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Somerset County Council.

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THE COUNTY EDUCATION COMMITTEE.

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# Annual Report

OF THE

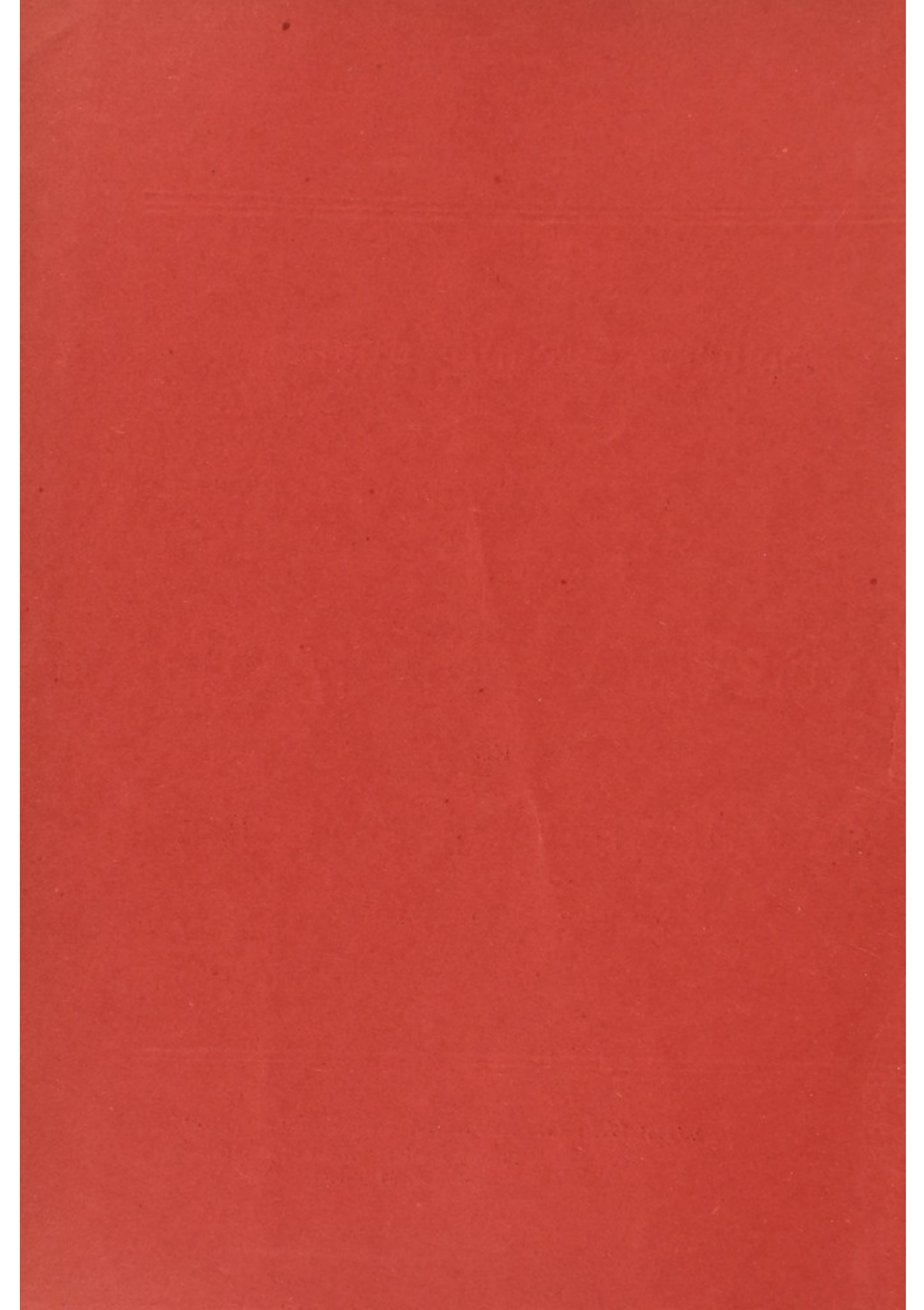
SCHOOL MEDICAL OFFICER,

For the Year 1914.

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





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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 Sixth 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 steps have been initiated to obtain a detailed report upon all Mentally Defective Children and to investigate all doubtful cases. This work was only started late in the year and will be continued in 1915.

Dental Treatment work has been in progress all the year, but the methods of procedure were altered and improved in the Autumn.

The arrangement of the Report has been slightly altered, while several of the tables have been rearranged so as to bring them into a form more comparable with those used in other districts.

I am,

Your obedient Servant,

WILLIAM G. SAVAGE.

*Health Department,  
Somerset County Council,  
February, 1915*

## Part 1.

### 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 494 with 584 departments.

	Urban.	Rural.	Total.
Council Schools ... ..	24	103	127
Voluntary Schools ... ..	37	330	367
	—	—	—
Total...	61	433	494

The average attendance during the year ending 31st March, 1914, was 46,692. Many of the Schools are very small.

#### STAFF.

The Medical Staff during the year consisted, in addition to myself, of four whole-time Medical Inspectors and three part-time Inspectors. The districts allotted to each are shown in Table I. In addition, from October 5th, Dr. Moore was appointed to specially examine and report upon mentally deficient children. Dr. Moore has also been appointed Medical Officer to the County Committee under the Mental Deficiency Act, 1913.

In November 1913 the Committee decided to form a new area for the whole-time Inspectors, replacing four of the part-time Inspectors. Dr. Martin was appointed for this area, with Yeovil as his centre; he commenced his duties March 2nd. One of the four part-time Inspectors displaced carried out no inspections during January and February, while the other three inspected children in a few schools before their appointments terminated. Dr. Martin was called up for Military services in connection with the war. His place has been filled by the temporary appointment of Dr. W. E. Carter, his appointment dating from December 1st. In addition, Dr. Walter, one of the part-time medical Inspectors displaced by the new arrangement, carried out a number of inspections in the Yeovil Rural District in November and December.

Mr. J. H. Sturton tendered his resignation as School Dentist during the year, and Mr. J. W. Goddard was appointed School Dentist. He commenced his work October 1st.

The travelling arrangements of the Medical Inspectors were considerably altered during the year, fixed allowances being given to all four Medical Inspectors (but not Dr. Moore), Doctors Parker, Stansfield, and Martin undertaking to keep and maintain a motor car to carry out their work for the County Education Committee.



The Clerical Staff of the Health Department was increased in February by the appointment of an additional junior clerk, the increase being chiefly on account of the extension for the Tuberculosis work.

From September 1st, Miss Von Schneider, one of the Tuberculosis Health Visitors, was appointed half time School Nurse ; with this appointment the number of School Nurses is brought up to one whole time School Nurse and four half-time Nurses. The half-time Nurses devote the remainder of their time to Tuberculosis work.

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

The County Staff has been a good deal dislocated owing to the war. Dr. Martin, as mentioned above, was called away, while Miss von Schneider was also called up by the Military Authorities as a qualified Nurse. In the autumn Miss Toms left the Council services to go abroad and act as a nurse. Miss Milton took the place of Miss von Schneider, while Miss von Schneider returned in time to take Miss Toms' place. One member of the Clerical Staff was called up as a Territorial, while four others have enlisted in the new army. Their places have been temporarily filled by the appointment of four lady clerks and one boy probationer clerk.

#### GENERAL ARRANGEMENTS FOR INSPECTION.

In previous years an age group of children intermediate to the entrants and leavers has always been examined, children aged 7 years being selected for examination. On and from January 1st, 1915, the Board of Education require the third age period to be between the age of 8 and 9 years. In view of this requirement the intermediate age group was altered to 8 years for the year 1914.

The Committee did not consider it necessary to have examined again children aged 8 years who had been examined in the previous year when falling under the routine 7-8 year group. This has caused a temporary diminution in the total number of children examined and has enabled greater attention to be paid to special children.

The alteration in the age grouping caused a diminution in this intermediate age period of 2,961 examinations. The total number of children examined was 2,360 less than last year ; so that apart from this age group 601 more children were inspected.

The number of children re-inspected during the year was 5,250, compared with 4,228 in the previous year. This is exclusive of the cases referred to the School Oculist. A number of these cases have been visited on several occasions and increased attention paid to getting the defects remedied.



Special visits to schools to follow up individual cases, investigate outbreaks of infectious diseases, such as impetigo or ringworm, were paid in a large number of cases. Dr. Parker paid 42, Dr. Stansfield 51 such special visits, and Dr. Martin a good many. I cannot give the exact figures for Dr. Martin as he is away on military service and particulars are not available. I did not keep a record of my own visits for the early part of the year, but since the end of May I personally visited 22 schools for special purposes.

The percentage of parents who attended the inspections was 40, compared with 41 for the two previous years. Only a very few refusals by parents to allow their children to be examined were met with.

### EXTENT AND SCOPE OF MEDICAL INSPECTION.

The number of visits paid to Schools for the purpose of conducting routine inspections during the year was 1142. Of these, 252 were paid by the part-time Inspectors and 890 by the full-time officers. The number of children inspected by the former was 4,373 or 17·3 inspections per School session of rather under 2½ hours; and by the latter 13,802 or 15·5 inspections per session. The average number of inspections per session by all Inspectors was 15·9.

The number of children inspected exclusive of re-inspections, classified for sex and certain selected ages is as follows:—

NUMBER OF CHILDREN INSPECTED DURING 1914.

Age	...	3—7	7—8 & 9—12	8—9	12 and over.	All Ages.
Boys	...	2733	857	714	2208	6512
Girls	...	2489	964	668	2292	6413
<i>Total</i>	...	5222	1821	1382	4500	12925

The number of inspections in each district and under the different groups examined is shown in Table I. (at end of report).

## Part II.

### GENERAL REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

In previous reports considerable space has been occupied by a detailed consideration of the statistical information accumulated as to defects found in children, while in the 1911 report the figures for the three years 1909-11 were 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 1914 are set out in Table II.

### VERMINOUS CONDITION OF HEAD.

For 1910 the percentage of children found verminous by Medical Inspectors was 21, for 1911 it was 16, for 1912, 11.6, for 1913, 12 per cent., and for 1914, 6.6 per cent. The improvement over the previous year is striking, but this is in part due to an alteration in the method of classification. Since Medical Inspection visits are not surprise visits and many of the children are specially cleaned up for the visits of the Inspectors these figures must not be pressed too far. The improvement effected in this direction can be better discussed in the section dealing with the work of the School Nurses. (See page 23).

### SKIN DISEASES.

During 1914 the Medical Inspectors reported amongst routine children 25 cases of impetigo, 2 of scabies, 23 of ringworm of scalp and 3 of ringworm of the body. In addition, 43 other kinds of skin diseases (mostly eczema) were found. A few cases were also found among children specially presented. A considerable diminution in these cases is noticeable during the year.

### EAR DISEASE AND HEARING.

The following table shows the prevalence of ear discharge, the so-called "running ears," in children during the last six 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
1913	14,344	50	177	289	516
1914	11,104	58	141	189	388
Average per annum.	14,540	86	224	224	535

There are no satisfactory arrangements in the County for the treatment of this serious condition. Inspectors explain to the parents—when present—its serious nature and the danger of neglecting ear discharge and all cases are advised to go to their own doctor for treatment. These cases are also referred to the District Nurses and some obtain treatment in this way.



During 1914, 172 cases of slightly defective hearing and 39 cases of markedly defective hearing were found among routine cases. 3·3 per cent. of the children examined, apart from the infants, showed defects of hearing.

#### HEIGHT AND WEIGHT RECORDS.

During 1914 all heights and weights were carefully recorded for individual children but no summary records are now made, thus saving much time in the office.

Figures extending over four years have been tabulated in regard to both the height and weight of all the school children examined. In this way numbers sufficiently large to serve as reliable standards for Somerset children have been obtained and further tabulation is unnecessary.

Standard figures for the years 1909-12 were shown in the report for last year and need not be reproduced.

#### LUNG DISEASES AND TUBERCULOSIS.

During 1914, 130 cases of lung diseases were recorded amongst the routine inspections. Only 35 were cases of tuberculosis or suspected tuberculosis, while 35 were cases of bronchitis and 60 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, 36 cases of phthisis and 24 suspected cases were found amongst the specially presented children.

Of other varieties of tuberculosis, 10 cases of tubercular glands are recorded, 6 being routine and 4 "specials," and 19 of other kinds of tuberculosis, 6 of these being "specials."

The figures for the past six 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
1913	14,344	51	10	61	0·42
1914	11,104	35	19	54	0·49
6 years.	87,238	203	74	277	0·32



The figures are again higher than for the previous year. While as pointed out in previous reports they are undoubtedly an under-statement, they certainly show that definite cases of pulmonary tuberculosis are not prevalent amongst Somerset school children.

The work of the County Tuberculosis Officers shows that when the contacts of Tuberculosis cases are examined a considerable proportion are found to be infected with the tubercle bacillus, and show more or less definite signs of tuberculosis. Of 379 such contacts under the age of 14 examined during 1913 and 1914, 237 showed no signs of tuberculosis, while 78 were positive, and 64 suspicious or doubtful.

To detect these early cases repeated examinations are necessary. Under the arrangements explained in my report of last year all suspicious cases are referred for a further and special examination at the Dispensaries by one of the County Tuberculosis Officers. A large number of children have been referred in this way.

#### VISION DEFECTS.

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

During the year 1,737 cases were examined by the Oculist, 588 being re-examinations. In 1,030 of the new cases errors of refraction were present. The nature of the defects found are given in the following table:—

ERRORS OF REFRACTION.	BOYS.				GIRLS.				Totals.
	Under 7.	7 to 9.	12 to 14.	Other Ages.	Under 7.	7 to 9.	12 to 14.	Other Ages.	
Simple Hypermetropia ...	38	35	32	45	42	58	66	60	376
Simple Hypermetropic Astigmatism ...	2	21	23	19	2	13	29	20	129
Compound Hypermetropic Astigmatism	4	42	32	26	12	40	49	48	253
Simple Myopia ...	1	15	25	9	2	8	27	16	103
Simple Myopic Astigmatism ...			4	3			4	5	16
Compound Myopic Astigmatism ...		4	13	5		7	12	17	58
Mixed Astigmatism ...		6	12	4		6	14	13	55
Anisometropia ...	1	3	11	7		4	12	2	40
<i>Total</i> ...	46	126	152	118	58	136	213	181	1030
Cases where Refraction could not be estimated on account of disease ...	4	5	1	5	6	5	5	4	35
Re-examination cases ...	15	56	72	151	14	39	82	159	588
Cases without Error of Refraction ...		43				41			84

		Boys.	Girls.	Totals.
Disorders of Mobility.	Convergent Strabismus...	78	90	168
	Alternating Strabismus (mainly convergent) ...	7	9	16
	Divergent Strabismus ...	11	19	30
	Nystagmus ...	6	6	12
	Heterophoria ...	—	1	1
Diseases of the Eye.	Of Conjunctiva ...	31	32	63
	„ Cornea and Sclerotic	9	18	27
	„ Iris and Ciliary body	5	4	9
	„ Lens ...	7	8	15
	„ Vitreous ...	—	—	—
	„ Choroid and Retina ...	5	4	9
Diseases of Adnexa of the Eye.	Of Eyelids ...	50	60	110
	„ Lachrymal apparatus	1	1	2
Injuries of Eye ...		2	1	3
Congenital Disorders of the Eye ...		8	7	15
Headaches, and other reflex nerve symptoms associated with visual defects ...		116	198	314
Cases not amenable to im- provement by treatment.	Irregular Astigmatism ...	2	9	11
	Severe Corneal Opacities	2	9	11
	Other causes ...	7	6	13
Cases considered unsuitable for in- struction in Elementary Schools ...		3	1	4
Cases where visual defects were observed in other members of same family ...		72	117	189

#### CASES OF STRABISMUS (SQUINT.)

The figures are given in the above table.

46 per cent. of the *Convergent* Squints amongst the boys were Right sided.

54 per cent. of the *Convergent* Squints amongst the boys were Left sided.

Amongst the girls the proportions were 42 and 48 respectively—Right and Left.

73 per cent. of the *Divergent* Squints in boys and 58 per cent. in girls were Right sided.

27 per cent. of *Divergent* Squints in boys and 42 per cent. in girls were Left sided.

#### OTHER DEFECTS.

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 years, 1909, 1910, 1911.	1912.	1913.	1914.
Nutrition.	Good or Average ...	86'0	88'0	88'6	90'0
	Below Normal ...	14'0	12'0	11'0	10'0
	Bad ...	0'2	0'24	0'11	0'03
Verminous condition of Head	...	19'9	11'6	12'0	6'6
"	" " Body	0'37	0'46	0'45	0'36
Average number of carious teeth per child	...	3'1	3'3	3'0	2'5
Ear Discharge.	Present ...	0'6	1'0	0'34	0'5
"	" At some previous period	3'8	2'5	3'2	3'0
Defective Hearing (excluding Infants)	...	2'2	2'5	2'3	3'3
Somewhat enlarged tonsils	...	12'0	12'0	9'9	10'2
Markedly enlarged tonsils	...	4'0	3'4	3'5	3'6
Slight degree of adenoids	...	11'0	9'0	6'8	5'8
Marked adenoids causing obstruction	...	1'6	1'0	1'0	0'9
Defective speech—	Boys	0'76	0'95	0'3	0'4
"	Girls	0'3	0'3	0'16	0'26
Decidedly mentally defective children	...	0'33	0'39	0'28	0'59
Heart Disease	...	0'45	0'36	0'11	0'09
Anaemia	...	2'35	1'8	1'4	0'9
External Eye disease	...	3'6	4'0	2'8	2'9
Vision defects.	7 years Boys	15'5	14'2	16'7	39'4*
	7 " Girls	17'2	16'2	16'4	41'6*
	12 and over Boys	21'6	25'4	27'9	26'3
	12 " " Girls	28'8	31'4	31'1	33'5

\*For 1914 these figures refer to boys and girls aged 8 years. The very much higher percentage of defects is in part due to the fact that for infants and children aged 7 years slight defects of vision are included as normal, but for age 8 and over these are recorded as slight defects, and are therefore included as defects in this table.

## HYGIENE INSTRUCTION IN SCHOOLS.

In former reports I have dealt, in some detail, with the importance of Hygiene instruction in schools, and have given some particulars of what is being done.

Miss Symonds is now employed as a permanent half-time County Officer, and in addition to instructing Teachers' Classes, pays visits to Elementary Schools to inspect the instruction in Hygiene and Infant Care, and to give demonstrations where necessary.

During the year the Higher Education Sub-Committee have continued 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 8 centres compared with 11 last year. The lectures were given at Burnham, Chard, Crewkerne, Glastonbury, Minehead, Shepton Mallet, Wells, Wiveliscombe. These lectures were well attended. Lectures have also been arranged but not yet given at Portishead, Weston-super-Mare and Yeovil.



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

- |            |   |
|------------|---|
| Lecture I. | Personal Hygiene.                         |
| „ II.      | Air and ventilation.                      |
| „ III.     | The dwelling house.                       |
| „ IV.      | Food.—General Principles.                 |
| „ V.       | Care of Infants apart from feeding.       |
| „ VI.      | Feeding of Infants.                       |
| „ VII.     | Feeding of young children.                |
| „ VIII.    | Care of young children.                   |
| „ IX.      | Common ailments of children.              |
| „ X.       | Accidents in relation to school children. |

A certain amount of instruction in Hygiene and kindred subjects is also given in Evening Continuation Schools. During the Session 1913-14 Domestic Economy and Hygiene was taught in 8 schools, Domestic Economy in 14 and Home Nursing in 5 schools. Hygiene as a separate subject was taken in two schools.

#### SECONDARY SCHOOLS MEDICAL INSPECTION.

As stated in my last Annual Report, 9 Secondary Schools accepted the scheme put forward by the County Education Committee, of these 7 were inspected in 1913, and 2 proposed that the arrangement should come into force in 1914. Of the 7 schools inspected in 1913 one (Yeovil County School for Boys) has definitely withdrawn from the scheme, but proposed to make local arrangements for medical inspection. In another (Crewkerne Boys' Grammar School) the inspection was postponed by the desire of the school authorities who have withdrawn from the scheme for the present. The inspection at Sexey's School, Bruton, has been postponed for reasons connected with the war. The other four schools were inspected as also was one (Bishop Fox's Girls' School) of those which proposed to start in 1914. The other school (Yeovil Girls' High School), which proposed to start the scheme in 1914, now desires further postponement, and it is doubtful if it will come into the scheme.

The pupils examined were those admitted to the schools since the last inspection or since the acceptance of the scheme, except those coming from Elementary Schools and examined by the County Medical Inspectors within twelve months before admission. A few other scholars were also examined for suspected defects at the special request of the Head Master or Mistress.

The total number examined was 170, of whom 28 were boys and 142 girls. Of these, 22 boys and 76 girls were examined by the County Medical Inspectors, while 6 boys and 66 girls were examined by their own doctors. 44 were under and 126 over the age of twelve, and the ages at time of examination ranged from 6 to 16.

Slight defects of vision were found in one or both eyes in 9 boys and 2f girls, and severe defects in 4 boys and 7 girls. The vision is not recorded in 18 cases, but in five of these cases (all examined by their own doctor) some fact is reported which at least makes it probable that there is some defect of vision. Thus one is stated to be wearing glasses, another has consulted an oculist, and a third has a squint. Two cases are reported as "myopic astigmatism," and "myopia" respectively. The latter is stated to be wearing glasses and the former is probably also doing the same.

Ten pupils are reported as wearing glasses and 8 others were advised to consult an oculist.

The following defects were also found:—

Tonsils slightly enlarged	...	...	24 cases.
Tonsils considerably enlarged	..	...	5 „
Slight adenoids	...	...	5 „
Glands slightly enlarged	...	...	23 „
Otorrhœa (past)	...	...	6 „
Defective hearing (slight)	...	...	8 „
Marked dental caries (referred to dentist)...			15 „
Anæmia	...	...	3 „
Possible tuberculosis	...	...	1 „
Chorea	...	...	1 „
Headache	...	...	2 „
Goitre	...	...	2 „
Spinal curvature	...	...	12 „
External eye disease	...	...	7 „

Directions were given to the parents of pupils in 27 cases, to the teacher in 6 cases and to both parent and teacher in 2 other cases.

The presence of a parent is recorded in 24 cases, absence in 81 cases, while in 65 cases the point is not noted. Many of the latter are cases of pupils examined by their own doctor, in some of which the parent was probably present.

In many cases of pupils examined by their own doctor the reports, though entered on the medical inspection cards, are not made in accordance with the "Scheme for Recording Results," a copy of which is sent to each doctor. This is probably inevitable, as it is hardly worth the doctor's while to take the trouble to



become acquainted with the scheme. It makes tabulation and classification of defects much more difficult and imperfect than in the cases of Elementary Schools. The cases of defective eyesight noted above, in some of which the visual acuity is not reported, are instances of this difficulty. Doctors also in some cases do not advise treatment, or do not record that they have advised treatment, for conditions in which this seems advisable.

It would seem desirable that pupils found to have defects, or at any rate serious defects, should be re-examined at the time of future inspections. Up to the present the examination has been limited to pupils on entry without any re-examination.

### EXAMINATION OF PUPIL TEACHERS, Etc.

During the year 1914 there were 172 Pupil Teachers, Bursars, Teacher Candidate Scholars, and School of Housewifery Candidates medically examined by the County Staff, and three of these were specially examined by the County School Oculist.

One Teacher Candidate scholar was accepted by the County Education Committee conditional on re-examination by County Oculist in 12 months' time; and one Pupil Teacher was accepted subject to another examination by the Medical Inspector in a year's time.

## Part III.

### MEDICAL TREATMENT AND FOLLOWING UP.

#### DISTRICT EDUCATION SUB-COMMITTEES.

The arrangements for following up cases have not undergone any material alteration. The majority of the case-sheets are returned filled up in a satisfactory manner, but in a few parishes difficulties are experienced in obtaining care visitors who will follow up the cases.

During the year 2,167 cases were referred to District Education Sub-Committees. The defects from which these children suffered is shown in the following table:—



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

DISEASE OR DEFECT.		Boys.	Girls.
SKIN.	Impetigo ... ..	11	8
	Scabies ... ..	2	7
	Ringworm (head) ... ..	83	105
	"    (body) ... ..	12	16
	Other skin diseases ... ..	10	11
EYE.	External eye diseases ... ..	27	25
EYES.	Defective vision (spectacles not obtained)	65	87
EARS.	Present ear discharge ... ..	25	27
	Recent " " ... ..	14	15
THROAT.	Hearing ... ..	66	60
	Slight adenoids ... ..	109	78
	Severe adenoids ... ..	82	69
TEETH.	Enlarged tonsils ... ..	253	213
	Marked caries (referred to dentist)	149	133
HEART.	Organic disease ... ..	8	10
	Anemia ... ..	24	46
LUNGS.	Irregularity ... ..	5	7
	Tuberculosis ... ..	43	27
	Possible tuberculosis... ..	19	32
	Bronchitis ... ..	5	2
	Other defects ... ..	1	1
GLANDS.	Enlarged ... ..	42	23
	Tubercular ... ..	3	4
NERVOUS DISEASES.	Paralysis. ... ..	2	5
	Epilepsy ... ..	6	3
	Chorea ... ..	2	1
	Nervous debility ... ..	1	2
	Headaches ... ..	3	12
	Other conditions ... ..	5	8
	Rickets ... ..	8	1
Rupture ... ..	12	5	
Deformities ... ..	15	13	
Mentally defective ... ..	35	38	
Insufficient food ... ..	... ..	3	10
	"    clothing ... ..	1	3
Very dirty or neglected ... ..	5	2	
Delicate ... ..	6	5	
Goitre ... ..	9	34	
Lateral curvature of spine ... ..	5	14	
Spinal curvature ... ..	5	9	
Other conditions ... ..	97	83	
<i>Totals</i> ... ..		1278	1254

#### WORK OF DISTRICT NURSES.

Cases are also followed up by District Nurses. Arrangements have now been made with 109 Nursing Associations, an increase of 15 during the year. Nearly all of these are affiliated to the County Nursing Association. The Associations are irregularly distributed and deal with only some of the schools, inspections in 284 Schools being attended by district nurses. During 1914, 488 inspections were attended by district nurses, and 1163 cases were referred to them for home visits. Their reports state that 1969 home visits were paid to these cases.



The district nurses follow up the cases referred to them and try and obtain effective treatment. They advise parents and explain the need and importance of proper treatment, while in a few cases they are able to assist in treatment.

They send in short periodical reports to the Health Department and their results are summarised.

At the inspections 1163 cases were referred to them for home visits. Their reports state that in 473 cases (41 per cent.) treatment had been obtained; in 416 cases (36 per cent.) treatment would probably be obtained; 39 cases (3 per cent.) were under treatment by the nurse; in 99 cases (9 per cent.) no treatment was obtained or likely to be obtained; in 50 cases (4 per cent.) no treatment was required, the cases being reported only for observation, and in the remaining 86 cases (7 per cent.) visits had yet to be made at the time the reports were received.

#### ATTENDANCE OF PARENTS.

In 40 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 1913, the percentage was 41, in 1912, 41, in 1911, 44, and in 1910, 43.

The attendance of parents is important since it enables the Medical Inspector to get into direct touch with parents and explain to them the exact nature of any defects found and the importance of obtaining proper and prompt treatment.

#### PROLONGED ABSENCE FROM SCHOOL.

In one direction the County arrangements for the following up of individual treatment are I think defective. The extensive after-care organization which has been built up to deal with defective children can only deal with cases referred to its care, but all cases do not come under the cognizance of the School Medical Officer and so cannot be referred.

There is a considerable number of children who are absent from school for prolonged periods, excluded for the most part under medical certificates, who have never been examined by the County Medical Staff. They escape ordinary Medical Inspection. Some are on the School Registers, others have been removed or never added. No doubt most of these children are quite properly kept away from school, but in some cases it is possible that they are being kept away long after the necessity for their exclusion has expired. In other cases the reason for their absence from school may be the presence of a defect which could be removed by special treatment, such treatment not being given because beyond the means of the parents, but which might be obtained through the after-care organization of the County Education Committee.

In my opinion every child in the county of school age, of the Public Elementary School class, should come under the official cognizance of the County School



Medical Officer. He should know why such children are not attending school and, as far as practicable, they should be presented for Medical inspection at the nearest school.

A medical inspection card should be made out for all these children, although a full examination may not be necessary. In other words there should now be a Medical Inspection card for every child in the county of school age, who would if fit be attending the Public Elementary Schools, available for reference either at the school or in the office of the Health Department.

To make this possible School Attendance officers would have to report all cases of prolonged absence from school to the School Medical Officer and to arrange for their presentation at school at the visits of the School Medical Inspectors.

#### 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 1914 cases. The following table gives particulars of cases reported to District Committees during the latter half of 1913 and the first half of 1914. It therefore includes cases reported for a period of a year.

In 184 cases (8 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 92 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 ...	655	599	56	169	146	219	—	65
Ear discharge ...	161	151	10	76	24	36	—	15
Ringworm ...	253	241	12	174	63	—	—	4
External eye disease ...	67	59	8	34	12	9	—	4
Anæmia & heart conditions	147	135	12	50	40	30	—	15
Defective teeth ...	331	310	21	95	32	150	—	33
Lung conditions ...	116	110	6	6	95	4	—	5
Other conditions ...	646	587	59	281	76	115	61	54
<i>Totals</i> ...	2376	2192	184	885	488	563	61	195



## DISTRICT EDUCATION SUB-COMMITTEES.

## AFTER-TREATMENT CASES.

CONDITION.	No. of cases referred.	PERCENTAGES.						Left school or district.
		No. of returns received.	Case Sheets not returned.	ANALYSIS OF RETURNS RECEIVED.				
				Satis- factory.	Partially satis- factory.	Nothing done.	No treat- ment recom- mended.	
Tonsils and adenoids ...	655	91	9	28	24	37	—	11
Ear discharge ...	161	94	6	50	16	24	—	10
Ringworm ...	253	95	5	73	25	—	—	2
External eye disease ...	67	88	12	58	20	15	—	7
Anæmia & heart conditions ...	147	92	8	37	30	22	—	11
Defective teeth ...	331	93	7	32	10	48	—	10
Lung conditions ...	116	95	5	5	86	4	—	5
Other conditions ...	646	91	9	48	13	20	10	9
<i>Totals</i> ...	2376	92	8	40	22	26	3	9

The tables show that in 65 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, 9 per cent. had left school without treatment being obtained, while in 26 per cent. nothing had been done.

The results obtained are, in general, very similar to those of previous years. Probably this represents the extent to which satisfactory treatment is likely to be obtained through voluntary agencies and without the institution by the County Education Committee of treatment clinics.

These tables only show that part of the after care work which is dealt with through District Education Committees. The work of the nature of treatment in connection with vision defects, tuberculosis cases, defective teeth, cleansing of verminous children, mentally defective children, and ringworm cases is dealt with separately below.

In addition, certain minor forms of treatment are undertaken through the Teachers. For example, during the year 645 cases of slight degrees of nasal obstruction, probably due to adenoids, but not marked cases, were reported from routine inspections. These cases are prescribed breathing exercises at the school.

Directions as to treatment were given to Parents in 1733 cases (16 per cent.), and to Teachers in 718 cases (viz., 6 per cent.)

A number of children from the Elementary Schools of Weston-super-Mare and the neighbourhood attend at the Health Department on Saturday mornings for examination by Dr. Parker as to their fitness for school attendance, while some cases of ringworm attend for treatment.



The number of attendances so made during 1914 for various diseases was as follows:—

Ringworm of the scalp	...	...	232
Other skin diseases	...	...	44
Eye cases	...	...	19
Mental and nervous cases	...	...	9
Tuberculosis	...	...	8
Diseases of circulatory and digestive systems			7
Throat and ear diseases	...	...	5
Spinal curvature	...	...	2

The total number of attendances was 321, several children having attended while suffering from conditions in more than one of the above groups at the same time.

### VISION AND EYE DEFECTS.

The cases of defective vision include cases of slight defects which require no special treatment and cases of decided impairment of vision or with definite symptoms of eye strain, which are referred to the School Oculist. During 1914 the School Oculist examined 1149 cases and prescribed glasses in 973 cases; particulars of these cases are given on page 8.

He visits the different eye centres in the county and examines there the individual children referred to him by the County School Staff. At the end of the year the number of eye centres in use in the county was 33 the same as last year. The situation of these eye centres is shown in the following table:—

### EYE CENTRES.

Place.	Nature of Premises.	Days used during the year.
Backwell ...	... Parish Hall ...	... 5
Bridgwater	... Technical School ...	... 8
Castle Cary	... Drill Hall ...	... 4
Chard ...	... Holyrood Council School	... 6
Cheddar ...	... Church of England School	... 5
Clevedon ...	... South St. John's C.E. School	... 4
Clutton ...	... Council School ...	... 7
Crewkerne	... Council School ...	... 6
Dulverton	... Church of England School	... 2
Frome ...	... The Gable Rooms ...	... 17
Glastonbury	... St. Benedict's School ...	... 4
Highbridge	... Church of England School	... 6
Ilminster ...	... Church of England School	... 3
Keynsham	... Parochial School ...	... 5
Langport ...	... All Saints' Rooms ...	... 5

Place.	Nature of Premises.	days used during the year.
Long Ashton	Parochial School	3
Minehead...	Parochial School	4
Portishead	Church of England School	4
Radstock ...	Council School	17
Shepton Mallet	Council School	7
Stogursey	Church of England School	2
Street ...	Council School	2
Taunton ...	Technical School	6
Twerton ...	South Council School	8
Watchet ...	Council School	6
Wellington	Coram's Lane Council School	7
Wells ...	Central Church of England School...	6
Weston-super-Mare ...	Central Council School ...	16
Wincanton	Council School	3
Winsford...	Church of England School	1
Wiveliscombe	Council School	4
Yatton ...	Church Hall...	4
Yeovil ...	Liberal Club...	3

During 1914, 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 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 the District Education Sub-Committees, and in a good many of these cases spectacles are ultimately obtained. 85 per cent. of the children summoned to attend at the different eye centres attended. Of the remaining 15 per cent., the majority attended on being again sent a notice to attend.

During the year the 3/6 charged for the spectacles was received from 918 of the parents, while in 95 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 year ending December 31st, 1914, was £15. 5s. 0d.

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, 1020 new pairs of spectacles were supplied, while 432 pairs previously ordered were repaired.

Children provided with spectacles are re-examined by the Medical Inspectors at their next visit to see that the spectacles fit and have not been bent out of shape. If required, in special cases, the children are referred back to Dr. Bendle.



## TREATMENT OF DEFECTIVE TEETH.

A School Dentist has been at work all the year but the scheme was modified in the autumn so that the results obtained must be considered in two parts.

## COMBINED (INSPECTION AND TREATMENT) SCHEME.

This scheme is fully explained in my report for last year. Its essential difference from the scheme now in force is that in order to avoid duplicate visits to the schools and for other reasons any inspection of the children necessary was done on the same occasion as the treatment. No attempt was made to examine all the children of the age groups selected.

The children examined under this scheme and the distribution of the schools visited are shown in the following table:—

DISTRICT.	No. of schools.	No. of schools visited.	No. of days worked.	Children examined.		Children treated.	
				Age 6 & 7.	Other Ages.	Age 6 & 7.	Other ages.
Axbridge ...	41	21	15½	140	96	124	92
Burnham ...	3	3	1½	15	11	14	10
Highbridge ...	2	2	1	16	3	16	3
Weston-super-Mare ...	6	6	13	87	52	76	48
Bridgwater ...	39	14	12	100	67	93	67
Clutton ...	26	11	7	72	34	66	34
Midsomer Norton ...	5	5	5	54	10	52	9
Radstock ...	2	2	1½	14	11	14	10
Chard Urban ...	3	3	4½	25	26	24	26
„ Rural ...	22	14	7	49	51	45	46
Crewkerne ...	3	2	1	17	—	16	—
Ilminster ...	3	3	4	21	16	21	16
Dulverton ...	15	4	4	35	25	34	25
Frome Urban ...	6	6	4½	52	23	51	23
„ Rural ...	25	12	6	38	42	35	41
Langport ...	27	8	6	49	66	43	59
Long Ashton ...	26	13	8	61	43	56	40
Clevedon and Portishead ...	8	6	3½	26	29	26	23
Shepton Mallet ...	27	5	3	32	10	28	10
Taunton ...	31	3	3	31	28	24	27
Wellington Urban ...	5	5	7½	41	37	36	35
„ Rural ...	14	2	2	14	16	12	15
Wells Urban ...	3	3	6	37	24	36	24
„ Rural ...	21	13	7½	59	54	53	53
Glastonbury ...	2	2	2	18	12	16	11
Street ...	2	1	5	38	23	32	21
Williton ...	30	3	3	24	15	23	15
Minehead ...	3	2	2	17	13	16	13
Watchet ...	2	2	2	10	13	10	13
Wincanton ...	31	9	6	42	65	37	58
Yeovil ...	32	11	9	78	79	66	75
	465	196	163	1312	994	1195	942



Although the scheme was framed for the examination and treatment of children aged 6 and 7 years, and older children were only treated if really urgent, and after the age-group children for whom the money for treatment had been provided had been dealt with, in practice it was found that a considerable number of such children had to be treated. This was largely due to the fact that visits were paid to many of the small rural schools in which while the response was fairly good it was insufficient to occupy the dentist for one whole day and to fill up a day's work these older children, all of whom urgently required the attention of a dentist, were treated. In the rural schools out of 1396 children treated 657 were not of the selected age groups (47 per cent.), while of the 741 children treated in urban schools 281 or only 38 per cent. were not aged 6 or 7 years.

Under the combined (inspection and treatment) scheme the 1195 children treated can be grouped as regards the treatment given as follows:—

Requiring extractions only ...	...	...	814
„ fillings „ ...	...	...	103
„ extractions and fillings ...	...	...	276
„ other dental treatment ...	...	...	2
			—
			1195
			—

As far as possible the services of district nurses have been utilised to assist the dentist in his work, payment being made at the rate of 1/- per hour. Where they have not been available it has generally been possible to obtain the services of someone to assist, but difficulty has arisen on a few occasions in regard to assistance. 72 district nurses assisted the dentist on 129 days; 54 other persons assisted on 71 days.

#### SEPARATE (INSPECTION AND TREATMENT) SCHEME.

This scheme was adopted in the autumn and was in operation during November and December. It differs from the older schemes in several particulars, the most important feature being that inspection of the children is carried out on separate occasions and apart from treatment. This means duplicate visits to the schools, a matter of importance in scattered rural areas, but is made possible by arranging for the dentist to use a motor car for his work. The age period selected is unaltered, *i.e.*, children aged 6 and 7 years at time of the first examination, but the examination and treatment of older children has been discontinued. The payment of 6d. for each child treated is retained, but no charge is made for the inspection.

The scheme is worked in practice as follows:—

The School Dentist notifies the Head Teacher of the school of the date and time of his proposed visit, giving as far as possible a clear week's notice. A sufficient number of dental cards are forwarded at the same time for the preliminary entries to be made.



The Dentist visits as many schools as possible in the days devoted to the inspection work. The actual number of children he can inspect in any one day of course is largely conditioned by the number of schools he has to visit and their distribution. When the schools are large so that many children have to be inspected in the one school a very considerable number can be rapidly examined. In actual practice the number inspected in a day has varied from 60 to 150.

At the school the dentist examines the teeth of all the children of the selected age groups and enters his findings upon the dental cards, one card for each child. All the children who show defects for whom treatment is required have given them to take home a special card explaining the need for treatment and how it can be obtained.

The dental cards are sent to the Health Department, where they are sorted and the data summarised.

The names of those requiring treatment are put upon a special form (D6) and sent to the Head Teacher. After the teacher has ascertained that the parents desire treatment, and the 6d. contributions have been paid, this form is returned to the Health Department. From this form is ascertained the response which has been received and it enables the different treatment centres to be selected.

The centres for treatment are as far as possible not on school premises. The making of the necessary arrangements involves much correspondence. Arrangements have also to be made for the necessary nursing assistance.

The Dentist attends at the centre and treats the individual children, the treatment given being entered upon the cards which have been returned to him for this purpose.

In addition to the cards steps are taken to keep accurate records of the work carried out.

Difficulties are met with in practical working from children being absent at inspection visit, insufficient response from parents and unwillingness to contribute the 6d. for treatment, from scattered schools with a few children who cannot easily attend at any of the centres provided and from other causes, but on the whole the scheme is working very smoothly and well. The actual work carried out under this scheme during 1914 only covers the months of November and December and three days of October. During this time the School Dentist spent 16 days on Dental Inspection work, devoting the remainder of his time to treatment.

#### INSPECTION WORK.

Area.	Schools visited.	Children inspected.	Referred for treatment.	Percentage requiring treatment.
Axbridge ... ..	42	826	594	72
Long Ashton ... ..	25	484	358	74
Keynsham ... ..	13	241	172	71
Bath ... ..	1	37	31	84



## TREATMENT GIVEN.

Extractions (Temporary) ... ..	203
"    (Permanent) ... ..	12
Fillings ... ..	309

The children treated during these two months numbered 238—all in the Axbridge district.

The cost of the dental work for the year was as follows:—

	£	s.	d.
Salary of dentist ... ..	300	0	0
Dentist's expenses, cost of conveying apparatus, etc. ... ..	69	19	5
Dental materials and renewals ... ..	27	11	2
Hire of rooms ... ..	27	7	0
Nursing assistance ... ..	22	3	9
Assistance other than from district nurses ... ..	13	1	5
Stationery, printing, etc. ... ..	28	7	6
Postage (estimated) ... ..	17	0	0
Clerical assistance (rather over $\frac{1}{2}$ the time of one clerk) ... ..	40	0	0
	<u>£545</u>	<u>10</u>	<u>3</u>

The sums received from fees from parents during the year amounted to £129. 5s. 0d. This is the amount received by the County Treasurer during the year and includes work done during the latter part of 1913, while on the other hand it does not include fees for work done during the last month or so of 1914. On the basis of the children treated the parents' fees during 1914 would amount to £100. 5s. 0d., the greater part of this being for children whose parents paid 1s. 6d.

## VERMINOUS CONDITION OF HEADS.

The scheme has been fully described in previous years and no material alterations were made during the year. The greater part of the time of the school nurses was taken up with working the scheme.

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

## PRIMARY 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.
Chard Urban ...	400	406	—	—	9'0	50'0	2'0	19'4	0'0	0'0
Yeovil Rural ...	588	609	75	22	23'8	45'8	13'6	37'5	1'8	10'4
Clutton ...	217	245	24	—	4'1	34'6	3'9	30'9	0'9	9'0
Williton ...	1119	1105	111	17	4'0	31'2	2'0	27'0	0'3	9'6
Langport ...	636	695	149	17	28'0	61'4	14'2	49'2	3'7	17'9
	2960	3055	359	56	14'1	43'8	7'7	33'3	1'3	10'4



## 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 Union (including Glastonbury and Street)	1026	943	40	—	5·5	17·6	64·4	66·6	0·6	3·5
Frome Urban ...	845	802	132	5	10·0	36·6	31·5	58·5	0·9	15·4
Shepton Mallet Urban	390	342	19	—	11·2	19·0	35·5	38·9	0·5	4·9
Wincanton ...	854	890	131	27	15·3	32·3	21·0	38·2	0·7	14·0
Axbridge ...	2127	2037	73	6	4·3	20·5	32·7	74·2	0·2	3·3
Weston-s.-Mare	1619	1635	73	—	5·0	19·5	34·2	62·1	0·5	3·9
Long Ashton ...	1836	1975	63	—	5·0	18·7	43·3	61·0	0·3	2·8
Chard Rural ...	73	91	23	—	9·6	72·5	6·2	52·6	0·0	25·2
Taunton Rural...	540	531	23	9	1·6	24·1	0·7	16·0	0·0	4·3
Williton ...	909	1087	48	8	2·4	18·3	1·0	15·8	0·0	4·4
Bridgwater Rural	1132	1080	63	4	8·2	21·8	57·2	61·8	0·6	5·1
Yeovil Rural ...	239	289	33	6	47·7	28·0	13·3	31·8	0·8	10·7
	11590	11702	721	65	6·2	22·4	16·1	41·2	0·4	5·7

\*This is the percentage found verminous of the children selected for examination, not the percentage of the whole school.

In the Primary 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 all again at the second visit. This table shows, therefore, the number of children normally verminous in the schools before the Cleansing Scheme has been put in action. 43·8 per cent. of the girls and 14·1 per cent. of the boys were verminous when first inspected, compared with 52·4 and 20·0 per cent. respectively for the previous year.

These figures show an improvement although the percentage of children, especially girls, found verminous is still very high. Most of the districts under the primary scheme had not been previously inspected. 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.

Although great leniency has been shown to parents, it has been found necessary to institute proceedings in a number of cases. 84 parents of 121 children have been prosecuted. In six cases convictions were not obtained. Five of these were adjourned and the children were in the meantime cleansed by the parents. In the remaining cases the 78 parents were fined sums varying from 1/- to 15/- with, or without, costs.



The percentage of parents prosecuted under the ordinary scheme was 0'66 and 0'18 per cent. under the re-examination scheme.

Attention is more and more being paid to the schools which experience has shown to contain a high proportion of verminous children, and to particular children which are found to be habitually verminous.

This often means that the actual number of children examined is considerably less than in previous years but it is more effective in many cases in obtaining cleaner conditions in the particular school or area.

#### MENTALLY ABNORMAL CHILDREN.

This subject was dealt with in detail in my report for last year. It was there pointed out that some 487 children were known to the Health Department as mentally defective, including idiots and imbeciles.

During the year arrangements were started for a detailed report as to the mental condition of these children and of any other children possibly mentally defective.

Dr. Moore was appointed to carry out this investigation. As he only started the examination of these children on November 16th, it is not possible to as yet furnish details as to the groups into which they have been classified.

Dr. Moore examines the children at the schools, nearly always at the school which the child attends or would attend if it was at school, but in a few cases children are sent for examination from other schools to save a special visit.

The children to be presented for this special examination are the following:—

- (1) All children marked as "M.D." or "possibly M.D." on the medical inspection cards.
- (2) Suspected mentally defective children from the district, but not in attendance at any school, sent in for special examination.

The School Attendance Officers have been instructed to ascertain such cases, and send them up for examination.

- (3) Any children attending the school not included under (1) who appear to the Head Teacher, by reason of mental defect, to be incapable of receiving proper benefit from the instruction given in the school.

Parents are in every case given due notice of the special inspection and are invited to be present. Much valuable information is given by Head Teachers in regard to individual cases.

During the year negotiations were started for the provision of a Residential School and Home for Mentally Defective Children. At present there are no residential or non-residential Schools for mentally defective children under the County Education Committee.



## Part IV.

### INFECTIOUS AND CONTAGIOUS DISEASES IN SCHOOLS, SCHOOL SANITATION, Etc.

During the year 67 schools or departments were closed on account of infectious disease, 46 under Article 45 (b) of the Code by the School Medical Officer, and 21 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	...	...	15
Measles	...	...	18
Mumps	...	...	9
Mumps and Scarlet Fever	...	...	2
Chicken Pox	...	...	1
Diphtheria	...	...	2
Scarlet Fever	...	...	14
Impetigo	...	...	1
Influenza	...	...	3
Poliomyelitis	...	...	1
Cerebro-Spinal Meningitis	...	...	1
			—
			<u>67</u>

Comparatively little infectious disease was prevalent during the year, while in particular the two great causes of school closure from infectious disease, measles and whooping cough, were only met with in certain areas. Measles was extremely prevalent during 1913.

It may be of interest to compare the reasons for School Closures since 1908. This is set out in the following table:—

MAIN REASON FOR CLOSURE.	1908.	1909.	1910.	1911.	1912.	1913.	1914.
Whooping Cough	10	8	14	24	60	23	15
Measles	47	14	42	80	25	113	18
Mumps	6	0	12	20	14	2	11
Chicken Pox	0	2	1	1	9	2	1
Diphtheria	4	1	4	14	7	2	2
Scarlet Fever	1	4	9	8	5	10	14
German Measles	0	0	1	1	2	4	0
Influenza	0	0	1	0	3	1	3
Other conditions	0	0	0	0	1	2	3
Unstated	12	13	—	—	—	—	—
Total	80	42	84	148	126	159	67

This table shows prominently the influence of measles and whooping cough on school closure. Excluding 1908 and 1909 for which the records are imperfect, it will be found that these two diseases were responsible for 66, 70·3, 67·5, 86·6, 49·3 per cent. of the closures in each year. Roughly these two diseases are responsible for two-thirds of the school closures in each year. They are two diseases which are only comparatively slightly amenable to preventive measures. This table also brings out the comparative unimportance of Scarlet Fever and Diphtheria as causes of school closure, both diseases which are much more amenable to preventive measures.

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, and apart from cases excluded under the Verminous Scheme, were 617. 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—Chicken Pox ...	...	5
Diphtheria ...	...	1
Whooping Cough ...	...	2
	—	8
Ringworm ...	...	266
Verminous condition of head and body ...	...	148
Impetigo contagiosa (52), Scabies (18), etc. ...	...	78
External eye diseases ...	...	8
Defective eye sight ...	...	4
Actual or suspected Phthisis ...	...	23*
Other varieties of Tuberculosis ...	...	11
Tonsilitis ...	...	5
Anæmia ...	...	3
Nervous and general debility ...	...	13
Nervous conditions (Chorea, etc.) ...	...	5
Ear discharge ...	...	9
Mental defects ...	...	3
Bronchitis ...	...	5
Heart diseases ...	...	1
Other conditions ...	...	14
	—	
		<u>604</u>

\*In addition 105 children were excluded by the County Tuberculosis Officers.



## 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 some unrecognised cases.

## RINGWORM CASES AT END OF 1914.

DISTRICT.	No. of Cases.	Percentage of School Population.
Axbridge ... ..	28	0'64
Bath Rural ... ..	12	0'58
Bridgwater Rural ... ..	13	0'44
Chard Rural ... ..	3	0'20
Iminster ... ..	5	1'10
Chard Urban ... ..	0	—
Clevedon ... ..	2	0'24
Clutton ... ..	16	0'50
Crewkerne ... ..	2	0'27
Dulverton ... ..	4	0'59
Frome Rural ... ..	5	0'27
Frome Urban ... ..	0	—
Glastonbury ... ..	4	0'60
Keynsham ... ..	1	0'07
Langport ... ..	15	0'70
Long Ashton ... ..	15	0'51
Midsomer Norton ... ..	2	0'12
Radstock ... ..	3	0'37
Shepton Mallet Rural ... ..	2	0'12
Shepton Mallet Urban ... ..	2	0'26
Street ... ..	3	0'42
Taunton Rural ... ..	2	0'09
Wellington Rural ... ..	3	0'26
Wellington Urban ... ..	0	—
Wells City ... ..	7	0'98
Wells Rural ... ..	7	0'45
Weston-super-Mare ... ..	29	1'20
Williton ... ..	19	0'75
Wincanton ... ..	8	0'32
Yeovil Rural ... ..	12	0'48
<i>Totals</i> ... ..	224	0'48

At the end of 1913 the number was 224, at the end of 1912 it was 208, and at the end of 1911 the number of cases was 323. A considerable number of cases are detected through the work of the school nurses.

These figures show that the number of cases in the county varies from 200 to about 230 and that although it is diminished by the cure of many cases the numbers are kept up by the infection of fresh children. In view of the fact that five school nurses are actively looking for cases, apart from the work of the Medical Inspectors, this number must be considered as not very far from a record of the actual number of cases in the county amongst children of school age who would be attending the public elementary schools. There are probably a number of children under school age who are suffering from ringworm unknown to the Health Department.

The figures recorded for the past three years show a percentage of about 0·5 of the School population. Compared with other counties this is, as far as I can ascertain, below the average. Comparison must, however, be made with areas which utilise school nurses to find cases and do not simply record the percentage of children found at the medical inspection to be suffering from ringworm.

The figures in a few counties for which returns are available to me and which are comparable are Derbyshire 0·7, Gloucestershire 1·1, Kent 0·7, Shropshire 1·5 and Staffordshire 0·5. In all except the last the percentage of school population affected with ringworm is above that of Somerset.

Much attention is paid to following up the cases and inducing the parents to obtain proper treatment.

A small number of cases have been actively treated by drugs by one of the School Medical Inspectors.

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

Schools at end of 1914 with	Number of Schools.
0 known cases.	406
1 „ case.	42
2 „ cases.	19
3 „ „	12
4 „ „	9
5 „ „	3
6 „ „	2
7 or more known cases.	4

The 9 schools with 5 or more cases are Banwell (5 cases), Wrington (5), Weston-super-Mare Central (10), Timsbury (5), Peasedown (6), Old Cleeve (6), Pill (12), Curry Rivel (8), Weston-super-Mare, Locking Road (15).

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, 1915, dating from the period when first recognised, is as follows:—

Months.	Cured cases.	Cases still uncured. January 1st, 1915.
Under 2 months	13	33
2 and 3 „	28	43
4 „ 5 „	43	13
6 „ 7 „	31	29
8 „ 9 „	36	32
10, 11 and 12 months	25	11
13, 14 „ 15 „	22	13
16, 17 „ 18 „	12	9
1½ to 2 years	15	18
2 to 3 „	16	8
Over 3 „	2	15
	<u>243</u>	<u>224</u>

Average duration of the cured cases = 10'02 months.

Average present duration of cases still uncured = 10'65 „

This table shows that a number of the cases remain uncured for years, and are not receiving adequate treatment. In several directions improvements have been effected in obtaining treatment for cases of ringworm.

The services of district nurses are being utilised in a number of cases. In 1913 they assisted in 92 cases, while during 1914 district nurses have been assisting in 70 cases in the treatment of ringworm, working under the directions of the medical practitioner in charge of the case but paid by the County Education Committee.

## ATTENDANCE OF CASES AT SCHOOL UNDER SPECIAL CONDITIONS.

The scheme under which certain children suffering from ringworm are allowed to attend school is fully explained in my Annual Report for 1913. In that year the scheme was only applied in the Axbridge Union. During 1914 the area in which the scheme was in operation was progressively enlarged until it now embraces schools to which belong 136 cases or considerably over half the number of known ringworm cases in the county.

The areas in which the scheme was in force at the end of 1914 are:—

Axbridge Union, Chard Union, Long Ashton Union, Williton Union, Yeovil Rural District, Wells City, and the following individual schools: Wookey Henton, Coxley, Curry Rivell, and Wiveliscombe.

The following table classifies the known ringworm cases in these districts, according to whether attending school under the scheme or not, and if not, the reason for non-attendance.

Attending under the scheme	...	67
Excluded: Refused Scheme	...	15
„ Also suffering from ringworm elsewhere than scalp	...	3
„ Other illness	...	4
„ Age under 5	...	8
„ Teacher unwilling to undertake Scheme	...	3
	(2 Teachers.)	
„ Total	...	33
No definite information whether attending or not	...	36
		—
		<u>136</u>

Most of the 36 cases, as to which I have not definite information whether or no they are in attendance, are cases recently reported or discovered and not yet re-examined, or cases in schools where the scheme has only very recently been applied. In all probability these will attend in about the same proportion as the other cases. Counting only those cases of which I have definite knowledge, 67 out of 100 are in attendance under the scheme.

It is difficult as yet to estimate the effect (if any) of the scheme on the spread of ringworm and the duration of the disease. The total number of known cases in the county is the same as last year (224). In the districts where the scheme is in force there were 128 cases at the end of 1913 and 136 cases at the end of 1914. In some of these districts there has been a considerable increase in the number of cases, and in other cases a decrease, but in at least some of these cases, the increase or decrease had occurred before the cap scheme was in operation.

The only two districts where there is a marked change in the number of cases, and in which the scheme has been in operation for any length of time, are Weston-super-Mare, where the cases have increased from 16 to 29, and Wells City, where they have decreased from 12 to 7. In Weston-super-Mare the increase is practically all in two schools. At the Central School there are 6 new cases of which 3 are in the Infant Department, 2 in the Boys' and 1 in the Girls' Department. At Locking Road School there are 12 new cases, but of these 11 live in one short road, 6 in one family, 3 in another and 2 in another. This points apparently not to infection at school but in and around the home. I cannot attribute the decrease at Wells to the cap scheme, as the evidence is insufficient. The available facts do



not suggest that there has been any increased spread of ringworm owing to the attendance at school of children under the scheme. The scheme is however in many cases very imperfectly carried out, and there is a distinctly increased risk of such spread in school unless the conditions are more carefully observed.

Under properly supervised conditions I do not consider that the spread of infection is likely to result but considerable difficulty is met with in ensuring that the conditions laid down are effectively carried out.

It will be remembered that the conditions under which children are allowed to attend are as follows:—

1. That each child wears a suitable linen cap, renewed twice a week.
2. That the hair round all affected patches is cut and *kept* quite short. It is strongly advised that *all* the hair be kept quite short.
3. That each child is receiving daily application of a suitable ointment under medical supervision.

Parents satisfied that their children are at school only too readily neglect the conditions upon which that attendance depends and to enforce the necessary requirements means daily watchfulness on the part of the teachers.

As a fact we find that in numerous cases children are permitted to attend without all of the prescribed conditions being complied with and occasionally when all these are neglected. The activities and care bestowed by teachers in this matter have varied very greatly.

It is very necessary that frequent visits should be paid to these schools to inspect these children. With the existing staff it is difficult to do this with sufficient frequency. For this reason the scheme has only been extended to parts of the county the areas selected being those where the greatest supervision could be exercised.

The number of visits paid to these cases has been considerable. Over 70 special visits were paid during 1914 to see cases of ringworm by two of the whole time medical inspectors (Dr. Martin also paid numerous visits but his returns are inaccessible). This is, of course, in addition to the ordinary medical inspections when all ringworm children are specially examined. The school nurses have also paid numerous special visits to inspect ringworm cases.

The cost of the caps supplied during 1914 was £4. 6s. 3d.

#### TREATMENT OF RINGWORM.

Twenty-one cases were treated by X-Rays by Dr. Iles at Taunton in 1914. Of these 16 have been definitely accepted as cured, two are probably cured but I am arranging for a further examination and report, while 3 are still not completely cured.



One case was treated by Dr. Bowker at Bath, and is not cured while one case was treated by Dr. Howard at Frome, at the end of the year.

Considerable difficulties have been experienced in obtaining X-Ray treatment in individual cases. Dr. Iles has been on military service since August, 1914, and has consequently been unable to continue X-Ray treatment of ringworm. The arrangement made for X-Ray treatment at Shepton Mallet Hospital is postponed as one of the medical staff is on military service. Dr. Howard was also away on military duty for a time.

It was not found possible to continue the arrangement with Dr. Bowker as the only conditions under which he would treat cases were impracticable for school children from rural areas.

The fees incurred during the year to medical men for the X-Ray treatment of ringworm amounted to £36. 15s. Travelling expenses for children attending for X-Ray treatment and parents accompanying them amount to £5. 5s. 5d. The cost of IZAL (including bottles, &c.) supplied for the after treatment of X-Ray cases was 13s. 7d.

The cost of material in connection with the cap scheme and cases treated by medical inspectors = £5. 16s. 7d. This was spent on ointments and caps. In addition £7 was paid to district nurses for assisting in the treatment of ringworm cases under medical care.

### LABORATORY.

During the year 4863 samples and specimens were examined in the County Laboratory. The greater number were in connection with Public Health work.

2152 suspected Diphtheria swabs were examined, the majority being from children of school age.

1279 specimens of hairs and stumps from suspected ringworm cases were examined, of these 840 showed the ringworm fungus, while the remaining 439 were negative. Of these 1279 specimens, 1255 were taken by the School Medical Inspectors or the School Nurses, and 24 were examined for private practitioners.

### SANITARY CONDITIONS OF THE SCHOOLS.

Number of new schools opened during the year	...	4
„ schools discontinued	„ „	5

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



Nature of defects found.	Number of schools reported for this defect.
Offices—inadequate or insanitary ...	4
Defective lighting ...	1
Defective ventilation ...	1
Insufficient lavatory accommodation ...	1
Insufficient water supply ...	2
Schools very dirty ...	2
Unsatisfactory playground ...	1

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.

By the end of January, 1915, the defects complained of had been remedied in 6 cases; in 2 were under consideration; while in the remaining case, as far as I could ascertain, nothing had been done.

In 3 additional cases reports have been received as to minor defects in schools, but I did not consider them of sufficient importance to transmit to the Education Secretary.

# TABLE I.

## TOTAL 1914 INSPECTIONS. SEPARATE DISTRICTS.

	Elder Children, (12 & over.)		8-9.		Infants, (under 7.)		Children specially presented. (7-8 & 9-11 $\frac{1}{2}$ ) Re-inspections.				Approximate Number Children in Average Attendance.	Percentage of Average Attendance Inspected.	Per cent. Routine Inspected 1914.	Medical Inspector.*	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.					
															Total.
Axbridge ...	236	281	64	59	312	297	82	92	588	613	2624	5648	46.4	22.1	Dr. Parker.
Bath ...	77	82	16	20	81	75	26	35	112	67	591	1701	34.7	20.6	Dr. Bendie and Dr. Carter.
Bridgwater ...	153	163	55	53	218	155	55	56	296	181	1385	2429	57.0	32.8	Dr. Stansfield and Dr. Parker.
Chard ...	201	195	53	32	255	265	78	95	195	140	1509	3152	47.9	31.7	Dr. Stansfield.
Clutton ...	237	228	67	76	295	255	72	86	244	288	1848	4789	38.6	24.2	Dr. Pollard.
Dulverton ...	30	28	8	7	36	27	9	29	42	26	242	581	41.6	23.4	Dr. Stansfield.
Frome ...	155	129	60	58	178	133	70	86	229	177	1275	3039	41.9	23.5	Dr. Howard.
Keynsham ...	41	56	23	9	75	73	19	21	34	38	389	1104	35.2	25.1	Dr. Heaven.
Langport ...	93	106	52	48	135	120	45	50	75	75	799	1776	45.0	31.2	Dr. Martin.
Long Ashton ...	191	210	53	64	176	158	68	70	181	192	1363	3114	43.8	27.4	Dr. Parker and Dr. Bendie.
Shepton Mallet	62	81	22	29	133	128	32	37	57	47	628	2048	30.7	23.8	Dr. Martin.
Taunton ...	129	117	44	39	142	131	61	62	158	112	995	1903	52.3	31.6	Dr. Stansfield.
Wellington ...	96	131	27	36	177	153	71	64	103	101	959	1804	53.2	34.4	Dr. Stansfield.
Wells ...	158	166	44	51	175	170	65	62	171	220	1282	2945	43.5	25.9	Dr. Martin.
Williton ...	129	111	34	24	113	135	30	40	96	73	785	2156	36.4	25.3	Dr. Stansfield.
Wincanton ...	119	86	40	26	133	122	57	44	127	129	883	1956	45.1	26.9	Dr. Martin and Dr. MacLaren.
Yeovil ...	101	122	52	37	99	92	17	35	27	36	618	2094	29.5	24.0	Dr. Martin and Dr. Walter.
<b>Totals</b>	2208	2292	714	668	2733	2489	857	964	2735	2515	18175	42239	43.0	26.3	

\*In addition a few inspections in the Langport District were carried out by Dr. Lodwidge and a few in Shepton Mallet by Dr. A. Hyatt.



# TABLE II.

RETURN SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED.

CONDITION.	Entrants 3-7 years.			Age 8.			Age 12 and over.			Total Routine Cases.			Special Cases.		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Total Inspected	2733	2489	5222	714	668	1382	2208	2292	4500	5655	5449	11104	857	964	1821
CLOTHING	2092	1972	4064	522	516	1038	1604	1844	3448	4218	4332	8550	...	...	...
	597	485	1082	186	144	330	580	418	998	1363	1047	2410	...	...	...
	39	31	70	4	8	12	23	26	49	66	65	131	...	...	...
FOOTGEAR	11	7	18	6	5	11	11	19	30	28	31	59	...	...	...
	50	50	100	33	17	50	77	39	116	160	106	266	...	...	...
	22	24	46	10	8	18	29	23	52	61	55	116	...	...	...
CLEANLINESS OF HEAD	2193	2045	4238	564	538	1102	1781	1913	3694	4538	4496	9034	...	...	...
	484	408	892	140	117	257	389	338	727	1013	863	1876	...	...	...
	52	32	84	8	13	21	37	38	75	97	83	180	...	...	...
CLEANLINESS OF BODY	63	61	124	19	20	39	61	61	122	143	142	285	...	...	...
	13	12	25	3	1	4	1	13	14	17	26	43	...	...	...
	2644	2242	4886	683	549	1232	2145	2087	4232	5472	4878	10350	...	...	...
NUTRITION	77	246	323	27	116	143	61	204	265	165	566	731	...	...	...
	2261	2064	4325	559	541	1100	1774	1879	3653	4594	4484	9078	...	...	...
	466	408	874	149	125	274	432	411	843	1047	944	1991	...	...	...
TONSILS	151	261	412	54	71	125	138	170	308	343	502	845	...	...	...
	7	12	19	5	4	9	6	6	12	18	22	40	...	...	...
	740	674	1414	107	126	233	495	532	1627	1342	1332	2674	...	...	...
ADENOIDS	1733	1574	3307	522	460	982	1492	1486	2978	3747	3520	7267	...	...	...
	248	229	477	80	77	157	201	265	466	529	571	1100	...	...	...
	2	1	3	...	...	...	...	...	...	2	1	3	...	...	...
VISION	10	11	21	5	5	10	20	9	29	35	25	60	...	...	...
	309	222	531	83	66	149	203	249	452	595	537	1132	...	...	...
	83	74	157	31	21	52	72	87	159	186	182	368	...	...	...
EXTERNAL EYE DISEASE	7	5	12	4	3	7	6	3	9	17	11	28	...	...	...
	195	143	338	67	41	108	106	93	199	368	277	645	...	...	...
	22	26	48	16	8	24	12	20	32	50	54	104	...	...	...
EXTERNAL EYE DISEASE	...	...	...	409	380	789	1567	1451	3018	1976	1831	3807	...	...	...
	...	...	...	79	73	152	194	245	439	273	318	591	...	...	...
	...	...	...	141	151	292	234	315	549	375	466	841	...	...	...
EXTERNAL EYE DISEASE	...	...	...	8	3	11	43	43	86	51	46	97	...	...	...
	...	...	...	19	17	36	45	59	104	64	76	140	...	...	...
	...	...	...	19	11	30	44	71	115	63	82	145	...	...	...
EXTERNAL EYE DISEASE	...	...	...	39	33	72	81	108	189	120	141	261	...	...	...
	...	...	...	25	26	51	53	81	134	150	171	321	...	...	...
	72	64	136	...	...	...	...	...	...	...	...	...	60	65	125



















