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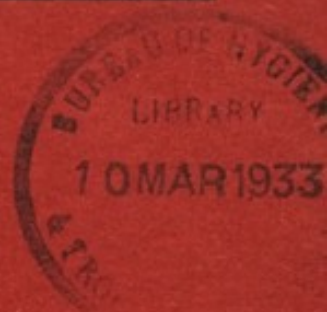
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THE COUNTY EDUCATION COMMITTEE.

Annual Report

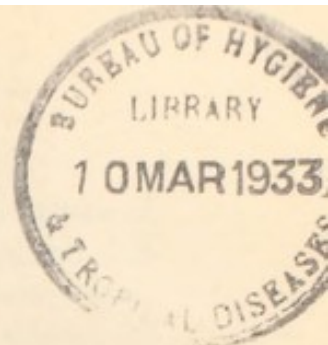
OF THE

SCHOOL MEDICAL OFFICER

For the Year 1932.

WILLIAM G. SAVAGE, B.Sc., M.D., (Lond.), D.P.H.

County Medical Officer of Health,
County 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 Twenty-fourth Annual Report as School Medical Officer.

The report is on similar lines to those of previous years and shows the very extensive work done. Most of it is a record of the regular progress of the work, medical inspection, dental treatment, dealing with special defectives, and the like. Extensions and improvements of various sections of the work are recorded but in the year under review no extensive developments were undertaken.

The steady progress in the health of the children is not always noticeable in yearly comparisons but is readily appreciable when comparison is made at wider intervals. The report contains two such comparisons. One shows the verminous head conditions before the War and in 1932. The other compares the height and weight of the children in 1932 with the figures for 1909-11. The contrast and the enormous improvement is very striking.

I have to thank the various Medical and Dental Officers for their valuable co-operation.

I am,

Your obedient Servant,

WILLIAM G. SAVAGE.

Health Department,
Somerset County Council,
February, 1933.

ORGANISATION.

During the first quarter no medical officer was appointed to take the place of Dr. Lister. Dr. Pringle took up his duties April 4th, 1932. Dr. Slater resigned and left the County service at the end of September. His successor, Dr. Henderson, did not take up his duties until early in January, 1933. These shortages of staff would have caused the work to be far in arrears but fortunately it was possible to obtain temporary part-time assistance from Dr. Weaver, both in the early part of the year and in the autumn. His help was invaluable as he is so well acquainted with the County Scheme.

MEDICAL INSPECTIONS CARRIED OUT.

The number of Elementary Schools is 455 with 511 departments. The average attendance during the year ending 31st March, 1932, was 38,487.

			Urban.	Rural.	Total.
Council Schools	...	...	27	119	146
Voluntary Schools	...	...	36	273	309
			<hr/>	<hr/>	<hr/>
Total	...		63	392	455

The number of visits paid to Elementary Schools for the purpose of conducting routine inspections during the year was 1,234. The number of children inspected was 25,569, an increase of 2,150 on the previous year. The figures for the different groups are set out in Table I. (at end of Report).

The number of children inspected, exclusive of re-inspections, was 16,419. The number of children re-inspected during the year was 9,150, compared with 8,597 in the previous year. This is exclusive of the cases referred to the School Oculist. The number of inspections in each district under the different groups examined is shown in Table VII. (at end of Report).

All the schools, except 9 Elementary and 2 Secondary, were visited during the year. Owing to shortage of staff it was not possible to visit these or to complete a good many special examinations. The percentage of parents present at routine inspections was 54.7, which is above the average. Pressure of other work only allowed a second visit to the schools to be made in a very few cases.

EXAMINATION OF BURSARS, SUPPLEMENTARY TEACHERS, ETC.

Bursars.—The results of these examinations during the year are set out below :—

			Boys.	Girls.	Total.
Number accepted without qualification	...		10	8	18
Number provisionally accepted subject to treatment being obtained for:—					
Dental defects	...	...	1	1	2
			<hr/>	<hr/>	<hr/>
Total number examined	...	...	11	9	20

Both the candidates needing treatment obtained it and were subsequently accepted.

Supplementary Teachers.—In accordance with the requirements of the Board of Education, 14 women teachers were examined at various times during the year and graded as follows:—

A.1.—In good health, and free from defects	...	...	...	9
A.2.—In good health, but with slight physical defects	...	...	...	4
B.1.—In good health, but with defects likely to shorten period of service	...	...	...	0
B.2.—In good health, but with defects interfering with their efficiency	...	...	...	1
B.3.—In temporary sub-normal health	...	...	...	0
C. —Unfit	...	...	...	0
				<hr/> 14

Treatment for dental caries was conditional in three cases. The defects most frequently found were, as usual, dental caries and errors of refraction. Various minor defects were noted in two cases.

FINDINGS OF MEDICAL INSPECTIONS.

The figures for 1932 are set out in Tables II., III. and VI., which are on the same lines as last year and in the form recommended by the Board of Education.

Some of the chief percentage figures given in Table VI. are nutrition, bad or below normal, 5.7; defective hearing, 1.6; ear disease, 2.2; skin disease, 0.8; adenoids, 0.9; enlarged tonsils, 24.0; enlarged tonsils and adenoids, 4.9; defective speech, 1.3; dental disease, 70.9; organic heart disease, 0.4; anæmia, 1.8; pulmonary tuberculosis, definite, 0.1, suspected, 0.4. These percentages are very similar to those recorded in previous reports.

In view of the economic situation it is satisfactory, and somewhat unexpected, to note that the percentage of cases of subnormal nutrition is only 5.7 whereas for the two previous years it was 7.2 (1931) and 6.6 (1930). Possibly the improvements effected as regards school meals and milk at the morning interval have played an important part.

Defective Vision.—Defects are recorded for 22.6 per cent of the children, as shown in Table VI. This includes all degrees of defect, and is not very helpful without explanation. The percentage prevalence of defects amongst two group classes is set out below. "Slight defect" includes visual acuity of 6/9 and 6/12 and "marked defect" any greater degree of vision defect.

	8 years old.			Leavers.			Total Routine. (8 years and over).		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Slight defect ...	14.1	16.3	15.2	9.7	12.2	10.9	11.7	14.1	12.9
Marked defect...	6.8	7.7	7.7	6.9	8.4	7.7	6.9	8.1	7.5

The percentages for the 8 year old children and the "Leavers" group represent the proportion of slight and marked eye defects amongst the children. The figures for the entrants are not given as they merely represent the proportion found with defective sight amongst those presented by the teachers as with possibly defective eyesight, since entrants are not examined for eye defects as a routine measure. The number of children so presented fluctuates greatly.

During the year 2,148 elementary school cases were examined by the Oculist, 1,069 being re-examinations. In 1,074 of the 1,079 new cases errors of refraction were present. The nature of the defects found are given in the following tables:—

Errors of Refraction.	BOYS.				GIRLS.				Totals
	Under 8.	8-9	12 & over	Other Ages.	Under 8.	8-9	12 & over	Other Ages.	
Hypermetropia	91	32	35	84	74	52	53	80	501
Hypermetropic astigmatism ...	48	36	17	40	38	62	23	62	326
Myopia	5	3	21	9	5	8	11	7	69
Myopic astigmatism	5	10	7	14	8	8	9	18	79
Mixed astigmatism	6	5	3	9	12	12	3	12	62
Heterometropia	5	6	1	4	5	9	3	4	37
Total	160	92	84	160	142	151	102	183	1074
Re-examination cases	42	39	149	222	60	48	228	281	1069
Cases without error of refraction	2	—	—	2	1	—	—	—	5

					Boys.	Girls.	Totals.
Disorders of Mobility.	{	Convergent strabismus			50	49	99
		Alternating strabismus (mainly convergent)			0	2	2
		Divergent strabismus			11	3	14
		Nystagmus			4	1	5
Pathological changes of Eye due to accident or disease.	{	Of Conjunctiva			4	3	7
		„ Cornea			7	5	12
		„ Sclerotic			0	0	0
		„ Iris and ciliary body			1	0	1
		„ Lens			1	3	4
		„ Vitreous			0	0	0
		„ Choroid and retina			3	1	4
Diseases of Adnexa of the Eye.	{	„ Optic Nerve			0	0	0
		Of Eyelids			44	61	105
Congenital Disorders of the Eye.	{	„ Lachrymal apparatus			0	0	0
		Globe as a whole			0	0	0
		Cornea (conical chiefly)			0	0	0
		Sclerotic (blue)			0	0	0
		Iris and ciliary body			0	0	0
		Lens { Dislocation			0	1	1
		„ { Cataract			1	3	4
		Choroid and retina			0	0	0
		Optic Nerve			0	0	0
		Lack of pigment			0	0	0
Headaches, and other reflex nerve symptoms associated with visual defects	{	Eyelids			2	3	5
Cases considered unsuitable for instruction in Elementary Schools and certified as "Blind"					94	160	254
					1	1	2

In addition the County Oculist examined 143 Secondary School scholars, 13 mental deficient persons (12 from Sandhill Park), 2 persons for suitability for training as blind, 106 pre-school children for squint and 2 other persons referred to him. Five days' work, with 74 cases, was done for the Bridgwater Urban Education Authority.

Dr. Walker has worked out the following table which I append with his observations.

Table showing the Percentages in the different Age Groups of Children found to require Spectacles.

Age Groups.	1923.	1924.	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	5 year Averages.	
											1923 to 1927.	1928 to 1932.
Infants, <i>i.e.</i> , under 8 years	% 6.3	% 6.8	% 7.5	% 11.0	% 11.8	% 13.7	% 18.3	% 17.7	% 18.0	% 18.8	8.7	17.3
8 - 9 years ...	19.0	12.6	12.3	12.9	16.7	20.6	19.5	19.5	17.7	15.3	14.7	18.5
9 - 12 years ...	41.0	45.4	44.0	43.7	36.6	35.6	36.3	39.5	21.0	39.4	42.1	34.4
12 years & over	32.7	35.0	35.0	32.0	34.0	29.9	25.7	23.1	43.0	26.3	33.7	29.6

The table shows a gradually increasing tendency for the eye faults to declare themselves at an earlier age, so much so that in the last 10 years the proportion of those under 8 years old has trebled itself. Those of 8-9 years have also increased in a lesser proportion. Of the two older groups the proportions have gradually decreased.

I think there are two factors at work influencing these changes:—

(1) Owing to "Summer Time" habits, many of the children do not get enough sleep. These habits are often continued in the winter and probably the younger children cannot stand the loss of sleep as well as the older children.

(2) There is an increasing tendency in the Infant Schools to teach writing by means of lead pencils on copy books—with lines—aiming at neatness, instead of by the old method of free-arm writing with chalk on blackboards. The newer method is infinitely more trying to the children's eyesight. I have gone into this with many of the Head Teachers.

These observations of the County Oculist are of considerable interest and suggest that the essential factor at work is undue *fatigue*. These children have not normal eyes but mostly suffer from some degree of hypermetropia, as shown by the table on page 5. Under ordinary conditions without undue strain they can focus accurately and their condition does not cause trouble. With fatigue and strain the eye defects become obtrusive and have to be corrected.

HEIGHT AND WEIGHT OF SCHOOL CHILDREN.

In the earlier years of School Medical Inspection these were summarised in each Annual Report. The clerical labour involved was considerable and not necessary each year, after a reliable standard had been reached over several years' survey. Such standards for the three-year period 1909-11 were worked out and published in my Annual Report for 1911. Except for 1912 they have not been subsequently summarised and reported, although the height and weight of each child is recorded as a routine part of each medical inspection. For a good many years past it has been the impression of those inspecting the children that they are generally bigger and better developed than they used to be. The point is of importance and for the year 1932 I have had all the heights and weights summarised and these are shown in the different tables.

To enable comparison to be made with the three year standards of 1909-11 the table shows the differences in height and weight, for each sex in the Urban and Rural districts separately, between the grouped figures for 1909-11 and those for 1932. The table shows that at every age for each sex and for both urban and rural areas the children are both taller and heavier for their age than they were a year or two before the War. There is not a single exception at any age. The methods used for the two periods are strictly comparable and no changes of procedure have been made. The increase in weight is particularly striking for the older children, both boys and girls. This increase of weight is more evident in the urban than in the rural areas and is equally definite when the height figures are compared. These increases correspond with a considerably higher standard of living and health of the social classes from which the public elementary school child is drawn, compared with pre-war conditions.

Comparison of Heights and Weights 1909-11 and 1932.

Weights in lbs.

Ages.	BOYS.		GIRLS.	
	Urban.	Rural.	Urban.	Rural.
3—4	+ 1.9	+ 1.5	+ 1.9	+ 0.2
4—5	+ 2.2	+ 2.3	+ 1.9	+ 1.9
5—6	+ 2.9	+ 3.0	+ 2.7	+ 2.7
6—7	+ 3.0	+ 2.8	+ 4.1	+ 3.4
7—8	+ 4.1	+ 3.1	+ 2.9	+ 4.2
8—9	+ 6.4	+ 5.9	+ 4.3	+ 5.2
9—10	+ 6.8	+ 5.0	+ 5.5	+ 5.3
10—11	+ 5.1	+ 3.9	+ 6.2	+ 6.2
11—12	+ 6.6	+ 6.7	+ 7.4	+ 5.2
12—13	+ 7.0	+ 6.6	+10.3	+ 8.6
13—14	+10.2	+11.0	+11.5	+ 7.4

NOTE.—The figures for 1909-11 are deducted from those of 1932 and the differences shown in the table; + if in favour of 1932, - if higher in 1909-11.

Heights in inches.

3—4	+ 1.0	+ 0.8	+ 1.2	+ 0.5
4—5	+ 1.2	+ 0.9	+ 1.1	+ 1.3
5—6	+ 1.3	+ 1.4	+ 1.3	+ 1.0
6—7	+ 0.7	+ 0.9	+ 1.6	+ 0.6
7—8	+ 1.2	+ 0.3	+ 1.3	+ 0.8
8—9	+ 2.2	+ 1.6	+ 1.5	+ 1.5
9—10	+ 2.0	+ 0.9	+ 0.9	+ 1.9
10—11	+ 0.6	+ 0.6	+ 0.9	+ 1.5
11—12	+ 1.8	+ 0.7	+ 2.0	+ 1.1
12—13	+ 1.6	+ 1.1	+ 1.9	+ 1.6
13—14	+ 2.1	+ 1.3	+ 2.1	+ 1.3

AVERAGE HEIGHTS, 1932.

AGE.	BOYS.			GIRLS.		
	SOMERSET.					
	Total number measured.	Urban.		Rural.	Total.	Total number measured.
		cms.	inches				cms.	inches
3-4	91	96.6	37.7	97.0	37.8	37.8
4-5	482	102.8	40.1	103.1	40.2	40.2
5-6	1,369	109.1	42.5	109.5	42.7	42.7
6-7	429	113.3	44.2	113.8	44.4	44.3
7-8	157	120.0	46.8	118.0	46.0	46.3
8-9	2,074	126.1	49.2	125.5	48.9	49.0
9-10	421	130.8	51.0	130.0	50.7	50.8
10-11	137	133.6	52.1	133.9	52.2	52.2
11-12	103	140.0	54.6	138.5	54.0	54.2
12-13	2,129	144.6	56.4	144.0	56.2	56.2
13-14	254	149.6	58.3	147.3	57.4	57.8

SOMERSET.							
AGE.	Total number measured.	Urban.		Rural.	Total.		
		Total.					
		cms.	inches			cms.	inches
3-4	65	96.6	37.7	94.5	36.9	95.6	37.3
4-5	402	102.0	39.8	102.4	39.9	102.2	39.9
5-6	1,239	108.1	42.2	108.2	42.2	108.2	42.2
6-7	421	113.2	44.1	112.0	43.7	112.3	43.8
7-8	155	119.2	46.5	118.8	46.3	119.0	46.4
8-9	1,981	125.5	48.9	124.9	48.7	125.1	48.8
9-10	361	128.5	50.1	131.9	51.4	130.8	51.0
10-11	130	134.1	52.3	136.3	53.2	135.5	52.8
11-12	102	141.5	55.2	139.8	54.5	140.4	54.8
12-13	2,030	147.3	57.4	147.0	57.3	147.1	57.4
13-14	224	152.3	59.4	149.9	58.5	150.5	58.7

AVERAGE WEIGHTS, 1932.

AGE.	BOYS.						GIRLS.						
	SOMERSET.						SOMERSET.						
	Urban.		Rural.		Total.		Urban.		Rural.		Total.		
	kilos.	lbs.	kilos.	lbs.	kilos.	lbs.	kilos.	lbs.	kilos.	lbs.	kilos.	lbs.	
3-4	91	15.9	35.0	15.8	34.8	15.8	34.8	15.4	33.9	14.7	32.3	15.1	33.2
4-5	482	17.3	38.1	17.5	38.5	17.4	38.3	16.9	37.2	16.8	37.0	16.9	37.2
5-6	1,369	19.1	42.0	19.2	42.2	19.2	42.2	18.6	40.9	18.6	40.9	18.6	40.9
6-7	429	20.9	46.0	20.8	45.8	20.8	45.8	20.6	45.3	20.5	45.1	20.6	45.3
7-8	157	23.3	51.3	23.0	50.6	23.1	50.8	22.4	49.3	22.6	49.7	22.6	49.7
8-9	2,074	25.6	56.3	25.8	56.8	25.7	56.5	24.9	54.8	24.9	54.8	24.9	54.8
9-10	421	28.0	61.6	27.8	61.2	27.9	61.4	26.9	59.2	27.5	60.5	27.3	60.1
10-11	137	30.0	66.0	29.7	65.3	29.8	65.6	30.0	66.0	30.3	66.7	30.2	66.4
11-12	103	32.9	72.4	33.4	73.5	33.2	73.0	33.3	73.3	32.5	71.5	32.8	72.2
12-13	2,129	36.1	79.4	36.3	79.9	36.2	79.6	38.1	83.8	37.8	83.2	37.9	83.4
13-14	254	39.6	87.1	40.0	88.0	39.8	87.6	41.9	92.2	40.5	89.1	40.9	90.0

The following 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	8-9	12-13	4-5	5-6	8-9	12-13
Axbridge ...	102.8	109.4	126.0	145.1	102.6	108.6	124.3	146.9
Bath ...	101.1	107.6	123.7	142.0	102.3	107.8	123.1	143.5
Bridgwater ...	105.0	108.8	124.6	145.2	103.6	108.0	121.9	146.2
Chard ...	101.8	108.9	125.2	144.5	102.9	109.0	125.1	148.4
Clutton ...	102.4	113.3	126.0	143.3	101.9	109.8	123.7	147.5
Dulverton ...	105.5	108.4	125.6	143.0	103.0	108.6	123.2	145.4
Frome ...	104.1	108.0	126.8	144.2	103.3	107.9	125.5	146.1
Keynsham ...	105.4	109.2	126.8	144.2	104.1	108.7	123.3	148.0
Langport ...	104.1	111.7	124.9	144.6	103.2	107.9	125.6	148.9
Long Ashton ...	103.4	109.2	127.1	144.4	102.6	109.0	125.2	148.6
Shepton Mallet ...	101.9	108.8	125.3	141.8	100.8	107.9	123.5	149.4
Taunton ...	104.5	110.7	125.4	143.9	102.9	108.1	123.5	146.4
Wellington ...	103.0	108.5	125.9	144.9	101.9	106.6	122.9	148.1
Wells ...	102.2	110.3	124.6	143.3	104.1	109.9	125.5	146.6
Williton ...	107.1	109.4	125.8	143.3	101.5	102.5	126.3	146.6
Wincanton ...	104.1	108.5	126.4	144.7	101.1	108.9	125.3	147.2
Yeovil ...	101.9	107.5	124.2	142.1	98.2	107.1	124.9	147.5
	103.1	109.5	125.5	144.0	102.4	108.2	124.9	147.0

URBAN.

DISTRICT.	BOYS.				GIRLS.			
	4-5	5-6	8-9	12-13	4-5	5-6	8-9	12-13
Burnham-on-Sea ...	98.2	106.5	129.3	143.9	98.5	105.1	127.5	144.0
Chard ...	102.0	110.4	125.8	141.4	104.0	107.7	124.1	145.8
Clevedon ...	104.4	107.4	125.5	141.3	104.7	107.4	125.9	146.3
Crewkerne ...	101.5	106.6	125.0	143.0	103.0	109.7	122.4	144.0
Frome ...	101.5	108.6	127.7	144.5	103.2	109.6	124.7	144.8
Glastonbury ...	101.0	108.5	124.7	144.8	102.4	108.3	126.4	145.0
Highbridge ...	101.4	108.6	130.5	148.2	100.7	106.9	129.4	150.3
Ilminster ...	103.3	108.1	125.7	145.8	100.2	109.6	122.3	147.2
Midsomer Norton...	103.4	110.0	126.0	146.0	102.6	105.7	126.2	147.7
Minehead ...	—	111.2	125.6	144.6	—	109.5	126.5	149.8
Portishead ...	—	109.4	131.0	145.3	—	110.1	125.9	151.0
Radstock ...	102.0	108.2	127.8	144.0	100.4	109.0	127.9	148.3
Shepton Mallet ...	107.0	109.2	126.5	141.3	104.5	107.7	124.9	148.9
Street ...	104.7	116.4	126.2	146.5	101.4	110.9	126.9	146.0
Watchet ...	102.6	108.8	126.0	145.2	101.3	105.1	125.0	147.7
Wellington ...	103.1	107.4	125.1	145.9	100.0	108.6	124.5	149.6
Wells ...	102.0	109.1	124.1	143.9	100.8	108.9	124.9	147.8
Weston-super-Mare	107.1	108.6	124.9	145.9	103.6	108.1	125.1	147.6
Wiveliscombe ...	103.1	109.4	126.9	146.4	106.7	108.9	127.8	144.9
	102.8	109.1	126.1	144.6	102.0	108.1	125.5	147.3

AVERAGE WEIGHTS (in Kilogrammes).

RURAL.

DISTRICT.	BOYS.				GIRLS.			
	4-5	5-6	8-9	12-13	4-5	5-6	8-9	12-13
Axbridge ...	17.2	19.1	25.7	36.3	16.3	18.6	25.3	37.5
Bath ...	17.5	19.2	25.3	36.2	17.7	18.7	24.7	38.4
Bridgwater ...	17.6	18.9	25.0	36.0	16.9	18.3	24.6	37.1
Chard ...	17.6	19.0	25.4	35.8	16.8	18.7	24.9	38.3
Clutton ...	16.7	19.2	26.5	36.0	16.9	18.7	25.0	37.3
Dulverton ...	17.8	17.9	25.6	35.2	15.5	17.8	23.6	36.8
Frome ...	17.9	18.6	26.0	35.6	16.8	18.3	24.9	35.9
Keynsham ...	18.1	19.4	26.1	36.3	17.8	18.5	24.9	38.2
Langport ...	18.0	19.3	25.5	36.2	16.3	18.4	24.9	36.3
Long Ashton ...	17.4	19.2	25.9	35.9	16.8	19.1	24.7	39.1
Shepton Mallet ...	16.8	18.7	25.5	38.6	15.3	18.4	24.4	39.7
Taunton ...	17.8	19.8	26.3	36.5	16.7	18.7	24.7	37.3
Wellington ...	18.1	19.0	25.6	38.0	17.3	18.0	25.4	38.9
Wells ...	17.4	19.4	26.0	36.5	17.1	19.1	24.7	38.2
Williton ...	19.2	19.4	25.9	38.1	16.8	18.2	25.9	38.4
Wincanton ...	17.1	19.2	25.8	36.6	15.9	19.1	25.0	38.5
Yeovil ...	18.1	19.3	25.5	37.0	16.6	18.5	24.9	38.1
	17.5	19.2	25.8	36.3	16.8	18.6	24.9	37.8

URBAN.

DISTRICT.	BOYS.				GIRLS.			
	4-5	5-6	8-9	12-13	4-5	5-6	8-9	12-13
Burnham-on-Sea ...	17.5	19.1	26.5	35.6	18.5	18.5	25.1	36.8
Chard ...	16.0	19.5	25.6	34.5	17.8	18.1	24.7	37.1
Clevedon ...	17.9	18.7	25.0	35.4	17.7	18.6	25.7	37.8
Crewkerne ...	17.4	18.4	25.6	34.7	16.5	18.6	24.6	37.0
Frome ...	16.8	19.2	25.9	36.9	16.6	18.2	24.5	35.8
Glastonbury ...	16.5	18.9	24.1	37.0	17.0	19.1	25.3	37.3
Highbridge ...	16.6	18.6	26.5	36.9	15.8	17.5	27.1	38.6
Ilminster ...	18.1	19.2	26.3	36.8	17.1	20.1	23.9	40.6
Midsomer Norton...	17.5	19.6	25.8	37.5	17.6	18.2	25.6	37.7
Minehead ...	—	19.4	25.7	37.5	—	18.6	24.5	36.2
Portishead ...	—	18.8	25.2	35.4	—	18.8	24.0	39.4
Radstock ...	17.3	19.5	25.5	34.3	16.6	18.9	25.3	37.7
Shepton Mallet ...	18.0	19.0	25.8	35.3	17.0	18.5	24.5	38.0
Street ...	17.0	18.3	25.9	37.1	16.4	20.0	25.0	37.0
Watchet ...	17.4	19.0	26.0	37.0	16.5	17.8	24.8	38.9
Wellington ...	17.3	18.7	25.8	36.5	16.4	18.4	24.6	40.5
Wells ...	17.1	18.9	24.6	34.6	16.3	18.0	24.8	37.3
Weston-super-Mare	18.0	19.5	25.5	36.3	17.8	18.8	24.6	39.1
Wiveliscombe ...	17.6	18.6	26.1	38.4	17.6	18.6	26.1	38.4
	17.3	19.1	25.6	36.1	16.9	18.6	24.9	38.1

MEDICAL TREATMENT AND FOLLOWING UP.

In previous reports an extended account was given of the means employed in the County for providing treatment for defects found at Medical Inspection. These need not be recapitulated as no material changes have been made.

During the year 993 new cases were referred to the Care Visitors. Arrangements have now been made with 153 Nursing Associations. Inspections in 432 schools were attended by District Nurses. 1,145 inspections were attended by these nurses, and 3,090 cases were referred to them for home visits. Their reports state that 7,876 home visits were paid to these cases.

Their reports upon the 3,090 cases referred to them for home visits show that in 1,405 cases (45 per cent.) medical treatment had been obtained, and 276 cases (9 per cent.) were under treatment by the nurse; in 641 cases (21 per cent.) no treatment was obtained; 658 cases (21 per cent.) were under supervision; and in the remaining 110 cases (4 per cent.) visits had yet to be made at the time the reports were received.

Slight degrees of nasal obstruction, probably due to adenoids, but not marked cases, are reported for breathing exercises in the schools under the direction of the teachers. Directions to parents and teachers as to treatment were given in 2,615 cases (17 per cent.) and for observation in 1,836 cases (12 per cent.). During the past year grants of milk, malt and oil or Parrish's Food were made to 420 children at a total cost of approximately £66. Every child is selected on medical grounds.

The methods of treatment for special defects described in previous reports were maintained. The following defects may be specially mentioned:—

TONSILS AND ADENOIDS.

A scheme for securing operative treatment for Tonsils and Adenoids at certain approved hospitals was started in 1920. Last year 243 recommendations were issued, and 240 operations performed. The cost of these operations was £439 17s. 6d., of which sum £13 2s. 6d. was refunded by the parents, leaving a balance of £426 15s. 0d. to be paid by the County Education Committee. Three recommendations are outstanding involving a further sum of about £6.

The inquiry instituted in 1931 to judge the efficacy of the operations undertaken was continued during 1932. Of 53 cases operated on in 1932 and for which the County Education Committee paid, 50 were reported as satisfactory, 3 as fairly satisfactory and none as unsatisfactory. These results are very good.

More details are now being obtained as to the actual operative treatment given by the surgeons at the recognised hospitals. Special attention has always been paid to the actual need for operative treatment and cases are only recommended and paid for when the need for active operative interference is definite. In general in Somerset the percentage of operations performed per 1,000 children

is much lower than in most areas. Recently there has been much discussion in the medical papers on this question and our action now and for many years past closely corresponds to what is now being advocated as the correct procedure to adopt.

TUBERCULOSIS.

During the year 84 cases of tuberculosis, or suspected tuberculosis, of the lungs were recorded amongst the routine inspections, while there were 70 suspected cases amongst those specially presented. Twenty-six cases of tuberculosis of other parts of the body were recorded, chiefly of glands, bones and joints. Of the 143 cases referred to the Tuberculosis Officers and examined, 16.8 per cent. were found to be definite cases, and a further 14.7 per cent. were marked as suspicious cases of tuberculosis.

Quantock Summer Camp. The Summer Camp in the grounds of the Quantock Sanatorium was again held during the year and on very similar lines to the Camps in 1924-31. Great care was taken in selecting the children and they were picked out by the Medical Inspectors and the Tuberculosis Officers right throughout the year, the list being revised and the children finally selected a few weeks before the Camp opened.

Forty girls were at the Camp from July 12th to August 9th, and forty boys from August 11th to September 8th, a period of four weeks for each group. The children were regularly weighed and medically inspected while at the Camp. The benefit to the children was marked. The average gain in weight for the girls was 7 lbs. 11 ozs., and for the boys 4 lbs. 5 ozs. As before, the Camp was run mainly by voluntary help. The total expenditure was £210, of which £148 was for food. The children were well fed and the cost for food for children and staff worked out at 13.94 pence per head per day. Each child on the basis of a four weeks' holiday cost £2 13s. 4d., including everything. The Education Authorities of Yeovil and Bridgwater repaid £67 10s. 6d.

RHEUMATIC HEART DISEASE.

During 1932 five Heart Clinics were held as follows:—

Centre.	Number of Clinics held.	Cases examined.			
		County.	Taunton.	Bridgwater.	Total.
Radstock	1	14	—	—	14
Taunton	2	35	1	—	36
Weston-super-Mare	1	15	—	—	15
Yeovil	1	15	—	—	15
Totals	5	79	1	—	80

These children have been grouped as follows:—

Suffering from rheumatic heart disease	...	...	...	31
Suffering from congenital heart disease	...	...	...	6
Not suffering from heart disease	...	...	...	41
Doubtful cases or cases under observation	...	...	...	2
				<hr/>
				80
				<hr/>

The diagnosis of a good many cases has been cleared up and in a number of instances children who have been stopped all games, etc., have been allowed to resume normal school life.

The Orthopædic Hospital at Winford offers facilities for the treatment of these heart cases. Two of the four patients admitted in 1931 were discharged in July and October of 1931 and during 1932 three further cases were admitted. Two of these were discharged during the year after being in the hospital 28 and 26 weeks respectively, while the other three were still in the hospital at the end of the year. The reports on discharge show that in two cases the disease was quiescent and the great improvement in hospital was being maintained. In the third case there was a relapse seven months after discharge with chorea and heart trouble. The remaining case has lost a little ground since discharge but is fairly well. Every case will be kept under observation for years to judge the value of the hospital treatment.

VISION AND EYE DEFECTS.

The cases of defective vision include those with 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 1932 the School Oculist examined 1,079 new cases and prescribed glasses in 983.

At the end of the year the number of eye centres in the County was 35, all unaltered from the previous year. Ninety per cent. of the children summoned to the different eye centres attended. Of the remaining 10 per cent., the majority attended on being again sent a notice.

During 1932 the five shillings charged for spectacles was received from 1,282 parents, while in 205 cases (as compared with 192 in 1931) the cost or part of it was provided out of County funds. The expenditure involved was £40 17s. 11d. as compared with £33 8s. 10d. in 1931. Necessitous cases requiring free repairs to frames or new lenses, etc., cost the Committee £3 2s. 0d. Carrying out the resolution of the Education Committee to pay charges for repairs above 2s. 6d. cost 18s. 11d. The present charge for spectacles is now rather more than their actual cost, and during the year this gave a profit of £52 5s. 3d. £44 18s. 10d. was lost on repairs and for free glasses, and £6 9s. 6d. on eye-shades. The receipts for eye material, therefore, was 16s. 11d. above the cost.

During the year 1,487 new pairs of spectacles were supplied, while 858 pairs previously ordered were repaired, or new lenses were fitted to old frames. 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 necessary the children are referred back to the School Oculist.

Of the 1,079 new cases examined, 115 were suffering from squint. Glasses were prescribed in 112 cases and obtained in 98. In 3 instances spectacles were **not required, treatment by shading, etc., being advised.** Eye shades were provided in 59 cases.

DENTAL DEFECTS.

The Dental Scheme only deals with children of selected special ages. Children found at Medical Inspections to have defective teeth are not treated by the School Dentists unless they come under the Scheme. They are referred for treatment as for other defects, *i.e.*, the parents are informed, the School Care Visitors have case sheets, etc. Three dentists were at work throughout the year, but about 9 weeks were lost through illness of one of the dentists. The figures set out show that 41 per cent. of the children passed through their hands.

The ages of the 15,777 children who were examined under the scheme were 260 (5 years), 2,478, 2,391, 2,286, 2,132, 2,104, 1,867, 1,386, 788 and 85 (14 years).

The treatment given to the 12,682 children was as follows:—

Extractions (temporary)	...	...	...	14,597
„ (permanent)	...	...	...	1,152
Fillings (temporary 1,004; permanent 12,071)				13,075
Other treatment (scaling) ...	...	...	...	81

	No treatment required.			Cases requiring treatment.						
	Number of Cases.	No previous treatment.	Previously treated.	Number of Cases.	Extraction temp. only.	Extraction perm. only.	Fillings only.	Extraction and fillings.	Extraction, fillings, and other work.	Other work only.
Mr. Goddard	1101	519	582	3624	1323	97	1172	1024	—	8
Mr. Nicolson	1007	286	721	4876	2376	89	1158	1248	3	2
Mr. Crossley	1020	285	735	4182	1367	107	1174	1410	40	84
	3128	1090	2038	12682	5066	293	3504	3682	43	94

Children examined and Schools included.

District.	Number of Schools.	Number of Schools included.	Number of days worked.	Children examined.		Children treated.	
				Ages included in Scheme.	Other Ages.	Ages included in Scheme.	Other Ages.
Axbridge Union ...	45	43	67	1,981	—	1,539	—
Weston-super-Mare	6	4	16	440	3	319	1
Bath Rural ...	17	8	14	346	3	261	3
Bridgwater Rural ...	38	38	46	1,285	—	1,075	—
Chard Union ...	28	27	54	1,520	2	1,244	1
Clutton Union ...	31	7	10	299	—	236	—
Dulverton Union ...	13	—	—	—	—	—	—
Frome Union ...	26	26	46	1,042	6	856	3
Keynsham Union ...	10	9	18	511	—	372	—
Langport Union ...	24	24	34	876	3	724	2
Long Ashton Union	32	31	53	1,494	—	1,157	—
Shepton Mallet Union	25	24	35	878	3	731	2
Taunton Rural ...	28	28	41	1,149	—	959	—
Wellington Union ...	18	2	6	202	2	164	1
Wells Union ...	25	25	51	1,179	2	980	1
Williton Union ...	31	17	16	424	—	344	—
Wincanton Union ...	27	26	40	1,020	8	762	6
Yeovil Rural ...	31	31	40	1,131	1	938	1
	455	370	587	15,777	33	12,661	21

As in previous years the most satisfactory features of the scheme are the large number of children which yearly require no treatment and the large number of fillings and the small number of permanent teeth extracted as set out in the table. The table shows that 3,128 required no treatment, of which 2,038 had been previously treated. To this should be added, from the point of view of conservative dentistry, the 5,066 children who required temporary extractions only. This makes 8,194 children whose teeth were examined and found to be sound except for temporary extractions.

Mr. Goddard, Mr. Nicholson and Mr. Crossley worked 587 days (164, 209 and 214 respectively) during the year and examined 15,810 children, an average of 27 a day, while 22 a day were treated, the average for the previous year being 28 and 22 respectively. These figures must be considered as satisfactory in view of the difficulties of transport, administration, etc.

The cost of the dental work for the year was £2,439, the largest items being £1,527 salaries of dentists, £414 travelling and maintenance allowances, and £209 clerical assistance. The cost of dental materials and renewals was £105, while the amount paid for the hire of rooms was £135. The sums received as fees from parents during the year amounted to £312. The cost for each child treated works out at 3/10, or deducting parents' contributions, 3/4½.

The numbers of toothbrushes sold during the last ten years are: 3,928, 2,355, 2,988, 3,695, 3,192, 3,138, 2,511, 2,479, 2,031, 1,942 (1932). The price charged is 4d.

While the work done is most valuable and the "value for money" is definitely high there are certain unsatisfactory features about the dental work.

In the first place, three dentists cannot keep pace with the work. Each child in the scheme should be seen again after approximately a year, and it will be agreed that this is rather a long interval and should not be exceeded. Instead, their examination tends to fall later, so that the child may not be re-examined for $1\frac{1}{4}$ to $1\frac{1}{2}$ years. The yearly total time of delay each year is about 126 days, while at the end of the year (1932) it was about 413 days, or equal to the time of 1.9 dentists. Only a small portion of this is accounted for by illness of one or more dentists.

There is evidence, as I pointed out in my report for last year, that the amount of dental decay of the children entering the scheme is increasing and that the teeth of school entrants are worse than they were in the earlier days of the scheme. It would be a great advantage to let the children into the scheme at 5 and 6 instead of as at present 6 and 7 years of age, but that cannot be undertaken with the present staff. There is a close relationship between dental decay and nutrition, and there is much need for improving the feeding and nutrition standards of the pre-school child.

The figures given on page 16 of the ages of the children examined do not show that progressive increase which they should do. This means that many children drop out of the scheme when older. Part of this is due to transference to secondary schools, there being no dental treatment given for these children, but this can only account for a small part. The change from a Junior to a Senior school often makes a break, and in the new school the children may not be included in the scheme, but we try to counteract this by notification to the Head Teacher of all the children who were in the scheme. Evidently less attention is paid by the parents to the teeth of the older children and many are allowed to drop out of the scheme.

The lag in treatment is purely a question of staff; starting the scheme at 5 years is also a Staff matter. Steps could be taken to put more pressure upon parents in the scheme who now let their children leave it, and this would result in better figures. To do this would, however, still further weigh the scheme and add more children to be examined when we are already behind.

These defects of the scheme cannot be dealt with effectively until the present dental staff is increased.

VERMINOUS CONDITION OF SCHOOL CHILDREN.

This condition has so improved of recent years that it has not been necessary to make complete inspections of every child in every school, but the best results have been obtained by concentration upon schools and individual children needing attention. It has not been possible, therefore, accurately to compare conditions now with what existed many years ago. To enable this to be done, a complete examination of all the children was made during 1932, every school being visited and every child in attendance examined. These visits were of course paid without notice being given, and followed the same procedure as in earlier years. If anything the criteria would be more stringent, the improved conditions allowing a higher standard. The data, therefore, is strictly comparable with the findings in earlier years. The results obtained are shown in the Table.

Children found Verminous at Primary Visits—1932.

Area.	No. of children on books.	No. of children inspected.		Children found verminous.						Percentage verminous.	
				Boys.			Girls.				
		Boys.	Girls.	L.	N.N.	F.N.	L.	N.N.	F.N.	Boys.	Girls.
Axbridge	3,058	1,384	1,314	2	14	19	2	35	46	2.5	6.3
Burnham & Highbridge	772	359	357	—	—	1	—	5	10	0.2	4.2
Weston-super-Mare	2,270	1,220	1,057	4	7	8	2	39	50	1.5	8.6
Bath Rural	1,495	777	672	1	1	6	6	6	24	1.2	5.3
Bridgwater Rural	2,309	1,188	1,218	—	1	7	1	3	52	0.6	4.6
Chard Urban	749	412	331	1	—	3	—	4	8	0.9	3.6
Chard Rural	995	551	596	—	—	2	1	—	7	0.3	1.3
Crewkerne	548	294	333	—	—	1	—	1	15	0.3	4.8
Ilminster	383	153	153	—	—	—	—	—	4	0.0	2.6
Clutton	2,619	1,121	991	3	—	5	7	16	31	0.7	5.4
Midsomer Norton and Radstock	1,795	789	737	—	1	1	3	7	16	0.3	3.5
Dulverton	568	253	267	—	—	1	2	2	5	0.4	3.4
Frome Urban	1,488	755	637	1	1	1	—	16	15	0.4	4.8
Frome Rural	1,228	599	526	—	—	1	4	11	14	0.2	5.5
Keynsham	1,189	553	529	1	3	5	3	4	17	1.6	4.5
Langport	1,707	783	740	—	—	7	6	5	29	0.9	5.4
Long Ashton	2,101	1,065	974	1	3	20	10	24	35	2.2	7.1
Clevedon	775	380	444	2	3	5	3	9	11	2.6	5.2
Portishead	513	244	217	1	—	—	—	4	8	0.4	5.5
Shepton Mallet Urban...	664	283	294	3	—	2	—	2	13	1.7	5.1
Shepton Mallet Rural	1,100	523	480	1	—	1	7	2	6	0.3	3.1
Taunton Rural	2,182	1,033	986	1	2	8	4	9	28	1.1	4.1
Wellington Urban	848	473	424	—	2	1	—	5	10	0.6	3.5
Wellington Rural	764	400	393	—	1	—	3	4	11	0.2	4.5
Wells Urban	606	158	392	—	—	1	1	2	7	0.6	2.5
Wells Rural	1,146	519	511	2	3	8	4	13	12	2.5	5.6
Glastonbury	545	235	165	—	—	—	1	8	6	0.0	9.1
Street	608	294	268	1	1	1	1	1	3	1.0	1.8
Williton	1,464	743	564	—	1	6	—	2	30	0.9	5.6
Minehead	503	246	213	—	—	1	—	—	6	0.4	2.8
Watchet	253	135	111	1	—	4	—	—	3	3.8	2.7
Wincanton	2,172	936	840	1	—	6	3	—	13	0.7	2.2
Yeovil Rural	1,985	925	932	2	3	3	4	11	14	0.4	3.1
Totals	41,402	19,883	18,666	29	47	135	78	253	559	1.06	4.76

The findings are very striking. In no group of schools did the boys show more than 3.8 per cent. verminous, while the highest for the girls was 9.1. The averages for the whole county are extremely low. It will be noted that these include all cases showing any evidence of lice. The records of each school were tabulated separately, and in no large school was there a percentage prevalence above 15, and these were extremely few. In a few very small schools the presence of one dirty child caused a certain amount of infection, with a high percentage in the school. There were six such little schools with percentages above 20. A large proportion of the schools showed no verminous children at all.

The following compares these results with findings in the years before the War:—

Children found Verminous at first Inspection. Percentages.

Year.	Boys.	Girls.	No. of children whose parents were prosecuted.
1912	12.4	36.3	105
1913	20.0	52.4	99
1914	14.1	43.8	121
1932	1.1	4.7	4

This table shows how very striking has been the diminution of dirty heads. One cause of the reduction has undoubtedly been the steady pressure exercised by the County Health Department in association with the teachers who were resolved to have clean schools. By itself, however, I do not think the success achieved would have been so dramatic. An important factor, I believe, has been the knowledge acquired by many fathers, during their service in the Army, that a verminous condition is due to infection and is one which can be eliminated by suitable treatment. In pre-war days we repeatedly found that our efforts were nullified by the apathy, or even the direct hostility, of parents on the assumption that a verminous condition was one which existed, and was hardly within their power to control. Everything but their own neglect was held responsible, and while they resented the stigma attached to the condition they felt no stimulus to remove the factors causing it. The fathers of the children took no particular interest, but after the War those who had served realized its implications and many supported our efforts.

WESTON-SUPER-MARE SCHOOL CLINIC. SUMMARY OF WORK, 1932.

Reason for examination or treatment.	Examined only.	Treated.				Total examined or treated	Attendances at Clinic.
		Cured.	Improved.	Unrelieved	Under treatment, etc.	Total treated.	
Fitness for School or Special Schools ...	23	—	—	—	—	23	29
Re-examined from 1931 ...	22	—	—	—	—	22	154
External eye diseases ...	—	5	1	—	—	6	28
Ear diseases: Otorrhœa, etc. ...	—	2	3	—	4	9	82
Deafness ...	—	10	5	—	—	15	41
Ringworm: Body ...	—	2	—	—	—	2	4
Scalp ...	—	—	—	—	—	—	—
Impetigo ...	—	46	—	1	3	50	142
Scabies ...	—	6	—	—	—	6	26
Eczema and other skin diseases ...	2	9	2	—	—	13	29
Minor skin injuries ...	1	18	—	—	—	19	50
Other conditions ...	83	17	4	—	2	106	217
Totals ...	131	115	15	1	9	271	802

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Total individual children examined or treated = 257.

FROME SCHOOL CLINIC. SUMMARY OF WORK, 1932.

Reason for examination or treatment.	Examined only.	Treated.				Total examined or treated	Attendances at Clinic.
		Cured.	Improved.	Unrelieved	Under treatment, etc.	Total treated.	
Fitness for School or Special Schools ...	—	—	—	—	—	—	—
Re-examined from 1931 ...	38	—	—	—	—	38	38
External eye diseases ...	—	6	—	—	—	6	24
Ear diseases: Otorrhœa, etc. ...	—	6	—	—	2	8	46
Deafness ...	—	2	1	—	—	3	6
Ringworm: Body ...	—	1	—	—	—	1	10
Scalp ...	—	1	—	—	—	1	24
Impetigo ...	—	12	—	—	—	12	49
Scabies ...	—	1	—	—	—	1	3
Eczema and other skin diseases ...	—	2	—	—	1	3	18
Minor skin injuries ...	—	11	—	—	—	11	32
Other conditions ...	54	13	6	—	11	84	198
Totals ...	92	55	7	—	14	168	448

Total individual children examined or treated = 101.

OTHER AILMENTS, INCLUDING SKIN DISEASES.

A number of cases of minor ailments are referred to the District Nurses for treatment, and during the year 199 cases were so referred. Many cases were treated at the School Clinics. In general there has been a marked decrease in recent years in the number of minor ailments to be treated.

School Clinics. There were two such Clinics at the beginning of the year, *i.e.*, at Weston-super-Mare and Frome. The table shows the work done at these Clinics.

Goitre. Iodised chocolates are given in selected schools to children to prevent the development of goitre. During the year this preventive treatment was given in 42 schools to approximately 1,550 children. The cost of the chocolates for the year was £35 15s. 6d.

Ringworm. From an average of over 200 cases a year (as high as 323 cases in 1911) the number of cases of ringworm of the scalp has steadily diminished until at the end of 1932 there were only 12 known cases, the lowest recorded. The greatest number of cases was in Midsomer Norton, 4. There were no known cases in 444 schools, one case in 10 schools and two cases in one school.

District Nurses, under the arrangements made by the County Education Committee, assisted in the treatment of 16 fresh cases. Of the 12 known cases, in 10 District Nurses are assisting in the treatment, as compared with 18 in the previous year. Drug treatment is given at the Weston-super-Mare and Frome School Clinics. All but one of the 12 cases are attending school under the scheme. The parents of the remaining case refuse to comply with the conditions and the child is excluded.

Forty-one cases of ringworm of the body were reported and excluded until cured. The majority were back at school within a few weeks.

TREATMENT WITH ARTIFICIAL LIGHT.

Treatment with artificial light, in the form of a Mercury Vapour Lamp, is available at four centres., *i.e.*, Bridgwater, Weston-super-Mare, Yeovil and Minehead. The following tables give particulars of the cases treated, attendances and results. The education cases vary in character but many are malnourished, debilitated children and most of these derive great benefit.

Centre.	Number of Clinics held.	New cases seen.	Total Attendances.				
			Infant.	Educa- tion.	Tuber- culosis.	From outside areas.	All.
Bridgwater	92	28	318	303	156	71	848
Minehead	80	12	35	455	34	0	524
Weston-super-Mare	94	36	2	808	417	94	1321
Yeovil	94	29	232	586	215	102	1135
Total	360	105	587	2152	822	267	3828

	Tuberculosis.	Rickets.	Debility and Malnutrition.	Glands (Not Tuberculous).	Others.	Total (all cases).
Cured or Improved	29	12	75	16	27	159
Unaltered	1	1	3	3	3	11
Worse	0	0	0	0	0	0
Still under treatment	22	2	19	8	15	66
Total	52	15	97	27	45	236

The cases have again done well, and both doctors and parents have sent requests for "another course of light like the one that did him so much good before." Quite frequently parents of school children have stated that a course given a year or two ago seemed to start the child off on a career of permanently increased mental and bodily vigour.

Several cases of tuberculous glands which were on the point of breaking down have either resolved or have left a better scar than those not treated by "Sunlight."

Dr. Short again stresses the importance of combining or following the artificial sunlight with some actual sunlight whenever possible.

CRIPPLED CHILDREN.

The orthopædic scheme started in 1925 continues to be a great success. Many bad cases of crippling have been cured, many made so much better that they are capable of earning their living, while a very large number of children suffering from minor defects which were a cause of ill-health and future inefficiency have had those defects remedied.

Voluntary helpers are available at all the Surgeon's clinics and at most of the Sister's clinics. At four Surgeon's clinics V.A.D. nurses have mainly staffed the clinics and have provided excellent Honorary Superintendents. Much transport help is also given by voluntary workers and a material part of the success of the scheme is due to this splendid voluntary help. The teachers have been very helpful in the following up of school cases, seeing that they come to school in the boots provided, wear any appliances ordered, etc.

Close co-operation is maintained with the other County services. Not only are treated children followed up by the Orthopædic Sister, but they are re-examined and kept under observation by the School Medical Inspectors and Tuberculosis Officers.

Dr. Forrester-Brown has been the Visiting Surgeon for all the clinics as well as in general charge of the cases admitted to the Bath Orthopædic Hospital, and I would again emphasise how much of the success of the scheme is due to her skill and enthusiasm. The operations at the Hospital are carried out and shared between two Visiting Surgeons and Dr. Forrester-Brown.

The attendances at the Surgeon's and Sister's Clinics are shown in the following tables:—

Attendances at Surgeon's Clinics, 1932.

Dispensary.	Number of Clinics held.	New Cases seen.	Total Attendances.				
			I	E	T	O	All
Glastonbury	5	38	42	100	12	5	159
Radstock	3	26	31	48	5	1	85
Taunton	11	64	152	185	24	12	373
Weston-super-Mare	11	73	130	195	26	7	358
Yeovil	11	53	116	192	24	14	346
Frome	4	20	31	87	4	—	122
Bath	4	22	22	91	5	2	120
Minehead	1	2	3	11	—	2	16
Bridgwater	4	24	37	89	10	7	143
	54	322	564	998	110	50	1722

NOTE.—I = County Pre-school cases, E = County Education cases, T = Tuberculosis cases, O = Other cases, i.e., children over age.

Attendances at Sister's Clinics, 1932.

Dispensary.	Number of Clinics held.	Total Attendances.				
		I	E	T	O	All.
Glastonbury ...	39	97	278	17	—	392
Radstock ...	35	101	326	15	4	446
Taunton ...	42	191	286	9	—	486
Weston-super-Mare	35	170	493	19	—	682
Yeovil ...	34	156	182	10	7	355
Frome ...	23	44	224	1	—	269
Bath ...	11	13	71	—	—	84
Minehead ...	9	11	69	—	1	81
Bridgwater ...	24	49	165	9	12	235
Chard ...	10	4	41	—	1	46
Cheddar ...	8	9	30	—	—	39
Clevedon ...	1	—	7	—	—	7
Langport ...	10	20	33	—	—	53
Shepton Mallet ...	11	12	36	1	—	49
Wellington ...	12	13	40	—	—	53
Wincanton ...	11	16	46	5	5	72
Bristol ...	9	9	111	2	1	123
Total ...	324	915	2,438	88	31	3,472

In addition 489 attendances have been made at a posture class at Taunton.

Bath and Wessex Children's Orthopædic Hospital.

Somerset Cases in Hospital during 1932.

Type of Case.	In Hospital 31-12-31.	Admitted.	Discharged.	In Hospital 31-12-32.	Average duration of each case (discharged cases only).
Non. resp. tuberculosis (Bones and Joints) ...	12	4	5	11	796 days
Congenital deformities ...	4	23	23	4	87 days
Poliomyelitis ...	4	13	7	10	92 days
Rickets ...	2	8	6	4	103 days
Spastic paralysis ...	1	0	1	0	146 days
Scoliosis ...	0	1	1	0	55 days
Osteo-myelitis (other than tubercular) ...	2	5	3	4	238 days
Other cases ...	5	3	4	4	76 days
Total ...	30	57	50	37	—

Although 30 beds were retained all the year instead of the 24 under the original scheme, there was a considerable waiting list, which has been detrimental to some of the cases in spite of the fact that careful selection is made of the patients to be admitted. It is disappointing that it was necessary to keep many of the cases so long in the Hospital that there were only 57 admissions during the year.

In addition to these cases a number of tuberculosis patients suffering from bone and joint diseases have been treated at Alton. During the year 7 have been sent, and on January 1st, 1933, there were 11 cases there still under treatment.

A very large number of crippled children have been seen at the different clinics, as shown in the tables. Some of them suffer from several defects and in a few a definite diagnosis has not been recorded on our records. The statement given below, while not a complete classification, gives a good idea of the types of cases which have been dealt with at the Clinics.

Cases seen at the Clinics during 1932 for the first time.

Tuberculosis of bones and joints	11
Spastic paraplegia and hemiplegia	12
Infantile paralysis (poliomyelitis)	12
Osteo-myelitis	8
Congenital dislocation of the hip	7
Club foot	12
Other congenital deformities	10
Scoliosis	9
Torticollis	6
Diseases and injuries of the toes	15
Postural deformities:—	
General defects of posture	27
Flat foot (often with other postural deformities)	27
Postural scoliosis	2
Knock knees (many old rickets)	77
Bow-legs	30
	<hr/>
	163
Rickets (not specially postural)	15
Results of injuries	4
Other defects and deformities	38
	<hr/>
	323
	<hr/>

The number of new cases seen is 55 less than in the previous year. There are very large numbers of old cases to be seen, so that in spite of this decrease the Surgeon's Clinics are crowded and it is difficult to arrange for all the patients to be re-examined at suitable intervals. Many slight posture cases are now treated by the Medical Inspectors or referred by them direct to the Orthopædic Sister to be treated by her under their general directions. These

cases, therefore, do not go to the Surgeon's Clinics and are not included in the table. If the defect is considerable, or if the condition does not yield to treatment, the cases are then sent to be seen by the Orthopædic Surgeon.

The attendances at the Surgeon's Clinics are about the same as last year, while those at the Sister's Clinics have increased. At the Sister's Clinics while most of the work has been at the major centres, the minor Clinics have been very valuable and have enabled many cases to attend for further treatment when it would have been impossible for them to travel the longer distances to the main Clinics.

A large number of cases have been provided with suitable splints and appliances. During 1932, 146 splints, etc., were supplied, 133 being calipers or other irons, while 203 alterations to ordinary boots were ordered and supervised, and 6 pairs of surgical boots provided. These appliances are obtained from the Oswestry and Wingfield Orthopædic Hospitals, as well as from the Bath Orthopædic Hospital. In addition, many plaster of Paris splints were fitted. In 1932 the number fitted was 297. The cost of the splints and appliances supplied has increased considerably, due to the alteration of the Agreement whereby these appliances, supplied at the hospital before discharge, are now paid for by the County Council. The cost of these was about £33.

X-ray photographs of cases are required in a number of instances, either to aid in making the diagnosis or as a guide to the treatment required. Arrangements have been made with 15 hospitals, or individuals, for X-ray photographs.

At one time it was difficult to find suitable persons at the different centres to undertake massage, but this difficulty has largely been overcome. It is possible therefore to give many more cases which need it massage treatment, and as shown in the expenditure figures £102 16s. 1d. was paid for this work during 1932.

The cost of the Orthopædic Scheme is apportioned between the County Education Committee, the Tuberculosis Sub-Committee and the Maternity and Child Welfare Sub-Committee.

The total expenditure upon the Orthopædic Scheme, shared between the three Committees, for 1932 is as follows:—

EXPENDITURE.

I. In-patients.

	£	s.	d.
Bath Orthopædic Hospital (and 2 cases at other Hospitals)	4,168	3	3
Boarded-out cases	37	8	10
Travelling expenses to Hospital	7	1	7
Certain special expenses	2	12	6

II. Out-patients.

(a) Splints and appliances	319	17	7
(b) Orthopædic Surgeon (services and travelling expenses)	236	15	6
(c) Nursing assistance: Miss Mayor (salary and travelling expenses)	488	0	5
Holiday substitute	17	3	0
(d) Travelling expenses of cases	43	6	7
(e) Maintenance of County Clinics	117	12	8
(f) Payments to outside Clinics	12	8	6
(g) X-ray photographs	39	3	0
(h) Payments for massage	102	16	1
(i) Bath City Statutory Hospital	13	10	0
(j) Equivalent of one Health Visitor	293	2	5

III. Central Office expenses.

Clerical assistance, printing, postage, stationery, etc., and superannuation expenses	261	3	8
	<u>£6,160</u>	<u>5</u>	<u>7</u>

RECEIPTS.

	£	s.	d.	£	s.	d.
In-patient payments—						
From parents	194	16	11			
„ Hospital Leagues	37	12	0			
„ Public Assistance Committee	320	14	4			
				<u>553</u>	<u>3</u>	<u>3</u>
Clinic attendances payments—						
From Areas outside the County	15	2	6			
„ Local Authorities in County	125	16	6			
„ Public Assistance Committee	7	12	3			
„ M.D. Acts Committee	2	5	6			
				<u>150</u>	<u>16</u>	<u>9</u>
Payments towards Splints and Appliances—						
From parents	35	6	0			
„ Public Assistance Committee	13	10	0			
				<u>48</u>	<u>16</u>	<u>0</u>
Payments for massage (Public Assistance Committee) ...				<u>9</u>	<u>12</u>	<u>6</u>
				<u>£762</u>	<u>8</u>	<u>6</u>
Net expenditure ...	<u>£5,397</u>	<u>17</u>	<u>1</u>			

This is £15 less than for the previous year. While some items such as maintenance of clinics and the cost of splints and appliances have considerably increased, there is a reduction in other items. For a service upon which the actual expenditure upon individual cases cannot be controlled the correspondence between expenditure and estimates is very close.

THE PREVENTION OF CRIPPLING AND POSTURAL CONDITIONS.

Much attention continues to be paid to this side of the work. Rickets is a great cause of postural defects and of a number of serious deformities. As described in my report as County Medical Officer special attention is directed to the prevention of rickets. Every case of notified poliomyelitis is at once followed up and, if a child, facilities for expert treatment are offered, as early special treatment is the essential factor in limiting the subsequent disability and crippling.

The work on the prevention of postural defects and improved physical training has been continued on the lines set out in my last annual report and the results obtained are undoubtedly of great value. Miss Marjorie Smith is making a great success of this work with the help of many enthusiastic and interested teachers. As explained in my report for last year the basis has been broadened and much more attention can now be given to the teaching of good posture by the teachers generally. In consequence rather less time can be allotted to purely remedial exercises given to selected groups of children. These are the less necessary now that so much more attention is paid to posture and there is a general realization of the desirability of correct posture as part of health development.

Teachers' Classes for Physical Training were held at five centres and a posture lecture and demonstration was included at each meeting. The number of teachers in these classes was 268, as follows:—Highbridge 50, Cheddar 40, Exton 22, Shepton Mallet 76, Frome 80; and the number of schools represented was 114. This makes a total of 498 teachers, representing 214 schools, that have now received definite postural instruction over the last two years, but who have not of necessity come in contact with the intensive (children's) posture classes in school.

Head-Teachers' Conferences were held at Highbridge, Shepton Mallet, and Frome, where the question of Posture took a place in the programme.

Three lecture-demonstrations were given at the request of the Bath Education Authority to Bath and district teachers; the average attendance at each of these gatherings numbered approximately 200. Miss Smith also delivered addresses at Head Teachers' Study Circles at Yeovil and Weston-super-Mare. At the request of the Taunton Education Authority a lecture-demonstration was given at the North Town School.

Miss Smith has visited many of the public Elementary Schools and five Secondary Schools to observe cases of faulty posture and to give advice to teachers regarding appropriate exercises. Many individual children have been benefitted in this way.

The posture classes for groups of children selected by the Medical Inspectors have been continued, and those held by Miss Smith during the year have been:—

Burnham R.C.	...	...	Classes of 18 girls and 12 boys.		
Wellington C.E. School	...	..	29	..	46 ..
Cheddar Undl.	...	..	8	..	20 ..
„ C.E.	...	..	21	..	25 ..
Frome Cl.	...	..	32	..	40 ..
„ C.E.	...	..	16	..	23 ..
„ Methodist	...	..	9	..	9 ..
Shepton Mallet	...	..	21	..	26 ..

As a result of the exercises the children showed an average increase of breathing capacity of 0.7 inches. Classification of the posture cases before and after the special course showed very definite improvement.

Continuation classes have been carried out by the teachers at Ilminster (2 classes), Merriott (3), Hinton St. George (1), Martock C.E. (2), Martock, Bower Hinton (1), South Petherton Boys (1), Highbridge (5), Cheddar Undl. (2), and Cheddar C.E. (4). These have been followed up by Miss Smith and the work done reported satisfactory. Miss Smith in her report makes the following interesting remarks:—

“Teachers are now realizing that good posture is an acquirement which most children possess when they enter school at the age of five, and there is no need for this natural poise to be lost. The new furniture (chairs and tables) has helped very much in this direction. Many teachers, especially infants’ teachers, will clear a floorspace easily and quickly and so allow of free movement very readily. I witnessed a class of 33 children aged four, clear their room entirely (*i.e.*, putting chairs and tables against the walls) without the teacher’s aid, in $2\frac{1}{2}$ minutes, and have it ready for use again in less than one minute.

A good deal of propaganda is still needed with many teachers to convince them of the speed of this achievement and also the value of a floorspace, viz.:—(a) on a wet day; (b) to give possibility of floor exercises, the value of which is considerable. In some schools, where there are enthusiastic teachers, this clearing is a regular occurrence, not only for the purpose of taking exercise in a recumbent position, but also for the midday rest (which is becoming more popular) for children who eat lunch at school.”

SECONDARY AND CONTINUATION SCHOOLS.

The Secondary Schools consist of the following:—

Provided.

Bridgwater County	...	...	Girls.
Bridgwater Dr. Morgan's	...	...	Boys.
Frome County	...	...	Mixed.
Midsomer Norton County	...	...	Mixed.
Minehead County	...	...	Mixed.
Street, Elmhurst County	...	...	Mixed.
Taunton Bishop Fox's	...	...	Girls.
Weston-super-Mare County	...	...	Mixed.
Yeovil	...	...	Boys.
Yeovil Girls' High	...	...	Girls.

Aided.

Blackford Sexey's	...	...	Mixed.
*Bruton Sexey's	...	...	Boys.
*Bruton Sunny Hill	...	...	Girls.
Crewkerne Grammar	...	...	Boys.
Ilminster Grammar Boys'	...	...	Boys.
Ilminster Grammar Girls'	...	...	Girls.
Taunton Huish's	...	...	Boys.
Wells Blue	...	...	Mixed.
*Langport Grammar	...	...	Boys.

*Not medically inspected by County Health Department.

The six groups of children which are medically inspected are—

- (1) Those admitted to school since the last medical inspection.
- (2) Those aged 12 years, or who missed examination for any reason when 12 years of age.
- (3) Those aged 15 years, or who missed examination for any reason when 15 years of age.
- (4) Those leaving school at other ages than 12 or 15 years.
- (5) Special cases referred by the Head Teacher for examination.
- (6) Re-examination Cases—Those found defective at a previous examination.

Each school is inspected once a year, but it is not possible to pay a routine second visit; some special visits are paid from time to time.

The number of scholars examined last year and the results obtained are shown below:—

ROUTINE MEDICAL INSPECTIONS.

				Boys.	Girls.	All.
Entrants	...	...	...	286	143	429
Intermediates	...	...	...	336	173	509
Leavers	...	...	...	65	23	88
				<hr/>	<hr/>	<hr/>
Totals	...	...	...	687	339	1,026
Other routine inspections	...	...	...	197	132	329
				<hr/>	<hr/>	<hr/>
Totals	...	...	...	884	471	1,355

OTHER INSPECTIONS.

				Boys.	Girls.	All.
Specials	...	...	...	17	24	41
Re-inspections	...	...	...	156	115	271
				<hr/>	<hr/>	<hr/>
Totals	...	...	...	173	139	312

The defects found among the Secondary School scholars are enumerated in the accompanying table. The figures include specially presented as well as routine children, which prevents them from being compared closely with those from the Elementary Schools as regards the prevalence of defects.

Medical treatment for Secondary School scholars has not been provided, but any suspected to be suffering from tuberculosis are referred to the nearest Tuberculosis Dispensary for further examination and, if necessary, treatment; and pupils with defective eyesight, who are not receiving treatment elsewhere, are offered special examination by the County Oculist. Last year such further examination was offered 145 pupils, and accepted by the parents of 99. Of the 1,396 scholars examined as routine or special cases 208 were found to be already wearing spectacles. Where these spectacles appeared to be unsuitable, further examination was offered. For these purposes no distinction is made between free place pupils and others.

There is unavoidable lack of continuity of treatment between the Elementary and the Secondary Schools. The children in the dental scheme should not be deprived of this advantage because they go to a Secondary School, but this nearly always happens in practice. The County Dentists do not visit the Secondary Schools, but facilities for treatment were taken advantage of by a few girls who had always been in the dental scheme at their Elementary School. These girls were treated at their old school during the Dentist's yearly routine visit. Dr. Halliday states that there is still a tendency for children passing on to a Secondary School to leave off any glasses previously worn and either wear none or buy a more ornamental pair from the local optician. Their tendency to wear gym. shoes all day in school has been commented on in previous reports and some of them are children we have been treating for postural defects.

Defects found in Secondary School Children.

Condition.						Number of defects.	Number referred for treatment.	Number referred for observation.
Malnutrition	...	...	...	...	...	50	7	2
Uncleanliness	...	...	...	...	...	4	3	0
Skin Disease	...	...	...	...	...	2	2	0
Ringworm: Head	...	...	...	...	...	0	0	0
Body	...	...	...	...	...	0	0	0
Defective vision	...	...	...	...	...	290	112	9
Squint	...	...	...	...	...	11	0	0
Eye disease	...	...	...	...	...	22	4	1
Defective hearing	...	...	...	...	...	13	5	0
Ear disease	...	...	...	...	...	9	2	0
Nose and Throat disease:								
Enlarged Tonsils only	...	...	...	...	...	232	7	4
Adenoids only	...	...	...	...	...	5	3	0
Enlarged Tonsils and Adenoids	...	...	...	...	...	27	6	5
Other conditions	...	...	...	...	...	121	4	8
Teeth: Dental disease	...	...	...	...	...	622	27	1
Enlarged cervical glands	...	...	...	...	...	105	1	0
Defective speech	...	...	...	...	...	2	0	0
Heart Disease:								
Organic	...	...	...	...	...	4	4	0
Functional	...	...	...	...	...	39	2	37
Anæmia	...	...	...	...	...	44	11	1
Lung disease (non-tubercular):								
Bronchitis	...	...	...	...	...	14	5	1
Other diseases	...	...	...	...	...	0	0	0
Tuberculosis:								
Pulmonary—Definite	...	...	...	...	...	0	0	0
„ Suspected	...	...	...	...	...	5	1	4
Non-Pulmonary	...	...	...	...	...	1	1	0
Disease of the nervous system:								
Chorea	...	...	...	...	...	0	0	0
Other	...	...	...	...	...	1	0	0
Deformities	...	...	...	...	...	256	9	167
Enlarged Thyroid or Goitre	...	...	...	...	...	26	6	0
Other defects and diseases	...	...	...	...	...	54	20	7

The numbers of defects found in Secondary School children show no marked decrease generally. There appears to be no diminution in the number found to have defective vision; while the incidence of cases with "enlarged tonsils" or "tonsils and adenoids" is only slightly lower than that recorded in 1931. Dental disease is still markedly prevalent—even in the older children. Bronchitis was found only half as frequently as in the preceding year; which decrease can perhaps be attributed to the mild dry weather of 1932.

Regarding Enlarged Thyroid or Goitre in growing girls, it is often difficult to assess the degree and type of thyroid enlargement, but an appreciable enlargement of this gland is found relatively more frequently in children from certain parts of the County, *e.g.*, the Frome and Bridgwater areas. This type of enlargement is the result of an iodine deficiency in the body and it can be remedied by taking iodine in some form. The giving of iodised salt at home instead of the common table salt is generally advised in these cases.

EXCEPTIONAL OR DEFECTIVE CHILDREN.

Table III at the end of this report summarises and classifies all the children suffering from one defect only who were on the Special Registers of the School Medical Department at the end of 1932. A separate list is also kept of children who are suffering from the following types of Multiple Defect, *i.e.*, any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, active Tuberculosis, Crippling or Heart Disease. This list comprises a total of 37 children (22 boys and 15 girls). Of these, 16 are epileptic and mental; 8 are crippled and mental; 7 are suffering from active tuberculosis and mental defect; and the remainder are mental and either blind or deaf.

For the purpose of calculating the incidence of defectives per 1,000 of the school children, the number of scholars on the elementary school registers last year is estimated at 42,709. The incidence calculated in this way is not strictly accurate, as normal children leave school at 14 years, while most of the defective children are retained on the Special Registers until 16 years of age.

Blind Children.

All children found or reported to be suffering from defective eyesight are referred to the County Oculist for examination, and any found to be "blind" or "partially blind" are certified accordingly.

The 19 "blind" children recorded in Table III. represent an incidence of 0.4 per 1,000; and the 47 "partially blind" children an incidence of 1.1 per 1,000 of the school population.

There are six boys and eight girls now being trained at certified Schools for the Blind.

Admission to Blind Schools or Institutions is offered to all "blind" children, if they are of suitable age and mentally and physically fit for special education. Institutional cases on attaining the age of 16 years are offered, if suitable, further training. Special Day Classes for "partially blind" children (and the same applies to "partially deaf" children) are desirable, but their provision in a large county with scattered schools is impossible in practice. Bad-sighted or myopic children must remain in the elementary schools, but the Head Teachers are directed how to give them oral and such other instruction as is possible without detriment to their eyesight.

Deaf Children.

Children reported to be deaf are specially examined, and, if necessary, certified as "deaf" or "partially deaf." All "deaf" children are sent to certified Deaf Schools or Institutions, if they are of suitable age and mentally and physically fit for special education. Two girls and one boy were admitted during the year to the Royal West of England Institution for the Deaf, making a total of 13 and 12 respectively at certified Schools for the Deaf.

The 28 "deaf" and 4 "partially deaf" children recorded in Table III. represent an incidence of 0.7 and 0.1 per 1,000 respectively of the school population.

Mentally Defective Children.

At the end of 1931 the Special Register contained the names of 303 feeble-minded children—185 boys and 118 girls. During the past year 37 boys and 18 girls, a total of 55 children, were certified as feeble-minded, and their names added to the Register, while the names of 31 boys and 18 girls, a total of 49, were removed owing to the children having attained the age of 16 years, left the County, died, or been re-graded; leaving a net total of 309 feeble-minded children (191 boys and 118 girls) on the Special Register at the end of 1932.

These 309 feeble-minded children are equivalent to 7.2 per 1,000 of the total number of children on the registers of the Elementary Schools.

Mental Examinations.—During the past year 160 children were examined and certified for the first time, and 46 were re-examined for re-grading or certification for Special Schools or Institutions.

The results of these examinations are shown below:—

			Schedule A.		Schedule B.	Schedule C.	Totals
			Fit for education in an Elementary School.	Fit for Special Class for dull and backward children.	Fit for Special School.	Unfit for Special School.	
First examination—							
Boys	...	...	3	60	37	15	115
Girls	...	...	1	17	18	9	45
			— 4	— 77	— 55	— 24	— 160
Re-examined—							
Boys	...	...	0	7	19	1	27
Girls	...	...	0	7	12	0	19
			— 0	— 14	— 31	— 1	— 46
			4	91	86	25	206

The periodical mental examinations made at the Special Schools are not included in this table.

The frequency of mental defect still remains relatively higher in boys than in girls. Fifty-five children were examined in 1932 and certified as feeble-minded; and two-thirds of these were boys. Twenty-four children were notified as imbeciles, fifteen of these being boys. In those found to be dull and backward only, this sex disproportion was even more marked, for the boys outnumbered the girls by $3\frac{1}{2}$ to 1.

The District School Medical Inspectors are responsible for the examination of all suspected mentally defective children of school age in their areas. Dr. Stirling, the Assistant County School Medical Officer, has been responsible for the Weston-super-Mare area, and has also carried out numerous re-examinations of doubtful and other cases.

Epileptic Children.

The classification of epileptic children is difficult as the severity and frequency of the attacks vary from a mild fit once or twice a year to numerous severe fits daily. Excluding children with mental defect, the majority of the juvenile epileptics in the County are of the milder grade. As will be seen from Table III., 21 are classified "severe" and 30 "not severe," equivalent to an incidence of 0.5 and 0.7 per 1,000 of the school population respectively.

When epileptic children are examined by the School Medical Inspectors, the appropriate form of treatment is considered and, where institutional care seems necessary, this is advised. The number of children who can be sent to Epileptic Colonies, however, is very limited; at present none are being so dealt with. A few of the children who would be suitable for colony treatment on account of the frequency or severity of their fits are unable to be so dealt with as Epileptic Colonies refuse to admit children with any signs of mental deficiency or deterioration. Most children suffering with epilepsy can get adequate treatment from their own doctors or at hospitals and can safely attend school, where they benefit by regular supervision and control.

Physically Defective Children.

Cases of tuberculosis are dealt with through the Tuberculosis Section of the Health Department. It has been found difficult to classify the tuberculous children into the groups suggested by the Board of Education Circular No. 1321, Table III. All tuberculous children are periodically examined and certified as to their fitness for school and no child in an infectious condition is permitted to attend school. Crippled children are recorded in Table III. and the details of the County Orthopaedic Scheme are discussed on pages 23-29.

EDUCATION AND CARE OF DEFECTIVES.

Sandhill Park Institution and Special School. At the end of 1932 there were 47 boys in residence, including two from Taunton, one from Yeovil, one from Wilts., and one from Dorset. At the end of the year there were 47 girls in residence at Sandhill Park, including one from Taunton Borough, one from Bridgwater Borough and one from Wilts.

A further 6 feeble-minded boys were accommodated at the Western Counties Institution, Starcross, and two at Bath Special Day School.

Yatton Hall. This Institution is primarily intended for low-grade defectives. At the end of 1932 there were in residence 28 boys and 20 girls of school age in addition to older defectives. The accommodation is limited, and there is always a considerable waiting list for admission.

Occupation Centres. Since 1920 the Somerset Association for Mental Welfare has provided very useful Occupation Centres in various parts of the County under the supervision of Miss Penrose. Last year the Centres at Taunton, Weston-super-Mare, Bridgwater, Street and Frome were continued. With the exception of Street the classes are now held on five days per week. All the children attending the Taunton and Bridgwater Centres belong to those Boroughs, but in December last there were on the Centre registers 28 children of school age (including three imbecile boys and one imbecile girl) belonging to the County.

After Care of Mentally Defective Children. The Somerset Association for Mental Welfare, through its officers and Voluntary Visitors, continues its valuable work of following up and assisting defective children who have left school. Those leaving Special Schools are notified to the Mental Deficiency Acts Committee for supervision, guardianship or further institutional care as may be necessary.

During the year seven boys and eight girls were thus notified on reaching the age of sixteen. With the exception of one boy at the Starcross Institution, all of these were detained at Sandhill Park.

SCHOOL HYGIENE.

Sanitary Condition of Schools. The importance of schools being in a sanitary and healthy condition is twofold. Defects such as faulty lighting, inadequate ventilation, or insufficient washing facilities may be directly prejudicial to the health of the children, while also schools are the centres for education and not the least important are the lessons imperceptibly taught to the children by a sanitary environment.

It is part of the duty of School Medical Inspectors to report upon the sanitary condition of school premises and 475 reports were received, as well as 17 upon Secondary Schools. In 334 cases no defects were found or at least adversely reported upon. In 56 the defects were of a minor character and not followed up. In the remaining 102 instances the reports were referred to the Education Office to deal with. These, with the results obtained as regards their remedy, are summarised in the following table. The number is considerably more than 102, as many schools showed more than one defect.

Action taken.

Nature of defect found.	Action taken.				Total.
	Remedied	Improved.	Pending.	No action taken.	
Structural defects of Offices ...	9	0	11	3	23
Defects in usage of offices ...	7	0	1	2	10
Water supply	2	0	0	0	2
Ventilation defective	3	0	17	9	29
Lighting defective	3	0	5	10	18
Want of cleanliness	1	0	0	0	1
Defective Cloakrooms... ..	2	0	3	2	7
Repairs or redecoration required	5	0	1	2	8
Desks unsuitable	9	0	16	0	25
Defective playground	2	0	2	0	4
Deficient heating	4	0	1	0	5
Other defects	9	0	1	5	15
	56	0	58	33	147

The table shows that less than half of the defects reported have yet been remedied. This is unsatisfactory, but no doubt due to the need for economy at the present time.

As I reported last year, in as many as 20 schools, *i.e.*, rather over 4 per cent., the type of office is the deplorable privy-midden, a form of excretal disposal universally condemned as grossly insanitary. None of these have been replaced.

Hygiene Instruction in Schools. During the year Miss Lamb, the County Health Propaganda Officer held the special course on Physiology and Hygiene for teachers at six centres. These were at Bristol (6 average attendance), Taunton (31), Yeovil (14), Somerton (13), Chard (15), and Bridgwater (59). Each course consisted of nine lectures given once a week, while in addition at some centres a further lecture on Social Hygiene was given separately to men by Dr. Stirling and to women by Dr. Halliday. The centre at Bristol was very badly attended, partly due to a good deal of illness at the time and partly failure of the teachers to attend and pay the travelling expenses necessary.

Lists of suitable books and posters have been prepared and are kept well up to date. These can be obtained by Head Teachers through the County Education Office. Many health posters have been distributed in the schools.

Most teachers welcome short talks on health matters to the children, and the opportunity of the lecturer being in the district often enables such a talk to be given. One hundred and eleven schools were visited in this way. These hygiene lectures last about thirty minutes and are given with the help of pictures and diagrams. At the same time an opportunity is made to give free literature, posters, competitions, etc., to the Head Teacher and also particulars of the latest books. The visits are helpful and aid in the establishment of more hygiene teaching.

Two Health Education evenings were held during the year at Bawdrip and Croscombe respectively. As explained last year these are held at the schools with the co-operation of the head teacher. Both were well attended by parents and school managers and emphasis was laid on the need for co-operation to help in

Health Education. At High Ham a different method was tried and found suitable and liked by the parents. The Head Teacher held an "open day" to which Miss Lamb took the Health Exhibition. Among matters discussed was the school child's midday meal, and with the help of Miss Peake and of the domestic science teacher at Langport, an exhibition of foodstuffs for the midday meal was arranged. The Health Exhibition was also held for nine evenings in various schools. The school is borrowed for the evening and the exhibits are laid out in one of the classrooms. The head teacher helps to interest the parents beforehand in the exhibition and this is advertised by posters and handbills. The majority were well attended.

As I reported last year, a considerable stimulus was given to the subject of teaching hygiene in the schools. I am not in a position to say how far this is bearing fruit and whether more is being done. From Miss Lamb's observations I gather that in many schools there is still no consecutive teaching but only incidental hygiene talks. In this connection Miss Lamb makes two useful suggestions. The first is that more Hygiene Readers should be supplied, as those available are in large part out-of-date and not suitably written or the children know them all and need something fresh. The other is that it would be very helpful to supply teachers wishing to teach this subject with a suitable summary of a teaching course, which they could use in instructing the children.

The journal "Better Health" has been sent free of charge to all Head Teachers since March, 1931. It is supplied to a good many other teachers on request, they paying the postage. It is a valuable means of increasing interest in school hygiene.

Physical Training. I am indebted to the County Education Secretary for the following particulars of the work of the Physical Training Instructors:—

During the past year the Organisers of Physical Training have paid visits to 306 schools. The whole of the County has now been served with Teachers' Classes, and the health of the children has been very materially improved by the physical training lessons and the general interest in the physique of the child which has been created by the wider knowledge thus gained by the teachers. The increased activity of the child, not only physical but mental, is most noticeable, and whereas in the past he was slow to move, and diffident, he is now experiencing a joy not only of movement but of quick movement.

Teachers' classes have been held at Frome, Shepton Mallet, Highbridge, Cheddar, and Bridgetown in the Exe Valley, where practically all the teachers in the district attended. Some portion of the time of each of these classes is devoted to Postural Training; the exercises from the Board of Education Syllabus are specially demonstrated by boys who are stripped to the waist. In this way correct and incorrect positions can be clearly shown, and mistakes can be pointed out.

Although almost all of the Head Teachers of a district attend and take part in the Teachers' Classes, it is found advisable to hold Head Teachers' Conferences at the termination of a Session; such conferences have been held at Highbridge, Frome and Shepton Mallet. Demonstrations of physical training, games and dancing are given at such meetings, which were visited during the year by several of H.M. Inspectors.

A special address was given to the Yeovil Women Head Teachers' and Weston-super-Mare Study Circles. By special request of the Taunton Education Committee demonstrations of physical and postural training were given at North Town School. Teachers of boys', girls' and infants' departments attended.

The apparatus (forms and mats) which was supplied to the schools from which the teachers attended the Taunton Vacation Course is being very much appreciated by the teachers who are doing the more advanced work from the Board of Education Syllabus. There is a general demand from teachers of senior children for similar courses in the near future.

Association Football, Rugby Football, and Netball have been played as usual during the winter months as inter-school games, under the auspices of the Somerset County Schools Games Association.

In Inter-County matches Somerset were successful against Dorset and Wiltshire, but lost the Hampshire match.

Rugby Football as an inter-school game is as yet in the early stages of organisation. The intention is to foster the game between Senior and Secondary Schools.

The development of Girls' Games is progressing very satisfactorily. Saturday Games-days have been held at Weston-super-Mare (two), Bridgwater, Minehead, Watchet, Taunton, Midsomer Norton, and Street. These days are instructive and sociable occasions. Teams and teachers arrive from all parts of the County—the girls play Netball before lunch, eat lunch with their opponents, and after lunch play Stoolball. Numbers at these functions range between 60 and 130.

Two similar Days have been held at Weston-super-Mare and one at Shepton Mallet for teachers only.

Swimming instruction given during school hours as part of Physical Education has been taken at Frome, Weston-super-Mare, and Burnham.

There is scope for improved methods in the Swimming Instruction given. It is hoped to develop the "class method" following training in "land drill" taken for two or three minutes regularly all through the year. This would produce a higher percentage of swimmers in a given number of lessons in the water, than would "individual" teaching, as is proved by the very successful results achieved at Weston-super-Mare.

The County Schools' Games Association continues to show great keenness and vigour. Twenty-three areas are now included in the Association, two newly-joined areas being Frome and Bruton.

INFECTIOUS AND CONTAGIOUS DISEASES IN SCHOOLS.

During the year 33 schools or departments were closed on account of infectious disease; 24 under Article 23 (b) of the Code by the School Medical Officer, and 9 under Article 22 of the Sanitary Authority on the advice of their Medical Officer of Health.

The Schools were closed for the following diseases:—

Diphtheria	...	...	...	...	...	3
Measles	...	...	...	...	...	9
Whooping Cough	...	...	...	...	...	1
Mumps	...	...	...	...	...	2
Influenza	...	...	...	...	...	15
Chicken pox	...	...	...	...	...	1
Enteric fever	...	...	...	...	...	1
Illness of Teachers	...	...	...	...	...	1
						<hr/> 33 <hr/>

So far as possible schools are not closed for infectious disease and reliance is placed upon the exclusion of cases and suspected cases.

The present policy of Senior and Junior Schools adds considerable difficulties in the way of the spread of infectious diseases, owing to the greater mixing of children from different areas.

Under the Regulations of the Board of Education 133 certificates for weekly attendance below 60 per cent. were issued in respect of 70 schools or separate departments.

The cases excluded by the School Medical Officer or his Assistants during the year were 342. Of these, 35 were for ringworm, 24 for verminous condition of head or body, 92 for other skin diseases, while the remainder were for a variety of conditions. In addition, 68 cases of actual or suspected phthisis and 37 of other varieties of tuberculosis were excluded by the County Tuberculosis Officers.

LABORATORY.

During the year 9,315 samples and specimens were examined in the County Laboratory. The greater number were in connection with Public Health work. 4,863 suspected diphtheria swabs were examined, the majority being from children of school age; 199 specimens of hairs and stumps from suspected ringworm cases were examined; of these, 76 showed the ringworm fungus, while the remaining 123 were negative. Of these 199 specimens, 161 were taken by the School Medical Inspectors or the Health Visitors, and 38 were examined for private practitioners and district nurses.

TABLE I.

Number of Children Inspected 1st January, 1932, to 31st December, 1932.

A.—Routine Medical Inspections.

Number of Code Group Inspections—						Boys.	Girls.	Total.
Entrants	...	...	...	...	...	2,522	2,288	4,810
Intermediates	...	...	...	...	...	2,115	2,027	4,142
Leavers	...	...	...	...	...	2,404	2,293	4,697
						7,041	6,608	13,649
Number of other Routine Inspections ...						657	605	1,262
Total ...						7,698	7,213	14,911

B.—Other Inspections.

Number of Special Inspections ...						744	764	1,508
Number of Re-inspections ...						4,867	4,283	9,150
Total ...						5,611	5,047	10,658

TABLE II.

A.—Return of Defects found in the course of Medical Inspection, 1932.

DEFECT or DISEASE.							Routine Inspections.		Specials.	
							Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
(1)							(2)	(3)	(4)	(5)
Malnutrition	...	...	...	...	...	...	168	26	65	1
Uncleanliness—										
Head	...	...	...	...	...	...	83	3	12	0
Body	...	...	...	...	...	...	17	0	7	0
Skin	...	Ringworm—								
		Head	...	...	...	...	6	0	10	0
		Body	...	...	...	...	10	0	2	0
		Scabies	...	...	...	...	16	0	5	0
		Impetigo	...	...	...	...	48	0	31	1
Eye	...	Other Diseases (Non-Tuberculous)					19	0	9	0
		Blepharitis	...	...	...	...	58	10	48	0
		Conjunctivitis	...	...	...	...	14	1	11	1
		Keratitis	...	...	...	...	0	0	0	0
		Corneal Opacities	...	...	...	...	1	0	3	0
Ear	...	Defective Vision	...	...	...	...	703	74	318	0
		Squint	...	...	...	...	103	9	28	0
		Other Conditions	...	...	...	...	37	7	18	1
		Defective Hearing	...	...	...	...	47	8	29	8
		Otitis Media	...	...	...	...	54	16	27	3
Nose and Throat	...	Other Ear Diseases	...	...	...	...	36	1	21	0
		Enlarged Tonsils only	...	...	...	...	111	290	63	5
		Adenoids only	...	...	...	...	19	30	13	1
		Enlarged Tonsils and Adenoids	...	...	...	...	302	165	139	5
		Other Conditions	...	...	...	...	49	87	32	12
Enlarged Cervical Glands (Non-Tuberculous)	...	...	...	...	...	...	31	47	15	3
Defective Speech	...	...	...	...	...	...	0	10	1	1
Teeth—Dental Diseases	...	...	...	...	...	...	114	1	27	1
Heart and Circulation	...	Heart Diseases—								
		Organic	...	...	...	...	36	17	30	1
		Functional	...	...	...	...	6	242	4	9
Lungs	...	Anæmia	...	...	...	...	110	15	37	2
		Bronchitis	...	...	...	...	190	42	64	3
		Other Non-Tuberculous Diseases	...	...	...	...	5	5	2	0
Tuberculosis	...	Pulmonary—								
		Definite	...	...	...	...	15	2	3	0
		Suspected	...	...	...	...	4	63	0	70
Nervous System	...	Non-Pulmonary*	...	...	...	...	12	2	11	1
		Epilepsy	...	...	...	...	14	1	8	3
		Chorea	...	...	...	...	7	1	2	1
Deformities	...	Other Conditions	...	...	...	...	5	14	15	9
		Rickets	...	...	...	...	25	5	3	1
		Spinal Curvature	...	...	...	...	1	1	0	0
Goitre	...	...	...	...	...	...	164	932	43	52
Other Defects and Diseases	...	...	...	...	...	...	65	42	29	0
							264	82	176	26

*The routine cases consisted of 5 glands, 1 hip, 2 other bones and joints and 6 other forms. One gland case and 1 other form were kept under observation, all the others were referred for treatment. The specials were 6 glands, 1 other bones and joints and 5 other forms. One other form was kept under observation, all the others were referred for treatment.

B.—Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

GROUP. (1)	Number of Children.		Percentage of Children found to require treatment. (4)
	Inspected. (2)	Found to require treatment. (3)	
CODE GROUPS:			
Entrants 	4,810	927	19.3
Intermediates 	4,142	794	19.2
Leavers 	4,697	660	14.1
Total (code groups) 	13,649	2,381	17.4
Other routine inspections	1,262	234	18.5

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Totals.	
BLIND (including partially blind)	(i) Suitable for training in a School or Class for the totally blind	Attending Certified Schools for the Blind 6 Attending Public Elementary Schools 1 At other Institutions 0 At no School or Institution ... 1	6	8	14	19
	(ii) Suitable for training in a School or Class for the partially blind	Attending Certified Schools for the Blind 0 Attending Public Elementary Schools 16 At other Institutions 0 At no School or Institution ... 4	0	0	0	47
DEAF (including Deaf and Dumb and partially Deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools for the Deaf 12 Attending Public Elementary Schools 1 At no School or Institution ... 1	12	13	25	28
	(ii) Suitable for training in a School or Class for the partially deaf	Attending Public Elementary Schools 0 At no School or Institution ... 1	0	2	2	4
MENTALLY DEFECTIVE	Feeble-minded (cases not notifiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children ... 50 Attending Occupation Centres ... 11 Attending Public Elementary Schools 101 At other Institutions 0 At no School or Institution ... 29	50	44	94	309
EPILEPTICS	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics 0 Attending Public Elementary Schools 7 At no School or Institution ... 4	0	0	0	21
	Suffering from epilepsy which is not severe	Attending Public Elementary Schools 16 At no School or Institution ... 1	16	10	26	30

TABLE III. (continued).

PHYSICALLY DEFECTIVE			Boys.	Girls.	Totals.	
	Active pulmonary tuberculosis (including pleura and intra-thoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	0	0	0	
		At Certified Residential Open-Air Schools ...	14	10	24	
		At Public Elementary Schools ...	0	0	0	
		At no School or Institution ...	7	6	13	37
	Quiescent or arrested pulmonary tuberculosis (including pleura and intra-thoracic glands)	At Certified Day Open-Air Schools	0	0	0	
		At Public Elementary Schools ...	90	59	149	
		At no School or Institution ...	18	15	33	182
	Tuberculosis of the peripheral glands	At Public Elementary Schools ...	33	28	61	
		At no School or Institution ...	3	11	14	75
	Abdominal tuberculosis	At Public Elementary Schools ...	14	6	20	
		At no School or Institution ...	3	3	6	26
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	11	7	18	
		At Public Elementary Schools ...	13	2	15	
		At no School or Institution ...	7	11	18	51
	Tuberculosis of other organs (skin, etc.)	At Public Elementary Schools ...	2	1	3	
		At no School or Institution ...	0	1	1	4
	Delicate Children	At Open-Air Schools ...	0	0	0	
		At Public Elementary Schools ...	141	135	276	
		At no School or Institution ...	4	5	9	285
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc.	At Certified Hospital Schools ...	10	10	20	
		At Residential Schools for Cripples	1	1	2	
		At Public Elementary Schools ...	74	38	112	
		At no School or Institution ...	18	9	27	161
	Children suffering from severe heart disease	At Certified Hospital Schools ...	3	0	3	
		At no School or Institution ...	2	4	6	9

TABLE IV.

Treatment of Defects of Children during 1931.

A.—Treatment of Minor Ailments.

Disease or Defect.	Referred for treatment.	Number treated.	Results of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged.		
Skin—							
Ringworm—Head ...	45	45	35	9	1	0	100
" Body ...	53	52	52	0	0	1	98
Scabies ...	27	26	26	0	0	1	96
Impetigo ...	298	293	293	0	0	5	98
Minor Injuries ...	7	7	7	0	0	0	100
Other Skin ...	70	60	43	11	6	10	86
Ear Diseases ...	163	143	102	20	21	20	88
Eye Diseases (External and other) ...	188	161	108	38	15	27	86
Miscellaneous ...	167	149	139	6	4	18	89
	1,018	936	805	84	47	82	92

B.—Treatment of Visual Defects.

Number referred for refraction, etc., 1931.	Number examined by County Oculist.				Number for whom no treatment necessary.	Number absent.	Number obtaining treatment elsewhere.
	For whom spectacles prescribed.	For whom spectacles obtained.	Other forms of treatment advised.				
			Obtained.	Not obtained.			
1,182	953	917	13	0	82	120	14

C.—Treatment of Defects of Nose and Throat.

Referred for treatment.	Number treated.	Received operative treatment.	Received other forms of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged.		
1,163	818	478	54	197	89	345	70

TABLE V.

Summary of Treatment of Defects during 1931.

Disease or Defect.	Referred for treatment.	Number treated.	Results of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged.		
Minor Ailments	1,018	936	805	84	47	82	92
Visual Defects (including Squint)	1,182	980*	944	0	36	120	90
Defects of Nose and Throat	1,163	818	532	197	89	345	70
Dental Defects	222	152	92	51	9	70	68
Malnutrition	281	246	35	149	62	35	88
Defective Hearing	83	63	39	12	12	20	76
Defective Speech	3	0	0	0	0	3	0
Enlarged Cervical Glands (Non-T.B.)	45	35	14	11	10	10	78
Heart Disease—							
Organic	63	41	7	13	21	22	65
Functional	9	6	0	3	3	3	67
Anæmia	178	139	52	63	24	39	78
Lung Disease (Non-T.B.)	250	191	129	35	27	59	76
Tuberculosis—							
Pulmonary—							
Definite	35	29	1	17	11	6	83
Suspected	21	16	4	7	5	5	76
Non-Pulmonary	50	42	7	19	16	8	84
Disease of Nervous System	40	28	13	7	8	12	70
Deformities	349	279	30	160	89	70	80
Goitre	148	117	11	52	54	31	79
Other	308	237	125	65	47	71	77

*In addition 82 children attended and were examined but no treatment was necessary.

TABLE VI.

Summary relating to Children Medically Inspected at the Routine
Inspections during the Year 1932.

(1) The total number of children medically inspected at the routine inspections	14,911	Percentage Prevalence.
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	1,836	12.3
(3) The number of children in (1) suffering from :—		
Malnutrition	850	5.7
Skin Disease	120	0.8
Defective Vision (including Squint)	2,390	22.6
Eye Disease	249	1.7
Defective Hearing	179	1.6
Ear Disease	325	2.2
Nose and Throat Disease—		
Enlarged Tonsils only	3,579	24.0
Adenoids only	134	0.9
Enlarged Tonsils and Adenoids	744	4.9
Other Conditions	786	5.3
	5,243	35.2
Enlarged Cervical Glands (Non-Tuberculous)	2,602	17.5
Defective Speech	193	1.3
Dental Disease	10,572	70.9
Heart Disease—		
Organic	53	0.4
Functional	248	1.7
	301	2.0
Anæmia	272	1.8
Lung Disease (Non-Tuberculous)—		
Bronchitis	547	3.7
Other Diseases	26	0.2
	573	3.8
Tuberculosis—		
Pulmonary—Definite	17	0.1
Suspected	67	0.4
	84	0.6
Non-Pulmonary	14	0.1
Disease of the Nervous System	112	0.8
Rickets	654	4.4
Deformities	1,904	12.8
Goitre	238	1.6
Other Defects and Diseases	523	3.5

TABLE VII.

TOTAL 1932 INSPECTIONS.

SEPARATE DISTRICTS.

District.	Elder Children (12 & over).		8-9.		3-8.		Other Routine Inspections.		Specials.		Re-inspections.		Total.	Approximate Number of Children in Average Attendance.	Percentage of Average Attendance Inspected.	Percentage of Routine Inspected 1932.	Medical Inspector.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.					
Axbridge	332	303	294	292	380	325	84	114	98	88	633	599	3,542	5,744	61.7	37.0	Dr. Slater, Dr. Pringle, Dr. Walker, Dr. Halliday
Bath	156	124	84	80	118	121	60	64	23	35	257	180	1,302	1,540	84.5	52.4	Dr. Heslop.
Bridgwater	147	131	121	128	159	138	42	27	37	64	234	240	1,468	2,117	69.3	42.2	Dr. Hibbert, Dr. Parker, Dr. Slater.
Chard	147	149	149	158	188	153	44	34	37	21	273	230	1,583	2,526	62.7	40.5	Dr. Hibbert.
Clutton	260	249	219	188	246	255	60	47	104	80	606	494	2,808	4,267	65.8	35.7	Dr. Pringle, Dr. Weaver.
Dulverton	33	39	28	37	26	28	6	7	16	12	90	85	416	513	81.1	39.8	Dr. Parker.
Frome	104	132	129	96	126	121	62	51	40	46	364	306	1,577	2,646	59.6	31.0	Dr. Slater.
Keynsham	61	57	53	65	80	89	25	13	14	24	192	135	808	1,088	74.3	40.7	Dr. Pringle.
Langport	100	96	88	74	81	92	23	8	15	13	107	111	808	1,549	52.2	36.3	Dr. Hibbert.
Long Ashton	224	220	182	147	243	201	66	50	44	53	330	270	2,030	3,150	64.4	42.3	Dr. Pringle, Dr. Weaver.
Shepton Mallet	89	103	87	75	95	90	31	19	33	22	182	168	994	1,610	61.7	36.6	Dr. Slater.
Taunton	98	88	121	118	120	109	26	19	64	56	265	248	1,332	1,927	69.1	36.3	Dr. Parker, Dr. Hibbert.
Wellington	97	75	95	88	126	80	13	12	59	72	275	238	1,230	1,557	79.0	37.6	Dr. Parker.
Wells	156	122	151	170	169	146	35	47	47	48	331	309	1,731	2,709	63.9	36.8	Dr. Slater.
Williton	132	115	104	118	131	107	20	12	79	74	385	309	1,586	2,090	75.9	35.4	Dr. Parker.
Wincanton	158	165	108	99	123	117	29	39	17	18	167	189	1,229	2,000	61.5	41.9	Dr. Hibbert.
Yeovil	110	125	102	94	111	116	31	42	17	38	167	172	1,125	1,799	62.5	40.6	Dr. Hibbert.
Totals	2,404	2,293	2,115	2,027	2,522	2,288	657	605	744	764	4,867	4,283	25,569	38,832	65.8	38.4	

