumstances. In the remaining cases the 60 parents were fined sums varying from 1/- to 15/- with or without costs.

The percentage of parents prosecuted under the ordinary scheme was 0·64 and 0·27 per cent. under the re-examination scheme.

There is one simple procedure which would at once reduce, and reduce very markedly, the percentage of verminous children in the schools. This is the universal adoption of short hair by the girls. If only parents could be brought to realize that it is both healthier and neater for young girls to wear their hair short, and it became a recognised practice, instead of what it seems to be at present a slur and stigma, the battle against verminous conditions would be largely won.

At present I see no sign of this most desirable reform being instituted, but reforms apparently even more hopeless have been carried out before now, and endeavours in this direction might be made.

If parents would only recognise—what I believe to be true—that hair worn short in early life is a means of improving the quality of the hair and ensuring a better, finer, and more beautiful head of hair in adult life, sentiment might be induced to swing in favour of short hair for juveniles.

Part IV.

THE RESULTS OBTAINED IN REGARD TO THE TREATMENT OF INDIVIDUAL CHILDREN.

This information is derived from several sources, the most important and extensive being from the case sheets (Form M.I. 2) sent to the District Education Sub-Committees.

Since a considerable interval must of necessity elapse between the examination of the case and information as to the results of treatment, it is not possible to give particulars of all the 1912 cases. The following table gives particulars of cases reported to District Committees during the latter half of 1911 and the first half of 1912. It therefore includes cases reported for a period of a year.

In 249 cases (9 per cent.) the returns were not obtainable, although several applications were made. They sometimes get mislaid or accidentally destroyed in the hands of the Voluntary Visitors and no definite information can be obtained.

In the remaining 91 per cent. of cases returns are available and have been analysed. Under "nothing done" is included those cases in which the parents promise to obtain treatment. Very often this is merely an excuse to evade unwelcome enquiry, but in some cases treatment will no doubt be ultimately obtained.

District Education Sub-Committees. After-Treatment Cases.

Condition.	No. of cases referred.	No. of returns received.	Case Sheets not returned.	Analysis of Returns received.				Left School or District.
				Satisfactory	Partially satisfactory.	Nothing done.	No treatment recommended.	
Tonsils and Adenoids ...	741	667	74	268	63	223	—	113
Ear Discharge ...	174	156	18	100	13	33	—	10
Ringworm ...	327	294	33	274	3	7	—	10
External Eye Disease ...	55	51	4	31	3	10	2	5
Anæmia and Heart conditions	209	193	16	126	31	15	1	20
Defective Teeth ..	230	215	15	69	14	98	1	33
Lung conditions ..	112	107	5	79	14	10	—	4
Other conditions ...	880	797	83	425	128	129	53	62
Totals ...	2728	2480	248	1372	269	525	57	257

District Education Sub-Committees. After-Treatment Cases.

Condition.	No. of cases referred.	PERCENTAGES.						
		No. of returns received.	Case Sheets not returned.	Analysis of Returns received.				Left School or District.
				Satisfactory.	Partially satisfactory.	Nothing done.	No treatment recommended.	
Tonsils and Adenoids ...	741	90	10	40	9	33	—	18
Ear Discharge ...	174	90	10	65	8	21	—	6
Ringworm ...	327	90	10	93	1	2	—	4
External Eye Disease ...	55	93	7	61	6	20	3	10
Anæmia and Heart conditions	209	92	8	65	16	8	0	11
Defective Teeth ...	230	93	7	32	7	46	0	15
Lung conditions ...	112	96	4	74	13	10	—	3
Other conditions ...	880	91	9	53	16	16	7	8
Totals ...	2728	91	9	56	11	21	2	10

The figures in these tables, while showing slight variations for different diseases are, in general, strikingly similar to those tabulated in last year's report. The machinery for dealing with children requiring treatment for the most part now works well and smoothly, although considerable differences are still met with in different areas.

The tables show that in 67 per cent. of the cases for which information is available, and which were referred to Sub-Committees, the results obtained were satisfactory or partially satisfactory, 10 per cent. had left school without treatment being obtained, while in 21 per cent. nothing had been done.

The percentage of good results obtained varied considerably with the different defects. For example, with defective teeth, although only the worst cases are reported, but 39 per cent. received treatment, while of marked tonsil and adenoid cases half only obtained treatment.

Broadly speaking, I believe these figures represent somewhere about the degree of success which is to be looked for from voluntary effort. Improved organisation may raise slightly the percentage of results in which treatment is obtained, but I do not think this rise will be very considerable. To obtain better results considerable expenditure in the direction of the provision of treatment by the Education Authority will I believe be necessary.

In correctly appraising the results obtained by Medical Inspection it must of course be remembered that the figures in the tables only show a part of the results, as regards treatment, obtained from Medical Inspection. They only show the results obtained for that part of it which is dealt with by voluntary efforts through the District Education Sub-Committees and with assistance from district nurses.

The County Education Committee has arranged for a great deal of treatment to be undertaken and paid for either directly through their own officers or by direct contract with experts. Such work includes the treatment of visual defects, cleansing of verminous children, treatment of ringworm and dental treatment. The work carried out is described elsewhere in this Report.

In addition a great deal of most valuable work in the rectification of defects is carried out by the School Medical Inspectors largely in connection with the teachers and to some extent with the parents. None of this work is recorded above, and indeed is difficult to tabulate. The defects are for the most part minor in character when noted, but if care is not exercised and the appropriate treatment obtained they may develop into serious defects, which may decidedly prejudice the health of the children affected by them.

A good example of such minor conditions is the presence of adenoids in slight degree and insufficient to decidedly block the air passages. During 1912 as many as 1,364 such cases were reported from routine inspections. The appropriate treatment of these is proper breathing exercises, and these in most cases they receive at the school. I have under consideration arrangements to effect some improvement in the arrangements for these exercises, while it would also be an advantage if they were also given at home.

All cases of marked adenoids are re-inspected by the Medical Inspectors, while many of the slight cases are also re-inspected yearly. Of 594 of the latter so inspected in 1912, 186 were reported as cured, 26 were improved, while the remaining 382 were either unaltered or worse.

The talks with parents are also very valuable, and many cases in which children are unhealthy, but only require special care or care in particular directions, are greatly benefited by medical inspection.

Information as to treatment obtained is also available from the returns of the district nurses. The cases referred to the district nurses are not in all cases identical with those referred to the District Sub-Committees, but the majority are of course the same.

The nurses attended 429 inspections. At these inspections 1296 cases were referred to them for home visits. Their reports state that in 606 cases (47 per cent.) treatment had been obtained; in 354 cases (27 per cent.) treatment would probably

be obtained; in 101 cases (8 per cent.) no treatment was obtained or likely to be obtained; in 63 cases (5 per cent.) no treatment was required, the cases being reported only for observation, and in the remaining 172 cases (13 per cent.) visits had yet to be made at the time the reports were received.

Compared with 1911 there is an increase of 355 cases referred to the nurses. The results obtained are not very different from those recorded in previous Reports.

Of special methods of treatment the results as regards verminous heads have been dealt with in Part III., while Ringworm is discussed in Part V.

The cases of defective vision can be divided into two groups—cases of slight defects which receive no special treatment, and cases of decided impairment of vision or definite symptoms of eye-strain, which are referred to the School Oculist. During 1912 the School Oculist examined 1319 cases, and prescribed glasses in 1127 cases; particulars of these cases are given on page 10.

Part V.

INFECTIOUS AND CONTAGIOUS DISEASES IN SCHOOLS, SCHOOL SANITATION, etc.

During the year 126 Schools or Departments were closed on account of Infectious disease, 80 under Article 45 (*b*) of the Code by the School Medical Officer, and 46 under Article 57 by the Sanitary Authority on the advice of their Medical Officer of Health.

The Schools were closed for the following diseases:—

Whooping Cough	52
Whooping Cough and Measles ...	5
Whooping Cough and Mumps ...	2
Whooping Cough and Chicken Pox ...	1
Measles	25
Mumps	14
Chicken Pox	9
Diphtheria	7
Scarlet Fever	4
Scarlet Fever and Chicken Pox ...	1
Influenza	3
German Measles	2
Ophthalmia	1
	126

It will be seen that Whooping Cough and Measles were responsible for the majority of the closures. Whooping Cough was very prevalent during part of the year. The methods of spread and means of control of these diseases were extensively discussed in my report for last year, and need not therefore be dealt with again here.

The scheme for correlating the work of the District Medical Officer of Health and the teachers in regard to the control of infectious diseases in schools has, in general, worked without any administrative difficulties.

The Assistant School Medical Officers take no share in the Scheme for the prevention of infectious disease in the County, as their time is already fully occupied. The cases excluded by the School Medical Officer or his Assistants during the year, aud apart from cases excluded under the Verminous Scheme, were 781. They were all excluded under Article 53 (*b*) of the Code. The nature of the complaints for which they were excluded were the following:—

Infectious Diseases:	Whooping Cough	17	
	Chicken Pox ...	8	
	Mumps ...	2	
	Scarlet Fever ...	2	
		—	29
Ringworm			300
Verminous condition of head and body			297
Impetigo contagiosa (74), Scabies (36) Sores, &c.			121
External Eye Diseases			11
Actual or suspected Phthisis ...			27
Other varieties of Tuberculosis ...			7
Tonsilitis			7
Anæmia			15
Nervous Debility			7
Nervous conditions (Chorea, etc.) ...			2
Ear discharge			15
Mental defects			10
Bronchitis, Pleurisy			10
Heart Diseases			10
Other conditions			36
			904

RINGWORM.

Number of Cases.—The number of cases known to the Health Department is shown in the following table. The number is highest in the districts in which the School Nurses are, or have been, working, and there are probably still a good many unrecognised cases.

Ringworm Cases at end of 1912.

DISTRICT.	No. of Cases.	Percentage of School Population.
Axbridge	22	0·53
Bath Rural	2	0·11
Bridgwater Rural ...	9	0·33
Chard Rural	8	0·53
,, Ilminster Section ...	3	0·70
Chard Urban	6	0·60
Clevedon	6	0·83
Clutton	1	0·03
Crewkerne	15	2·14
Dulverton	1	0·14
Frome Rural	2	0·11
Frome Urban	2	0·12
Glastonbury	4	0·70
Keynsham	2	0·16
Langport	0	—
Long Ashton	9	0·31
Midsomer Norton ...	0	—
Radstock	0	—
Shepton Mallet Rural ...	3	0·19
Shepton Mallet Urban ...	1	0·13
Street ...	16	2·48
Taunton Rural	20	0·89
Wellington Rural ...	1	0·09
Wellington Urban ...	0	—
Wells City	8	1·18
Wells Rural	10	0·69
Weston-super-Mare ...	22	0·99
Williton	22	0·90
Wincanton and Castle Cary	11	0·50
Yeovil Rural	2	0·08
Totals ...	208	0·43

At the beginning of 1912 there were 323 cases known to the Health Department, so that during the year there was a decline of 115 cases, and this in spite of continuous activity on the part of the School Nurses to discover cases. In some areas the decline has been marked.

Much attention is paid to following up cases, and a small number have been actively treated by two of the School Medical Inspectors.

The following figures show the number of Schools with one or more cases :—

Schools at end of 1912 with	Number of Schools.
0 known cases.	410
1 ,, case.	42
2 ,, cases.	13
3 ,, ,,	16
4 ,, ,,	7
5 ,, ,,	2
6 ,, ,,	3
7 ,, ,,	3
8 or more known cases.	2

The 10 Schools with 5 or more cases are Highbridge (5 cases), Minehead Parochial (5), Dunster (6), Weston-super-Mare Central (6), Weston-super-Mare Locking Road (6), Wells Central (7), Crewkerne C.E. (7), Bishops Lydeard (7), Crewkerne Council (8), Street (16).

Under present conditions the duration of Ringworm cases extends into many months and sometimes years. Very accurate figures are not obtainable, but the following table is as reliable as possible, dealing with children in the Somerset Schools.

Duration of Ringworm Cases in Months.

The duration of the cases still uncured January 1st, 1913, dating from the period when first recognised and excluded from School, is as follows :—

Months.	Cured Cases.	Cases still uncured January 1st, 1913.
Under 1 month	11	16
2 and 3 months	44	27
4 ,, 5 ,,	39	25
6 ,, 7 ,,	26	20
8 ,, 9 ,,	24	28
10, 11 and 12 months	36	29
13, 14 ,, 15 ,,	7	16
16, 17 ,, 18 ,,	7	10
1½ to 2 years	9	23
2 to 3 ,,	2	11
Over 3 ,,	0	3
Total Cases ...	204	208

Average duration of the cured cases = 7·7 months.
Average present duration of cases still uncured = 11·1 ,,

This table shows that 63 of the known cases of ringworm have existed for over a year, 14 of these being for over two years. The general facts show, I think, that while many of the slighter cases are being more promptly dealt with, a large proportion of the cases are not receiving adequate treatment and go on from year to year.

Arrangements were made with a Medical Expert in X-Ray work to treat a number of cases of Ringworm at a fixed fee per case. Considerable difficulties were met with in regard to arranging the treatment. In a good many cases parents could not be induced to allow their children to be treated. During 1912, twelve children were treated with the following results—Cured, 7; only partially cured at present, 5. These five cases all showed small patches of ringworm not reached by the X-Rays. One has refused further treatment, but the others will receive a second application.

The cases selected for X-Ray treatment have been all (except one case) from the Chard Union, and in almost all cases they have been advanced severe cases, the slighter cases being treated by medical treatment. It is too early yet to say how far the results obtained in the County by this method of treatment are likely to be satisfactory.

A number of cases have been treated by the whole time Medical Inspectors by ointments and other applications. In a number of cases affected children, who otherwise would have been away from school for long periods, have been cured and are back at school. In the Chard Union Nurse Reese has carried out a good deal of this work under Dr. Burnell Jones' directions.

In 19 cases District Nurses have been assisting in the treatment of Ringworm cases, working under the directions of the Medical practitioner in charge of the case but paid by the County Council.

Laboratory.

During the year 3783 samples and specimens were examined in the County Laboratory. The greater number were in connection with Public Health Work.

1913 suspected Diphtheria Swabs were examined, many of which were from school children.

1136 specimens of hairs and stumps from suspected Ringworm cases were examined, of which 633 showed the Ringworm fungus and 503 were negative.

All the Ringworm hairs examined were in connection with school work, nearly all being sent in by the School Medical Inspectors and the School Nurses.

SANITARY CONDITION OF THE SCHOOLS.

Number of new schools opened during the year	...	1
,, schools discontinued ,, ,,	...	0

During the year a considerable number of schools have been examined and reports made when defective conditions have been found to be present.

Thirty-two reports have been sent on to the Education Secretary during the year, dealing with more or less serious sanitary defects. The essential defects found are shown in the following table:—

Nature of Defects found.	Number of Schools reported for this defect.
General faults of construction or disrepair ...	5
Offices—inadequate or insanitary	5
Defective lighting	7
Artificial lighting required	1
Defective ventilation	5
,, heating	3
Playgrounds unsatisfactory	2
Schools very dirty	4

In some of the schools one fault such as defective lighting was the only defect noted, but most of the schools showed more than one defect.

In a good many instances the defects have been completely or partially remedied, in the remainder they are only under consideration. There is a general improvement in the structural condition and sanitary arrangements in the schools.

The arrangements for the ventilation of many schools are frequently far from satisfactory, and render the adequate ventilation without draughts of schoolrooms a matter of great difficulty. Even when fairly satisfactory ventilation arrangements exist, it is only too frequently found that they are not properly employed. It is most important that teachers should thoroughly realise the importance of keeping the air in their schoolrooms fresh. Good work cannot be maintained in a vitiated atmosphere, while a good object lesson in this direction is most important for the children. Sometimes the School Managers are at fault in not providing sufficient artificial heating appliances. In this connection Dr. Burnell Jones writes me:—

> "It is quite the exception to find the schools properly ventilated. I constantly go into schools where all the windows are shut, and even when the windows are closed it appears to be no one's duty to ventilate the classrooms either during the ten minutes interval morning and afternoon, or during the dinner hour. This should be made compulsory, even if the windows are closed or partly closed during school work. It should be the duty of a senior scholar or an assistant teacher to open all the windows as soon as play-time is announced."

I quite agree that definite arrangements for proper ventilation should be made.

The accommodation for Medical Inspection and for Eye examinations is by no means satisfactory in all schools. Medical Inspection has come not only to stay but to extend, and I think it very important that in every case in which new schools are built or old schools reconstructed, proper accommodation for Medical Inspection should be provided. It need not be kept exclusively for Medical Inspection, but in planning schools the requirements of Medical Inspection should be kept in view, and such accommodation should be available when required.

TABLE I.

NUMBER OF CHILDREN INSPECTED DURING 1912. CLASSIFIED FOR AGE AND SEX.

Age	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15	15-16	All Ages.
Boys	555	952	1034	386	2270	328	185	108	180	2269	261	7	2	8537
Girls	489	810	1039	379	2185	321	174	123	189	2168	272	14	0	8163
Total	1044	1762	2073	765	4455	649	359	231	369	4437	533	21	2	16700

TABLE II.

TOTAL 1912 INSPECTIONS. SEPARATE DISTRICTS.

	Elder Children. (12 & over.)		7-8.		Infants.' (under 7.)		Children specially presented. (8—11 1/2).		Re-inspections.		Total.	Approximate Number Children in Average Attendance.	Percentage of Average Attendance Inspected.	Per cent. Routine Inspected 1912.	Medical Inspector.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.					
Axbridge ..	302	295	373	319	423	357	122	128	580	609	3508	5176	68	40	Dr. Parker.
Bath ..	82	59	64	59	88	72	15	12	37	27	515	1659	31	25	Dr. Bendle.
Bridgwater ..	175	174	154	202	246	218	74	85	211	213	1752	2375	73	49	Dr. Burnell Jones & Dr. Parker.
Chard ..	254	250	211	190	248	252	63	84	143	176	1871	3294	57	42	Dr. Burnell Jones.
Clutton ..	271	257	209	225	336	322	63	68	185	178	2114	4782	44	34	Dr. Pollard.
Dulverton ..	26	25	37	34	28	18	9	10	23	24	234	584	40	29	Dr. Burnell-Jones.
Frome Urban ..	108	79	61	59	91	97	45	17	28	51	636	1532	41	32	Dr. Bendle.
,, Rural ..	78	67	67	60	74	61	21	29	54	65	576	1577	36	26	Dr. Howard.
Keynsham ..	56	53	51	40	73	54	7	3	17	17	371	1082	34	30	Dr. Heaven.
Langport ..	125	127	103	107	111	102	29	20	51	52	827	1886	44	35	Dr. Lodwidge.
Long Ashton ..	191	196	145	151	212	218	73	76	260	300	1822	3179	57	35	Dr. Parker and Dr. Bendle.
Shepton Mallet	120	123	110	116	152	159	25	34	38	49	926	2102	44	37	Dr. Annie Hyatt.
Taunton ..	111	115	114	106	112	101	26	27	98	103	913	2000	46	33	Dr. Burnell Jones.
Wellington ..	91	77	88	55	97	69	35	39	72	128	751	1796	42	26	,,
Wells ..	176	169	176	179	192	229	96	98	384	368	2067	2945	70	38	Dr. Parker.
Williton ..	106	115	120	95	133	114	43	36	121	107	990	2088	47	32	,,
Wincanton ..	140	129	88	92	159	156	32	22	29	21	868	2016	43	37	Dr. MacLaren.
Yeovil ..	127	144	99	96	152	118	23	19	29	17	824	2222	37	33	Dr. Walter.
Totals	2539	2454	2270	2185	2927	2717	801	807	2360	2505	21565	42295	50·9	35·6	

TABLE III.

SUMMARY OF FINDINGS. ROUTINE INSPECTIONS.

	Number examined.	CLOTHING. Quality. Good.	Indifferent.	Bad.	Not recorded.	Other Particulars. Insufficient.	In need of repair.	Uncleanly.	FOOTGEAR. Quality. Good.	Indifferent.	Bad.	Not recorded.	Other Particulars. Insufficient.	In need of repair.
BOYS (aged 12 and over)	2539	1826	674	38	..	15	138	33	2051	442	46	..	8	72
GIRLS	2434	1932	487	34	1	8	58	26	1986	417	30	1	11	82
BOYS .. 7—8 ..	2270	1642	578	48	1	7	137	61	1789	424	53	1	6	109
GIRLS	2185	1694	466	25	2	4	68	41	1788	356	37	4	6	72
INFANT BOYS ..	2927	2152	716	57	2	12	106	53	2362	501	60	4	14	104
.. GIRLS ..	2717	2115	573	29	2	3	67	39	2196	478	42	2	3	76
Total ..	15072	11359	3495	230	8	50	574	253	12111	2670	290	12	48	514
BOYS (aged 12 and over) ..	..	72	27	1	0	0	5	1	81	17	2	..	0	2
GIRLS	..	79	20	1	0	0	2	1	81	17	2	0	0	3
BOYS .. 7—8 ..	..	78	21	1	0	0	3	2	79	19	2	0	0	4
GIRLS	..	74	24	2	0	0	3	2	79	19	2	0	0	3
INFANT BOYS ..	..	78	21	1	0	0	3	1	81	18	1	0	0	3
.. GIRLS ..	..	74	24	2	0	0	3	2	79	19	2	0	0	3
Total ..	..	75	23	2	0	0	4	2	80	19	1	0	0	3

	HEAD. Cleanliness. Clean.	Somewhat dirty.	Very dirty.	Not recorded.	Other Particulars. Scurf.	Nits	Lice.	Sores.	BODY. Cleanliness. Clean.	Somewhat dirty.	Very dirty.	Not recorded.	Other Particulars. Flea-bites.	Bugs.	Lice.
BOYS (aged 12 and over)	2123	374	7	5	50	88	3	..	2025	497	14	3	175	7	2
GIRLS	1940	369	40	5	54	342	14	4	1989	443	14	8	172	9	3
BOYS .. 7—8 ..	1832	403	19	15	28	196	12	2	1714	514	32	10	209	10	2
GIRLS	1645	312	22	6	25	442	30	7	1724	457	20	4	258	8	2
INFANT BOYS ..	2362	339	18	8	45	142	8	4	2314	567	37	9	228	9	1
.. GIRLS ..	2127	358	28	4	41	392	22	9	2220	470	18	9	234	11	5
Total ..	11960	2355	134	43	282	1662	89	26	11986	2928	135	43	1306	54	13
BOYS (aged 12 and over) ..	..	84	16	0	0	2	3	0	..	79	20	1	0	7	0	0
GIRLS	..	75	23	2	0	2	21	0	0	81	18	1	0	7	0	0
BOYS .. 7—8 ..	..	76	23	1	0	1	5	0	0	76	23	1	0	9	0	0
GIRLS	..	80	18	1	1	1	5	0	0	79	20	1	0	8	0	0
INFANT BOYS ..	..	78	21	1	0	1	20	1	0	79	20	1	0	11	0	0
.. GIRLS ..	..	80	19	1	0	2	5	0	0	79	20	1	0	8	0	0
Total ..	..	78	21	1	0	2	11	1	0	79	20	1	0	8	0	0

	VISION. Both eyes good.	One eye slightly defective.	Both eyes slightly defective.	One eye good.	One eye very defective.	One eye slightly defective.	One eye very defective.	Both eyes very defective.	Not recorded.	Defective hearing	NUTRITION. Good.	Normal.	Below normal.	Bad.	Not recorded.
BOYS (aged 12 and over)	1861	248	255	63	42	37	33	68		636	1792	226	3	2	
GIRLS	1656	216	329	61	57	78	27	92		697	1589	253	3	2	
BOYS .. 7—8 ..	1821	114	107	49	26	26	127	58		431	1493	324	12	9	
GIRLS	1721	114	93	56	32	39	110	33		418	1494	261	3	9	
INFANT BOYS ..	..	..	..	..	..	..	..	..		713	1850	351	12	1	
.. GIRLS ..	..	..	..	..	..	..	..	..		796	1626	288	4	3	
Total ..										4360	9754	1774	37	26	
BOYS (aged 12 and over) ..	73	10	10	2	1	1	1	2		20	69	11	0	0	
GIRLS	79	8	13	2	3	3	1	2		25	65	10	0	0	
BOYS .. 7—8 ..	80	6	4	2	1	1	6	2		19	67	14	9	0	
GIRLS	85	6	4	2	1	2	3	2		23	67	10	0	0	
INFANT BOYS ..	..	..	..	..	..	..	..	..		25	63	12	0	0	
.. GIRLS ..	..	..	..	..	..	..	..	..		29	60	11	0	0	
Total ..										23	65	12	0	0	

	TEETH. Cleanliness. Clean.	Somewhat dirty.	Foul.	Not recorded.	Decay. Average number of carious teeth per child.	TONSILS. Slightly enlarged.	Considerably enlarged.	Urgently requiring removal.	ADENOIDS. Slight nasal obstruction, probably due to Adenoids.	Severe do.	GLANDS. Slight enlargement.	Considerable enlargement.	Great enlargement.	External eye diseases.
BOYS (aged 12 and over)	502	1994	40	3	2·4	270	60	18	100	38	323	27	..	82
GIRLS	636	1732	41	5	2·1	260	82	7	153	7	255	18	..	89
BOYS .. 7—8 ..	224	2013	29	4	4·4	327	77	7	282	35	474	66	..	66
GIRLS	272	1881	27	5	4·2	320	70	5	231	31	372	50	..	76
INFANT BOYS ..	660	2239	24	4	2·4	352	96	8	286	45	424	72	..	89
.. GIRLS ..	636	2056	21	10	2·6	277	89	4	242	29	294	32	..	68
Total ..	2944	11935	182	31	2·3	1815	474	41	1364	185	1149	265	..	470
BOYS (aged 12 and over) ..	20	78	2	0	..	11	2	0	7	1	13	1	..	3
GIRLS	26	72	2	0	..	11	3	0	5	0	11	1	..	4
BOYS .. 7—8 ..	12	86	1	0	..	14	3	0	19	1	17	2	..	3
GIRLS	10	89	1	0	..	14	3	0	17	1	21	3	..	3
INFANT BOYS ..	23	76	1	0	..	10	3	0	9	1	11	1	..	3
.. GIRLS ..	20	79	1	0	..	12	3	0	9	1	14	2	..	4
Total ..	20	79	1	0	..	12	3	0	9	1	14	2	..	4

	EAR DISCHARGE. Present.	Recent.	Past.	Directions given to. Parent.	Teacher.	Parent and Teacher.	Presence of Parent or Guardian. Present.	Absent.	Not recorded.
BOYS (aged 12 and over)	20	24	33	463	192	69	580	1919	40
GIRLS	23	33	27	731	91	89	817	1590	40
BOYS .. 7—8 ..	10	25	29	317	255	109	905	1317	48
GIRLS	14	28	55	433	718	97	913	1233	41
INFANT BOYS ..	24	41	16	348	233	104	1093	1322	20
.. GIRLS ..	23	49	11	378	185	89	1481	1218	18
Total ..	114	200	181	2670	1134	557	6291	8588	213
BOYS (aged 12 and over) ..	3	1	2	18	6	3	23	75	2
GIRLS	4	1	1	30	3	3	34	64	2
BOYS .. 7—8 ..	3	1	2	19	10	4	42	56	2
GIRLS	3	0	1	14	12	4	49	48	2
INFANT BOYS ..	3	1	2	11	8	3	55	44	1
.. GIRLS ..	3	1	2	13	7	3	55	44	1
Total ..	4	1	1	17	7	4	41	57	2

TABLE IV.

SUMMARY OF FINDINGS. ROUTINE INSPECTIONS.

CONDITIONS NOT RECORDED IN TABLE III.

DISEASE OR DEFECT.		Primary Conditions.		Secondary Conditions.	
		Boys.	Girls.	Boys.	Girls.
SKIN.	Impetigo	41	25	8	3
	Scabies	10	2	1	2
	Ringworm (head)	57	32	10	8
	,, (body)	3	3	—	—
	Other skin diseases	34	16	7	7
EYE.	External Eye Disease —				
	Referred to Oculist ..	37	29	59	79
	Not referred to Oculist ..	86	53	37	47
	Vision Defects—				
	Referred to Oculist ..	422	557	4	9
	Not referred to Oculist ..	957	999	130	112
EARS.	Defective hearing (slight) ..	77	71	48	39
	,, ,, (marked) ..	25	21	4	7
TEETH.	Marked caries (referred to Dentist) ..	126	124	15	23
HEART.	Organic disease	27	27	2	—
	Anæmia	122	147	76	75
	Irregularity	31	38	3	2
LUNGS.	Tuberculosis	4	4	—	—
	Possible Tuberculosis ..	15	11	1	—
	Bronchitis	61	50	7	13
	Other defects ..	64	47	11	15
GLANDS.	Tubercular	6	2	—	1
	Other ,, diseases	14	2	—	1
NERVOUS DISEASES.	Paralysis ..	11	11	4	1
	Epilepsy ..	7	6	1	—
	Chorea ..	2	1	—	2
	Over Excitability ..	4	5	3	1
	Nervous debility ..	2	4	1	1
	Other conditions ..	26	37	21	45
Rickets		62	20	22	10
Rupture		27	12	—	1
Deformities		65	67	16	16
Defective speech		74	24	33	7
Mentally defective		20	17	—	—
Insufficient food		28	24	—	2
,, clothing		4	4	1	1
Very dirty or neglected		18	19	8	3
Delicate		43	35	2	2
Goitre		25	78	8	31
Lateral Curvature		5	8	—	—
Other conditions		137	120	37	39
	Totals ..	2779	2752	580	605

TABLE V.

SUMMARY OF FINDINGS. SPECIAL INSPECTIONS.

DISEASE OR DEFECT.		Primary Conditions.		Secondary Conditions.	
		Boys.	Girls.	Boys.	Girls.
SKIN.	Impetigo	10	18	4	2
	Scabies	9	7	—	2
	Ringworm (head)	43	30	1	—
	,, (body)	1	—	—	—
	Other skin diseases	4	11	1	—
EYE.	External Eye Disease—				
	Referred to Oculist ..	6	16	13	17
	Not referred to Oculist ..	16	12	5	6
	Vision Defects—				
	Referred to Oculist ..	169	212	5	9
	Not referred to Oculist ..	63	76	18	27
EARS.	Defective hearing (slight) ..	23	11	15	8
	,, ,, (marked) ..	6	6	3	6
TEETH.	Marked caries (referred to Dentist) ..	15	7	4	5
HEART.	Organic disease	5	5	—	1
	Anæmia	34	70	15	32
	Irregularity	10	7	—	—
LUNGS.	Tuberculosis	6	1	—	—
	Possible Tuberculosis ..	7	8	—	—
	Bronchitis	9	6	1	4
	Other defects	17	15	2	3
GLANDS.	Tubercular	5	—	—	—
	Other ,, diseases	2	6	—	—
NERVOUS DISEASES.	Paralysis ..	3	4	—	—
	Epilepsy	5	6	—	—
	Chorea	1	—	—	1
	Over Excitability	3	1	1	—
	Nervous debility	1	—	—	—
	Other conditions	12	12	11	12
Rickets		3	2	5	1
Rupture		2	3	—	—
Deformities		15	28	5	8
Defective speech		7	2	2	4
Mentally defective		18	8	—	—
Insufficient food		14	11	2	2
,, clothing		3	5	—	—
Very dirty or neglected		16	22	5	2
Delicate		15	13	—	1
Goitre		4	8	2	3
Lateral Curvature		1	3	1	4
Adenoids		34	35	41	24
Tonsils		47	38	24	36
Glands		22	11	35	21
Ear Discharge		17	7	5	1
Other conditions		52	76	20	30
Nothing found		121	95	—	—
	Totals ..	876	914	246	272

TABLE VI.

CASES REPORTED TO DISTRICT EDUCATION SUB-COMMITTEES AS IN NEED OF TREATMENT.

DISEASE OR DEFECT.		Primary Conditions.				Secondary Conditions.			
		Directions.		No Directions.		Directions.		No Directions.	
		B.	G.	B.	G.	B.	G.	B.	G.
SKIN.	Impetigo	11	12	—	—	8	3	—	—
	Scabies	13	17	—	—	2	1	—	—
	Ringworm (head)	141	116	—	—	8	5	—	—
	,, (body)	11	8	—	—	1	2	—	—
	Other skin diseases	19	23	—	—	5	9	—	—
EYE.	External Eye Diseases ..	25	31	—	—	4	6	—	—
EARS.	Present ear discharge ..	40	40	—	—	18	7	—	—
	Recent ,, ,, ...	20	25	—	—	20	28	—	—
	Hearing	39	29	—	—	20	38	—	—
THROAT.	Slight adenoids	52	54	—	—	75	59	—	—
	Severe adenoids	80	68	—	—	12	4	—	—
	Enlarged Tonsils	198	194	—	—	74	83	—	—
TEETH.	Marked caries (referred to Dentist) ..	91	115	—	—	22	17	—	—
	Other defects	3	5	—	—	2	0	—	—
HEART.	Organic disease	10	13	—	—	2	1	—	—
	Anæmia	40	62	—	—	14	25	—	—
	Irregularity	36	39	—	—	3	3	—	—
LUNGS.	Tuberculosis	10	4	—	—	1	—	—	—
	Possible Tuberculosis ..	13	10	—	—	—	3	—	—
	Bronchitis	11	15	—	—	4	9	—	—
	Other defects	25	12	1	—	5	3	—	—
GLANDS.	Enlarged	11	7	—	—	14	11	—	—
	Tubercular	6	3	—	—	2	1	—	—
NERVOUS DISEASES.	Paralysis ..	8	8	—	—	1	0	—	—
	Epilepsy	4	10	—	—	2	2	1	1
	Chorea	3	5	—	—	—	2	1	1
	Over Excitability	1	2	—	—	—	—	—	—
	Nervous debility	3	6	—	—	1	4	—	—
	Other conditions	6	9	—	—	6	9	—	—
Rickets		—	—	—	—	—	—	—	1
Rupture		17	8	—	—	2	1	—	—
Deformities		17	25	—	—	5	4	—	—
Mentally defective ..		2	—	14	11	—	—	1	—
Insufficient food		26	33	—	—	8	7	—	—
,, clothing		7	6	—	—	5	—	—	—
Very dirty or neglected ..		26	33	—	—	8	7	—	—
Delicate		28	26	—	—	—	5	—	—
Goitre		13	33	—	—	1	5	—	—
Lateral curvature of spine ..		2	7	—	—	—	—	—	—
Other conditions		153	175	2	1	50	80	—	—
	Totals ..	1221	1288	17	12	405	444	3	3