

[Report 1933] / School Medical Officer, Somerset County Council.

Contributors

Somerset (England). County Council.

Publication/Creation

1933

Persistent URL

<https://wellcomecollection.org/works/n4tkwygd>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



Somerset County Council.

THE COUNTY EDUCATION COMMITTEE.

Annual Report

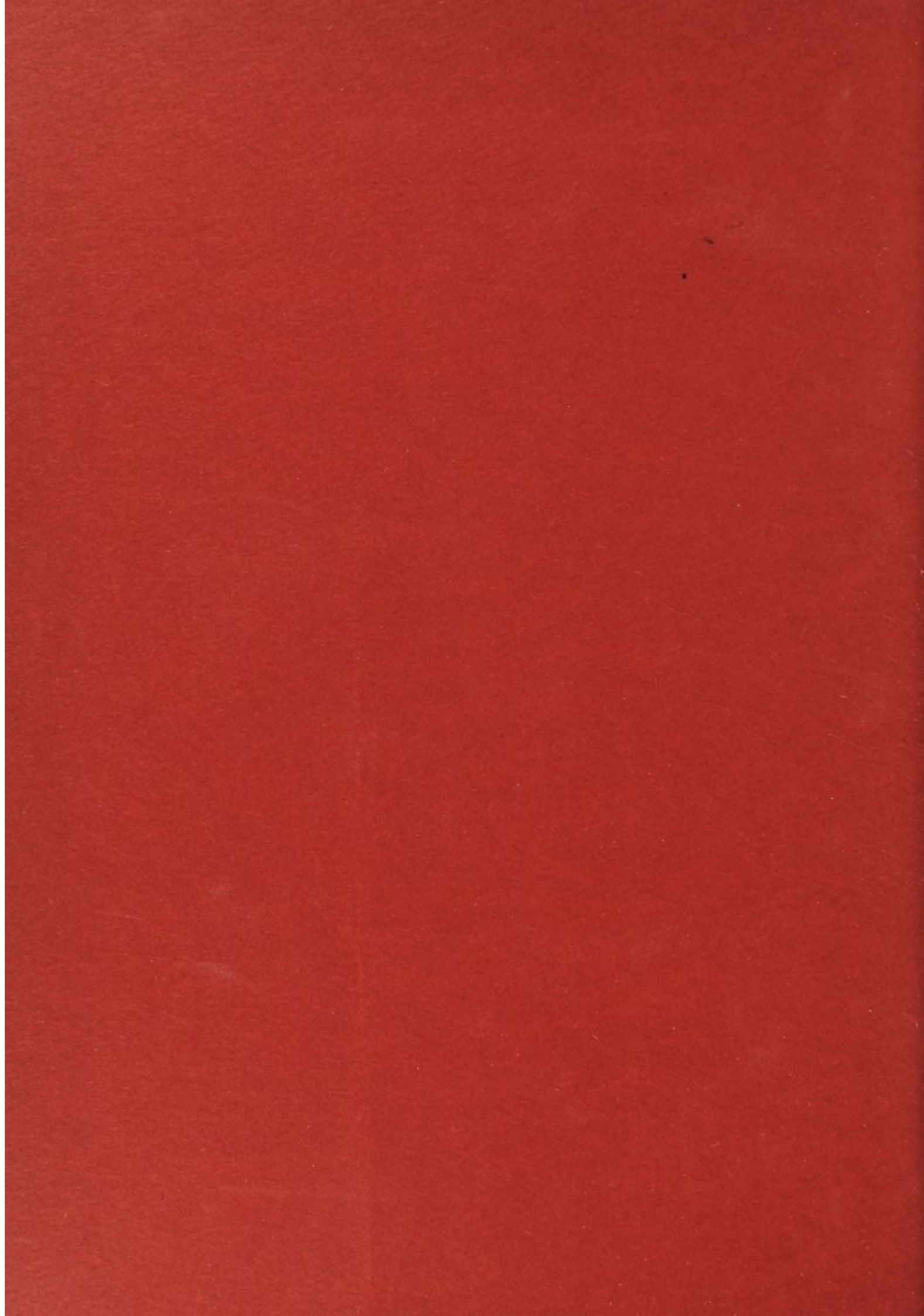
OF THE

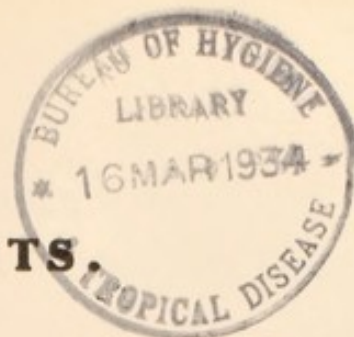
SCHOOL MEDICAL OFFICER

For the Year 1933.

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

County Medical Officer of Health,
County School Medical Officer.





CONTENTS.

	PAGE
Abnormal Children	28
Adenoids	4, 7
After Care work	6
After treatment	6
Artificial Light Treatment	17
Crippling defects	18, 30
Ear disease	4
Exclusion of Children	35
Goitre	16
Health Visitors	14
Heart diseases	4, 8
Hygiene Instruction	32
Infectious diseases	35
Inspection, general arrangements	3
Inspection, visits paid to schools	3
Laboratory	35
Malnutrition	4
Mentally defective	29
Milk and Meals on School Premises	6
Minor Ailments—treatment of	16
Number of Children examined	3
Nursing Associations	6
Nurses, District	6
Parents—attendance of	3
Physically defective	30
Physical Training	32
Re-inspections	3
Rickets	23
Ringworm	16
Sanitary condition of Schools	31
Secondary Schools	25
School Clinics	15
School closure	35
Spectacles, provision of	9
Squint	5, 10
Staff	3
Supplementary Teachers	4
Teeth	4, 10
Tonsils	4, 7
Treatment of special defects	6
Tuberculosis	4, 7, 30
Vermineous condition	14
Vision defects	4, 9

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-fifth 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.

Special attention has been paid during the year to problems of nutrition, including meals on school premises, dental decay and the value of the County Dental scheme, the utility of the hospital treatment of rheumatic heart disease, and posture and health.

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, 1934.

ORGANISATION.

Dr. Henderson started his duties on January 4th, 1933, replacing Dr. Slater, otherwise there were no changes in the staff.

Medical Inspector.	Approx. number of Children in attendance.	Inspections.				Percentage of Children inspected.	
		Routine.	Special.	Re-ex.	Total.	Routine.	All.
Dr. Parker ...	6,031	2,308	339	2,053	4,700	36.6	77.9
„ Hibbert ...	9,344	3,272	140	1,433	4,845	35.0	51.9
„ Pringle ...	7,633	2,775	411	2,796	5,982	36.4	78.4
„ Henderson	7,140	2,809	279	2,909	5,997	39.3	84.0
„ Heslop ...	5,421	1,462	165	1,005	2,632	27.0	48.6
„ Walker ...	1,980	820	39	405	1,264	41.4	63.8
„ Halliday ...	1,020	426	33	175	634	41.8	62.2
TOTALS ...	38,569	13,872	1,406	10,776	26,054	36.0	67.6

MEDICAL INSPECTIONS CARRIED OUT.

The number of Elementary Schools is 449 with 497 departments. The average attendance during the year ending 31st March, 1933, was 39,053.

		Urban.	Rural.	Total.
Council Schools	... ..	27	118	145
Voluntary Schools	... ..	36	268	304
Total	... ..	63	386	449

The number of visits paid to Elementary Schools for the purpose of conducting routine inspections during the year was 1,283. The number of children inspected was 26,054, an increase of 485 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 15,278. The number of children re-inspected during the year was 10,766, compared with 9,150 in the previous year. This is exclusive of the cases referred to the School Oculist.

All the schools, except 2 Elementary Schools only visited bi-annually, were visited during the year. The percentage of parents present at routine inspections was 54.9, which is above the average. Pressure of other work only allowed a second visit to be made to 43 schools.

EXAMINATION OF 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	...	...	...	5
A.2.—In good health, but with slight physical defects	...	...	...	9
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	...	...	...	0
B.3.—In temporary sub-normal health	...	...	...	0
C. —Unfit	...	...	...	0
				<hr/> 14 <hr/>

Treatment for dental caries was conditional in one case, while in two other cases treatment was necessary for errors of refraction. Various minor defects were noted in four cases.

FINDINGS OF MEDICAL INSPECTIONS.

The figures for 1933 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, 9.1; defective hearing, 1.3; ear disease, 1.4; skin disease, 0.6; adenoids, 0.5; enlarged tonsils 22.1; enlarged tonsils and adenoids, 3.3; defective speech, 1.1; dental disease, 65.3; organic heart disease, 0.3; anæmia, 1.4; pulmonary tuberculosis, definite, 0.1, suspected, 0.4. These percentages are similar to those recorded in previous reports but on the whole rather lower.

The defective nutrition figure is, however, somewhat higher, being 9 instead of 6 to 7, which is the usual figure. In view of the economic position this is not a large or even a significant increase, but a more detailed investigation is being made during 1934 into cases of sub-normal nutrition.

Defective Vision.—Defects are recorded for 21.4 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 ...	13.2	15.8	14.4	8.6	11.5	10.0	10.7	13.4	12.0
Marked defect...	6.5	6.6	6.6	7.2	9.1	8.1	6.9	8.0	7.4

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 1,892 elementary school cases were examined by the Oculist, 967 being re-examinations. In 917 of the 925 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	66	40	30	63	58	37	46	66	406
Hypermetropic astigmatism ...	40	37	12	33	36	46	38	53	295
Myopia	4	9	11	8	5	5	16	12	70
Myopic astigmatism	8	8	5	5	7	6	25	12	76
Mixed astigmatism	5	11	2	6	0	8	2	10	44
Heterometropia	5	3	0	7	6	2	2	1	26
Total	128	108	60	122	112	104	129	154	917
Re-examination cases	47	36	166	208	57	33	199	221	967
Cases without error of refraction	4	0	1	0	2	0	0	1	8

						Boys.	Girls.	Totals.
Disorders of Mobility.	{	Convergent strabismus				40	36	76
		Alternating strabismus (mainly convergent)				0	0	0
		Divergent strabismus				3	2	5
		Nystagmus				1	0	1
Pathological changes of Eye due to accident or disease.	{	Of Conjunctiva				6	1	7
		„ Cornea				6	10	16
		„ Sclerotic				0	0	0
		„ Iris and ciliary body				1	1	2
		„ Lens				1	1	2
		„ Vitreous				0	0	0
		„ Choroid and retina				1	2	3
		„ Optic Nerve				0	1	1
Diseases of Adnexa of the Eye.	{	Of Eyelids				42	58	100
		„ Lachrymal apparatus				0	0	0
Congenital Disorders of the Eye.	{	Globe as a whole				0	1	1
		Cornea (conical chiefly)				0	0	0
		Sclerotic (blue)				0	0	0
		Iris and ciliary body				2	2	4
		Lens { Dislocation				0	0	0
		„ { Cataract				1	1	2
		Choroid and retina				0	0	0
		Optic Nerve				0	0	0
		Lack of pigment				0	0	0
		Eyelids				0	0	0
Headaches, and other reflex nerve symptoms associated with visual defects						87	126	213
Cases considered unsuitable for instruction in Elementary Schools and certified as "Blind"						3	0	3

In addition the County Oculist examined 124 Secondary School scholars, 17 mental deficient persons (6 from Sandhill Park), 4 persons for suitability for training as blind, 131 pre-school children for squint and 3 other persons referred to him. Four days' work, with 67 cases, was done for the Bridgwater Urban Education Authority.

MILK AND MEALS ON SCHOOL PREMISES.

A further detailed report was obtained for 1933.

As regards the midday meal the provision made remains very small. A full meal is provided in only 17 schools and for four of these in winter only. Fish and chips are also provided in three schools on several days a week. Soup is provided in 6, milk in 24, malted milk in 25, cocoa in 147, tea in 5, coffee in 3, lemonade (summer only) in 8, and Oxo in 1. In a number of instances these additions to the meal are provided only in the winter.

Liquid foods are given at the school interval in 200 schools or departments, *i.e.*, ordinary milk 50, graded milk 48, malted milk 93, Bovril 1, and Cocoa 16. In 8 schools more than one item is provided. For the previous year the number was 153, the present year (1933) showing therefore a moderate increase, but not so large as I had hoped, as a result of the special circular issued.

The above figures refer only to Elementary Schools.

In view of the present depression and extent of unemployment the question of Milk and Meals in school is of great importance in relation to problems of malnutrition and undernourishment. The policy of senior and junior schools involves many more children having to stay at school for their mid-day meal and makes it still more important to try and ensure that these children have a good mid-day meal. Steps were taken in the circular mentioned and by leaflets to parents to try and improve the nutritive qualities of the meals brought by the children to school.

MEDICAL TREATMENT AND FOLLOWING UP.

During the year 879 new cases were referred to the Care Visitors. Arrangements have now been made with 150 Nursing Associations. Inspections in 431 schools were attended by District Nurses. 1,191 inspections were attended by these nurses, and 2,900 cases were referred to them for home visits. Their reports state that 7,700 home visits were paid to these cases.

Their reports upon the 2,900 cases referred to them for home visits show that in 1,275 cases (44 per cent.) medical treatment had been obtained, and 238 cases (8 per cent.) were under treatment by the nurse; in 519 cases (18 per cent.) no treatment was obtained; 801 cases (28 per cent.) were under supervision; and in the remaining 67 cases (2 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 2,181 cases (16 per cent.) and for observation in 1,443 cases (10 per cent.). During the past year grants of milk, malt and oil or Parrish's Food were made to 364 children at a total cost of approximately £55. Every child is selected on medical grounds.

The National Society for the Prevention of Cruelty to Children continues to be of considerable service in the investigation and following up of certain difficult cases. In 1933 forty-one cases were referred to the Society's Inspectors.

The number of cases under each head is as follows:—

Neglected and Verminous	...	...	...	33
Tonsils and Adenoids	...	...	...	4
Overworked at home	...	...	...	2
Others	...	...	...	2
				<hr/>
				41
				<hr/>

In the 33 cases referred for neglected and verminous conditions, appreciable, and in the majority of cases, very marked improvement has been effected as a direct result of home visiting and general supervision by the Society. In respect of four cases where parents had persistently disregarded our advice as to the urgent necessity for a tonsil and adenoid operation, consent was eventually obtained in three of these cases through the efforts of the Society's Inspectors. Two cases of girls being overworked at home were also investigated. The conditions in both cases have since been reported as satisfactory.

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 207 recommendations were issued, and 175 operations performed. The cost of these operations was £322 17s. 10d., of which sum £26 10s. 6d. was refunded by the parents and Hospital Leagues, leaving a balance of £296 7s. 4d. to be paid by the County Education Committee. Twenty-nine recommendations are outstanding, involving a further sum of about £53.

TUBERCULOSIS.

During the year 61 cases of tuberculosis, or suspected tuberculosis, of the lungs were recorded amongst the routine inspections, while there were 58 suspected cases amongst those specially presented. Fourteen cases of tuberculosis of other parts of the body were recorded, chiefly of glands, bones and joints. Of the 114 cases referred to the Tuberculosis Officers and examined, 11.4 per cent. were found to be definite cases, and a further 10.5 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 1924-32. 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 13th to August 10th, and forty boys from August 12th to September 7th, 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 6 lbs. 2 ozs., and for the boys 2 lbs. 2 ozs. As before, the Camp was run mainly by voluntary help. The total expenditure was £195, of which £137 was for food. The children were well fed and the cost for food for children and staff worked out at 13.3 pence per head per day. Each child on the basis of a four weeks' holiday cost £2 10s. 10d., including everything. The Education Authorities of Yeovil and Bridgwater repaid £50 15s. 1d.

RHEUMATIC HEART DISEASE.

During 1933 five Heart Clinics were held as follows:—

Centre.	Number of Clinics held.	Cases examined.			
		County.	Taunton.	Bridgwater.	Total.
Bristol	1	16	—	—	16
Taunton	2	24	9	—	33
Weston-super-Mare	1	19	—	—	19
Yeovil	1	12	—	—	12
Totals	5	71	9	—	80

These children have been grouped as follows:—

Suffering from rheumatic heart disease	...	...	...	34
Suffering from congenital heart disease	...	...	...	12
Not suffering from heart disease	...	...	...	29
Doubtful cases or cases under observation	...	...	...	5
				<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.

In all, ten cases have been sent to Winford. The only cases sent are severe chorea cases and children suffering from early rheumatic disease usually with the heart already definitely involved. Permanent heart disease is not admitted as such, but only if accompanied by fresh rheumatism.

During 1933 three patients were admitted to the Orthopædic Hospital at Winford and one of these was discharged in December after six months' treatment. Of the other three cases discharged during the year, two had been in Hospital for 100 and 67 weeks respectively, and one for 27 weeks.

Results of Treatment. Recent medical reports on all the cases are now available so that we may judge the value of hospital treatment.

In the case of the boy who was discharged in December after showing marked improvement in his general condition, a further relapse has occurred, and he is at present suffering from an attack of acute rheumatism. The heart is again affected.

The second case, one of chorea with heart impairment, has, after six months' hospital treatment, unfortunately relapsed. He is at present losing ground, and the outlook is not favourable.

The third case had a serious relapse only three months after discharge and died early in 1934.

The fourth case, after being in hospital for 67 weeks and gaining 21 lbs., still continues to keep moderately well. Although there is some permanent heart impairment, the boy has had no further relapse and is attending school.

Two cases discharged in 1932, after a six months' stay in hospital, have remained well and shown no further serious rheumatic manifestations. They are in regular attendance at school and their heart condition has undoubtedly improved.

Of the 4 cases discharged in 1931:—

- (a) has now left school. The heart disease is quiescent; there has been no relapse since discharge, and the improvement in the heart condition has been well maintained.
- (b) is a boy of 13½ who has had two relapses since leaving hospital, and although at present attending school he is not fit to take part in games or drill. Further relapses are likely as he is still subject to attacks of rheumatic carditis.
- (c) is a girl of 17 who is easily fatigued and now at home doing light housework. She is quite unfit for domestic service and is still under medical treatment for rheumatic carditis.
- (d) is a girl of 13 who had chorea with heart impairment. She was apparently cured, and has remained well since discharge.

Summary.—Ten cases have been treated at Winford. Of these 5 on admission and 2 on discharge had minor heart manifestations; 3 on admission and 5 on discharge had permanent heart disease; and 2 on admission and 3 on discharge had practically normal hearts. It will be noted that 50 per cent. had some carditis on discharge, while permanent damage arose anew in 2 (or 20 per cent.) of the total.

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 1933 the School Oculist examined 925 new cases and prescribed glasses in 811.

At the end of the year the number of eye centres in the County was 35, all unaltered from the previous year. Eighty-nine per cent. of the children summoned to the different eye centres attended. Of the remaining 11 per cent., the majority attended on being again sent a notice.

During 1933 the five shillings charged for spectacles was received from 1,236 parents, while in 218 cases (as compared with 205 in 1932) the cost or part of it was provided out of County funds. The expenditure involved was £43 10s. 6d. as compared with £40 17s. 11d. in 1932. Necessitous cases requiring free repairs to frames or new lenses, etc., cost the Committee £3 4s. 9d. Carrying out the resolution of the Education Committee to pay charges for repairs above 2s. 6d. cost £2 11s. 10d. The present charge for spectacles is now rather more than their actual cost, and during the year this gave a profit of £56 13s. 9d. £46 15s. 3d. was lost on repairs and for free glasses, and £10 on eye-shades. The receipts for eye material, therefore, was £2 13s. 4d. below the cost.

During the year 1,454 new pairs of spectacles were supplied, while 883 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 925 new cases examined, 81 were suffering from squint. Glasses were prescribed in 70 cases and obtained in 68. In 11 instances spectacles were not required, treatment by shading, etc., being advised. Eye shades were provided in 57 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. The figures set out show that 42 per cent. of the children passed through their hands.

The ages of the 16,407 children who were examined under the scheme were 306 (5 years), 2,443, 2,437, 2,351, 2,236, 2,113, 1,819, 1,642, 988 and 72 (14 years).

The treatment given to the 13,105 children was as follows:—

Extractions (temporary)	...	...	...	14,641
„ (permanent)	...	...	...	1,470
Fillings (temporary 305; permanent 13,352)				13,657
Other treatment (scaling)	...	...	...	43

		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	.....	1546	677	869	4259	1560	161	1402	1132	—	4
Mr. Nicolson	.....	1000	291	709	4981	2296	95	1297	1290	2	1
Mr. Crossley	.....	790	220	570	3865	1261	162	1021	1384	19	18
		3336	1188	2148	13105	5117	418	3720	3806	21	23

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 ...	43	32	65	1,850	—	1,387	—
Weston-super-Mare	6	6	24	622	—	503	—
Bath Rural ...	17	9	11	230	1	179	1
Bridgwater Rural ...	37	37	50	1,355	5	1,145	2
Chard Union ...	28	19	36	1,042	—	868	—
Clutton Union ...	31	31	98	2,408	2	1,877	1
Dulverton Union ...	13	13	16	335	—	261	—
Frome Union ...	26	24	44	882	1	757	1
Keynsham Union ...	8	8	14	388	—	263	—
Langport Union ...	24	24	34	853	5	715	3
Long Ashton Union	32	31	50	1,482	—	1,052	—
Shepton Mallet Union	25	25	38	779	6	671	6
Taunton Rural ...	28	—	—	—	—	—	—
Wellington Union ...	18	16	32	826	3	691	3
Wells Union ...	25	1	1	15	1	14	—
Williton Union ...	31	30	36	1,164	3	948	3
Wincanton Union ...	27	27	43	1,084	4	824	4
Yeovil Rural ...	31	29	38	1,092	3	924	2
	450	362	630	16,407	34	13,079	26

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 3,336 required no treatment, of which 2,148 had been previously treated. To this should be added, from the point of view of conservative dentistry, the 5,117 children who required temporary extractions only. This makes 8,453 children whose teeth were examined and found to be sound except for temporary extractions.

Mr. Goddard, Mr. Nicolson and Mr. Crossley worked 630 days (206, 214 and 210 respectively) during the year and examined 16,441 children, an average of 26 a day, while 21 a day were treated, the average for the previous year being 27 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 £2,499 (exclusive of superannuation contributions), the largest items being £1,569 salaries of dentists, £466 travelling and maintenance allowances, and £213 clerical assistance. The cost of dental materials and renewals was £74, while the amount paid for the hire of rooms was £126. The sums received as fees from parents during the year amounted to £323. The cost for each child treated works out at $3/9\frac{3}{4}$, or deducting parents' contributions, $3/3\frac{3}{4}$.

The numbers of toothbrushes sold during the last ten years are: 2,355, 2,988, 3,695, 3,192, 3,138, 2,511, 2,479, 2,031, 1,942, 1,990 (1933). The price charged is 4d.

During the year a special investigation was carried out as to the value of our dental treatment as judged by the findings of the Medical Inspectors.

Only those children come under the dental scheme who enter at 6 years or at 7 years and for whom the parents continue to pay the 6d. every year. In consequence, a material proportion of the children is never examined by the school dentists. The two groups offer a suitable basis for comparing the results of the dental scheme.

During the year the School Medical Inspectors investigated the teeth of 12-year-old children in the larger schools in their areas and recorded:—

- (a) the number of permanent teeth lost;
- (b) the number of unstopped carious teeth at the time of inspection.

Their findings are summarised in the following table.

Children in the scheme.

Dentist.	No. of Children.	Teeth lost.	Teeth carious.	Average per child.	
				Teeth lost.	Teeth carious.
Mr. Goddard	513	218	243	0.42	0.47
„ Nicolson	473	113	243	0.24	0.51
„ Crossley	659	361	314	0.55	0.48
TOTAL	1,645	692	800	0.42	0.49

Children not in the scheme.

Dentist.	No. of Children.	Teeth lost.	Teeth carious.	Average per child.	
				Teeth lost.	Teeth carious.
Mr. Goddard	323	123	522	0.38	1.62
„ Nicolson	428	97	482	0.23	1.13
„ Crossley	623	269	892	0.43	1.43
TOTAL	1,374	489	1,896	0.36	1.38

There is not much difference as regards teeth lost, and the results here are rather disappointing. If the examinations were at more frequent intervals probably many of the teeth lost would have been saved. As things are, the long interval means that teeth become carious and are either taken out by an outside dentist or when seen by the school dentist are unsavable. The findings show some differences between the different dentists.

As regards carious teeth the figures show nearly three times as good figures with the scheme children compared with those not in the scheme. With every 10 children there are less than 5 carious teeth between them compared with about 14 carious teeth for the children outside the scheme. Some of these children were examined not long before a visit from the school dentist was due, and a certain number of carious teeth are bound to develop between the examinations. The figures show that the scheme is yielding very valuable, although not perfect, results.

While the work done is most valuable and the "value for money" is definitely high, I do not think the County Education Committee should be satisfied with the present position of the dental scheme. The first drawback is that less than half (about 46 per cent.) of the children are in the dental scheme at all. It is a voluntary scheme and a small payment is required. The loss in dental decay to the children outside the scheme is clearly shown in the figures quoted above. I have no doubt that by a vigorous propaganda campaign a good many more parents could be induced to come into the scheme, but it is useless to do this, since already there are more children in it than we can treat. A good many children drop out of the scheme for one reason or another, a number being due to transfer to Secondary Schools. All Free Place Secondary School children should go on with the scheme, but with the existing shortage of dental staff it is useless to press this arrangement. The same objection prevents my suggesting that we should now start the scheme at 5 and 6 years instead of 6 and 7 years as at present.

A further defect is that the three dentists cannot keep pace with the children they now have in the scheme. Each child should be seen again after approximately a year, and it will be agreed that this is a rather long interval and should not be exceeded. Instead their examination tends to fall later, so that the child may not be re-examined for 15 or even 18 months. This yearly lag is about 126 days each year, and of course accumulates, so that at present it would take the time of one dentist for nearly two years to catch it up. Undoubtedly this progressive delay prevents the children obtaining the full benefit from the scheme, and is also the cause of some giving it up.

The whole question is one of an adequate staff, and, as I pointed out rather over a year ago, another full-time dentist is required. When the scheme was introduced it was neither proposed nor intended that the number of dentists required would be limited to three. I believe my estimate was that five would be required.

VERMINOUS CONDITION OF SCHOOL CHILDREN.

The equivalent of the time of two whole-time School Nurses was available for this and allied school work. On an average they paid two or more visits to each school in their area. All the Health Visitors did some of this work. The children examined were 27,495 boys and 29,695 girls, and of these 308 boys (1.1 per cent.) and 1,237 girls (4.1 per cent.) were found verminous. During the year 215 children were excluded as belonging to the persistently verminous group. Most of these cleaned up, at least temporarily, under pressure.

The following table shows the inspections made and the results. The percentages shown do not accurately indicate the relative verminous conditions in the different areas, since so much depends upon the children and schools selected.

Verminous Condition of School Children, 1933.

Sanitary Area.	No. of children inspected.		Excluded.	Prosecuted.	Percentage verminous.	
	Boys.	Girls.			<i>Boys.</i>	<i>Girls.</i>
Axbridge ...	1,535	1,477	16	0	1.8	6.2
Burnham-on-Sea ...	244	238	4	0	2.5	10.1
Highbridge ...	149	240	16	0	3.4	12.1
Weston-super-Mare	1,196	1,256	10	0	1.9	6.9
Bath Rural ...	1,463	1,357	37	0	2.9	7.0
Bridgwater Rural ...	1,529	1,834	19	0	1.9	9.9
Chard Urban ...	449	559	1	0	1.3	7.7
Chard Rural ...	382	379	1	0	1.6	6.3
Crewkerne ...	56	213	1	0	0.0	2.3
Ilminster ...	100	344	0	0	0.0	7.3
Clutton ...	1,798	1,738	10	0	0.9	3.3
Midsomer Norton ...	768	1,173	0	0	0.0	3.4
Radstock ...	351	697	0	0	0.0	3.2
Dulverton ...	456	426	2	0	0.7	3.3
Frome Urban ...	1,190	1,354	15	0	0.2	1.6
Frome Rural ...	1,247	1,171	2	0	0.0	2.7
Keynsham ...	696	763	7	0	2.6	4.6
Langport ...	1,797	1,894	10	0	1.2	2.7
Long Ashton ...	1,172	1,152	9	0	1.4	4.4
Clevedon ...	694	674	0	0	1.2	3.3
Portishead ...	478	406	0	0	0.2	2.5
Shepton Mallet Urban	310	660	0	0	0.3	1.5
Shepton Mallet Rural	901	817	1	0	0.6	1.2
Taunton Rural ...	1,316	1,317	10	0	0.5	3.8
Wellington Urban ...	555	790	13	0	1.1	3.8
Wellington Rural ...	561	495	3	0	1.2	7.5
Wiveliscombe ...	230	266	0	0	0.0	3.0
Wells Urban ...	130	275	3	0	0.0	5.1
Wells Rural ...	527	494	9	0	2.6	5.7
Glastonbury ...	0	0	—	—	—	—
Street ...	0	0	—	—	—	—
Williton ...	1,035	856	0	0	1.3	6.8
Minehead ...	162	172	0	0	1.2	3.5
Watchet ...	214	181	0	0	1.4	4.4
Wincanton ...	1,467	1,650	6	0	0.5	1.3
Yeovil Rural ...	2,337	2,377	10	0	0.6	3.2
TOTALS ...	27,495	29,695	215	0	1.1	4.1

WESTON-SUPER-MARE SCHOOL CLINIC. SUMMARY OF WORK, 1933.

Reason for examination or treatment.	Examined only.	Treated.				Total examined or treated	Attendances at Clinic.
		Cured.	Improved.	Unrelieved	Under treatment, etc.		
Fitness for School or Special Schools	27	—	—	—	—	27	34
Re-examined from 1932	14	—	—	—	—	14	27
External eye diseases	1	8	1	—	—	10	31
Ear diseases: Otorrhœa, etc.	—	11	2	—	4	17	204
Deafness	1	4	2	—	—	7	37
Ringworm: Body	—	3	—	—	—	3	8
Scalp	—	—	—	—	—	—	—
Impetigo	—	37	—	—	3	40	129
Scabies	—	4	—	—	—	4	18
Eczema and other skin diseases	3	8	2	1	1	15	47
Minor skin injuries	3	20	—	—	2	25	59
Other conditions	89	23	4	—	3	119	201
Totals	138	118	11	1	13	281	795

15

Total individual children examined or treated = 262.

FROME SCHOOL CLINIC. SUMMARY OF WORK, 1933.

Reason for examination or treatment.	Examined only.	Treated.				Total examined or treated	Attendances at Clinic.
		Cured.	Improved.	Unrelieved	Under treatment, etc.		
Fitness for School or Special Schools	1	—	—	—	—	1	1
Re-examined from 1932	21	11	—	—	—	32	32
External eye diseases	—	3	—	—	—	3	22
Ear diseases: Otorrhœa, etc.	—	4	1	—	4	9	60
Deafness	—	1	2	—	—	3	18
Ringworm: Body	—	1	—	—	—	1	6
Scalp	—	—	—	—	—	—	—
Impetigo	—	12	—	—	3	15	72
Scabies	—	—	—	—	—	—	—
Eczema and other skin diseases	—	2	—	—	2	4	33
Minor skin injuries	4	3	—	—	2	9	41
Other conditions	63	19	—	—	10	92	252
Totals	89	56	3	—	21	169	537

Total individual children examined or treated = 132.

OTHER AILMENTS, INCLUDING SKIN DISEASES.

A number of cases of minor ailments are referred to the District Nurses for treatment, and during the year 210 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. The figures are about the same as for the previous year.

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 34 schools to approximately 1,496 children. The cost of the chocolates for the year was £29 3s. 0d. Our figures suggest a definite decline in their need.

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 1933 there were only 11 known cases, the lowest recorded. The greatest number of cases was in Clandown (2), Stoke St. Michael (2) and Bishops Lydeard (2). There were no known cases in 441 schools, one case in 5 schools and two cases in three schools.

District Nurses, under the arrangements made by the County Education Committee, assisted in the treatment of 10 fresh cases. Of the 11 known cases, in 7 District Nurses are assisting in the treatment, as compared with 10 in the previous year. Drug treatment is given at the Weston-super-Mare and Frome School Clinics. All but three of the 11 cases are attending school under the scheme. The parents of two children refuse to comply with the conditions and the children are excluded, and the other case is unsuitable for the cap scheme.

Ninety-three 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	78	25	99	333	138	8	578
Minehead	60	9	—	253	—	—	253
Weston-super-Mare	99	47	19	819	362	130	1330
Yeovil	83	13	51	231	119	24	425
Total	320	94	169	1636	619	162	2586

	Tuberculosis.*	Rickets.	Debility and Malnutrition.	Glands (Not Tuberculous).	Others.	Total (all cases).
Cured or improved	35	5	27	18	28	113
Unaltered	1	1	0	1	0	3
Worse	0	0	0	0	0	0
Still under treatment	10	0	12	5	13	40
Total	46	6	39	24	41	156

The year 1933 was quite exceptional in character, being the sunniest and driest year in recent times. Advantage has been taken of this to encourage weakly children to more graduated exposure to direct sunlight in place of the artificial substitute produced by the Mercury Vapour Lamp. Unfortunately, this has to be done at home, where supervision and dosage are very uncertain, but it has certainly resulted in fewer children needing artificial light treatment this Autumn and Winter, as the tables show.

Those cases who have received regular courses at the light clinics have again shown marked benefit, especially the cases of Rickets, Chronic Bronchitis and Malnutrition. For tuberculosis cases there is nothing like direct sunshine in graduated doses.

CRIPPLED CHILDREN.

The Orthopædic scheme, started in 1925, continues to yield most valuable results. For many years we have been hampered by having more cases needing hospital treatment than beds were available, but for 1933 this was greatly reduced, and it is probable that at last we have caught up with the problem and the accommodation and general arrangements are adequate to meet the needs, while some decline in the future is to be anticipated. For some years it has been evident that the cases to be treated are far less severe than in the first years of the scheme, and that much more attention can be paid to postural and other defects. Indeed, great developments have taken place in checking and treating postural defects under the happy combination of skilled treatment at the clinics under Dr. Forrester-Brown, followed up by Miss Mayor, preventive work by Miss Margery Smith, and a much more accurate appreciation and detection of defects by the School Medical Inspectors. That we are treating so many more postural defects now is not due to there being more to treat—on the contrary, they are being prevented—but to the much greater attention being paid to their detection and treatment. The work being done is, I believe, of a very high standard and of far-reaching importance.

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, 1933.

Dispensary.	Number of Clinics held.	New Cases seen.	Total Attendances.				
			I	E	T	O	All
Glastonbury	6	29	55	104	9	6	174
Radstock	4	28	30	86	12	3	131
Taunton	11	89	145	206	20	4	375
Weston-super-Mare	11	74	99	210	35	—	344
Yeovil	11	50	111	221	15	10	357
Frome	3	18	23	69	5	1	98
Bath	3	20	17	65	3	2	87
Minehead	—	—	—	—	—	—	—
Bridgwater	4	28	50	62	18	6	136
	53	336	530	1023	117	32	1702

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, 1933.

Dispensary.	Number of Clinics held.	Total Attendances.				
		I	E	T	O	All.
Glastonbury ...	36	102	231	9	3	345
Radstock ...	39	95	347	33	2	477
Taunton ...	39	175	233	14	1	423
Weston-super-Mare ...	36	108	655	12	—	775
Yeovil ...	33	153	255	7	1	416
Frome ...	25	61	181	15	1	258
Bath ...	10	12	71	—	1	84
Minehead ...	9	15	67	—	—	82
Bridgwater ...	25	118	167	24	14	323
Chard ...	8	—	40	—	—	40
Cheddar ...	—	—	—	—	—	—
Clevedon ...	4	2	51	—	—	53
Langport ...	10	10	38	—	—	48
Shepton Mallet ...	11	16	38	1	2	57
Wellington ...	12	13	47	—	—	60
Wincanton ...	10	23	43	2	—	68
Bristol ...	11	19	107	5	—	131
Total ...	318	922	2,571	122	25	3,640

In addition 457 attendances have been made at a posture class at Taunton.

Bath and Wessex Children's Orthopædic Hospital.

Somerset Cases in Hospital during 1933.

Type of Case.	In Hospital 31-12-32.	Admitted.	Discharged.	In Hospital 31-12-33.	Average duration of each case (discharged cases only).
Non. resp. tuberculosis (Bones and Joints) ...	10	9	10	9	764 days
Congenital deformities ...	4	34	28	10	42 days
Poliomyelitis ...	10	21	25	6	111 days
Rickets ...	4	8	10	2	105 days
Spastic paralysis ...	0	7	7	0	64 days
Scoliosis ...	0	1	1	0	55 days
Osteo-myelitis (other than tubercular) ...	4	1	3	2	211 days
Other cases ...	3	6	7	2	296 days
Total ...	35	87	91	31	—

As there was a considerable waiting list at the beginning of the year, by a special arrangement sanctioned by the County Council a few suitable cases were admitted to the Wells Cottage Hospital and operated upon there by Dr. Forrester-Brown. Nine cases were so treated, and this was of great assistance in reducing the waiting list.

In addition to these cases a number of tuberculosis patients suffering from bone and joint diseases has been treated at Alton. During the year 7 have been sent, and on January 1st, 1934, there were 10 cases there still under treatment.

A very large number of crippled children has 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 1933 for the first time.

Tuberculosis of bones and joints	...	...	...	...	11
Spastic and other paralysis conditions	...	...	...	...	13
Infantile paralysis (poliomyelitis)	...	...	...	...	18
Osteo-myelitis	...	...	...	...	1
Congenital dislocation of the hip	...	...	...	...	7
Club foot	...	...	...	...	23
Other congenital deformities	...	...	...	...	28
Torticollis	...	...	...	...	13
Diseases and injuries of the toes	...	...	...	...	11
Postural deformities:—					
General defects of posture	...	...	...	...	32
Flat foot (often with other postural deformities)	...	...	...	...	32
Knock knees (many old rickets)	...	...	...	...	69
Bow-legs	...	...	...	...	25
					<hr/> 158
Rickets (not specially postural)	...	...	...	...	13
Injuries and accidents	...	...	...	...	11
Other defects and deformities	...	...	...	...	29
					<hr/> 336

The number of new cases seen is 13 more, the attendances at Surgeon's Clinics 20 less, and the attendances at Sister's Clinics 168 more than in the previous year. 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 1933, 99 splints, etc., were supplied, 95 being calipers or other irons, while 235 alterations to ordinary boots were ordered and supervised, and 11 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 1933 the number fitted was 191. 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 £75.

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 £79 2s. 2d. was paid for this work during 1933.

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 1933 is as follows:—

EXPENDITURE.

I. In-patients.

	£	s.	d.
Bath Orthopædic Hospital (and 9 cases at Wells Hospital)	4,086	9	9
Boarded-out cases	103	13	6
Travelling expenses to Hospital	11	2	2
Certain special expenses	3	16	0

II. Out-patients.

(a) Splints and appliances	316	5	1
(b) Orthopædic Surgeon (services and travelling expenses)	233	2	0
(c) Nursing assistance: Miss Mayor (salary and travelling expenses)	494	12	10
Holiday substitute	17	16	3
(d) Travelling expenses of cases	47	12	4
(e) Maintenance of County Clinics	98	13	1
(f) Payments to outside Clinics (Bath City)	6	15	0
(g) X-ray photographs	48	3	0
(h) Payments for massage	79	2	2
(i) Equivalent of one Health Visitor	308	3	1

III. Central Office expenses.

Clerical assistance, printing, postage, stationery, etc., and superannuation expenses	256	7	10
--	-----	---	----

£6,111 14 1

RECEIPTS.

	£	s.	d.	£	s.	d.
In-patient payments—						
From parents	147	9	5			
„ Hospital Leagues	117	14	9			
„ Public Assistance Committee	250	1	8			
				515	5	10
Clinic attendances payments—						
From Areas outside the County	18	16	6			
„ Local Authorities in County	119	1	5			
„ Public Assistance Committee	18	4	0			
„ M.D. Acts Committee	2	6	6			
„ Private individuals	2	17	6			
				161	5	11
Payments towards Splints and Appliances—						
From parents	23	15	9			
„ Public Assistance Committee	36	4	0			
„ M.D. Acts Committee	2	17	0			
				62	16	9
Payments for X-rays (Public Assistance Committee)				1	11	6
				£741	0	0

Net expenditure ... £5,370 14 1

This is £27 less than for the previous year. While some items such as for boarded-out cases have 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 Margery Smith continues to make 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 during the year have been conducted at Bridgwater, Taunton, Bath, Portishead, Yeovil and Chard, and each included a talk and demonstration on posture. The same was included at Head Teachers' Conferences at Bridgwater, Taunton, Bath and Yeovil.

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:—

Westonzoyland	...	Classes including	19 girls.
West Monkton	...	" "	12 girls and 13 boys.
North Petherton	...	" "	15 girls and 20 boys.
Nether Stowey	...	" "	10 boys.
Portishead	...	" "	23 girls and 27 boys.
Pill	...	" "	24 girls and 23 boys.

As a result of the exercises the children showed an average increase of breathing capacity of 0.5 to 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 Frome (9 classes), Shepton Mallet (3), Weston Zoyland (1), West Monkton (2), North Petherton (3), Portishead (4), Pill (4) and Nether Stowey (1). These were all taken by teachers who attended the posture classes when taken by Miss Smith. All were visited by Miss Smith and the work done reported as satisfactory. These classes also influenced favourably the whole attitude in the schools to postural defects and their prevention.

Rather fewer posture classes were held because the Autumn term was devoted to the postural examination of children in schools where posture exercises were included in the physical training lesson, for a short or long period. In all 25 schools and 2,607 children were examined with satisfactory results. Miss Smith reports that in such schools there is a definitely lower incidence of postural defects such as knock-knee and various forms of spinal curvature. This was also shown from the findings of Dr. Muriel Bywaters and Dr. Dorothy Wood, from the Board of Education, who made a detailed examination of groups of children, comparing schools where teachers had attended a course of physical training and posture lectures with the children from those where the teachers had received no postural training. Their findings also showed improvements in general and mental health in the trained group, including such conditions as enlarged glands, enlarged tonsils, anæmia and poor nutrition.

Miss Smith also followed up 48 cases of defective posture referred to the orthopædic clinics but who failed to attend, some on account of distance or inaccessibility, others on account of home circumstances. Exercises and rest as needed have been advised and the co-operation of the teachers obtained.

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	...	...	Boys.
Ilminster Grammar Boys'	...	...	Boys.
Ilminster Grammar Girls'	...	...	Girls.
*Langport Grammar (closed July, 1933)	...	...	Boys.
Taunton Huish's	...	...	Boys.
Wells Blue	...	...	Mixed.

*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	...	...	279	242	521
Intermediates	...	...	373	272	645
Leavers	...	...	58	75	133
			<hr/>	<hr/>	<hr/>
Totals	...		710	589	1,299
Other routine inspections	...		199	214	413
			<hr/>	<hr/>	<hr/>
Totals	...	...	909	803	1,712

OTHER INSPECTIONS.

			Boys.	Girls.	All.
Specials	...	...	22	25	47
Re-inspections	...	...	175	192	367
			<hr/>	<hr/>	<hr/>
Totals	...	...	197	217	414

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 215 pupils, and accepted by the parents of 145. Of the 1,759 scholars examined as routine or special cases 258 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.

The arrangements for Secondary Schools are not altogether satisfactory. There is a lack of continuity of examination and treatment between the Elementary and Secondary Schools. Many Head Teachers in the Secondary Schools fail to write for and obtain the Elementary School card and in some schools this duty is badly neglected. There does not appear to be sufficient interest taken on the health side and the presenting of children with possible defects to the Medical Inspectors. This is shown by the very few "Specials" examined, *i.e.*, 47 in 1933 and 41 in 1932. The attendance of parents is not encouraged, and in some schools the parents are not even asked to attend. The inability to follow up the dental scheme into the Secondary Schools is unfortunate, as at ages 12 to 15 much dental decay occurs. The extent to which hygiene is taught is very slight; particularly for the boys. The fact that no treatment is given and that there is no scheme of following up reacts detrimentally on the interest taken in medical inspection. All these matters are under consideration, and I hope to present a special report, with recommendations for improving this branch of the work, to the Education Committee.

Defects found in Secondary School Children.

Condition.	Number of defects.	Number referred for treatment.	Number referred for observation.
Malnutrition	87	5	1
Uncleanliness	6	3	0
Skin Disease	4	4	0
Ringworm: Head	0	0	0
Body	0	0	0
Defective vision	379	175	21
Squint	20	1	0
Eye disease	33	15	1
Defective hearing	13	2	0
Ear disease	10	3	1
Nose and Throat disease:			
Enlarged Tonsils only	259	10	7
Adenoids only	12	1	2
Enlarged Tonsils and Adenoids	16	3	0
Other conditions	113	3	4
Teeth: Dental disease	698	40	0
Enlarged cervical glands	148	1	0
Defective speech	1	0	0
Heart Disease:			
Organic	6	4	2
Functional	15	0	15
Anæmia	39	10	1
Lung disease (non-tubercular):			
Bronchitis	7	1	1
Other diseases	1	0	0
Tuberculosis:			
Pulmonary—Definite	1	1	0
" Suspected	4	0	4
Non-Pulmonary	0	0	0
Disease of the nervous system:			
Chorea	0	0	0
Other	12	4	3
Deformities	282	4	128
Enlarged Thyroid or Goitre	28	11	1
Other defects and diseases	49	24	3

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 similar to that recorded in 1932. Dental disease is still markedly prevalent—even in the older children.

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 1933. 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 35 children (22 boys and 13 girls). Of these, 17 are epileptic and mental; 7 are crippled and mental; 3 are suffering from active tuberculosis and mental defect; 2 are totally deaf and mentally defective; 1 is blind and mentally defective; 1 blind and epileptic; 1 girl is an epileptic cripple; 1 boy has congenital heart disease and total deafness, while another boy is tubercular and epileptic.

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 42,766. 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 20 "blind" children recorded in Table III. represent an incidence of 0.5 per 1,000; and the 46 "partially blind" children an incidence of 1.1 per 1,000 of the school population.

There are seven 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 2 boys were admitted during the year to the Royal West of England Institution for the Deaf, making a total of 12 and 11 respectively at certified schools for the Deaf.

The 25 "deaf" and 14 "partially deaf" children recorded in Table III, represent an incidence of 0.6 and 0.3 per 1,000 respectively of the school population.

Mentally Defective Children.

At the end of 1932 the Special Register contained the names of 309 feeble-minded children—191 boys and 118 girls. During the past year 36 boys and 24 girls, a total of 60 children, were certified as feeble-minded, and their names added to the Register, while the names of 42 boys and 20 girls, a total of 62, 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 307 feeble-minded children (185 boys and 122 girls) on the Special Register at the end of 1933.

These 307 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 171 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	...	...	4	54	36	11	105
Girls	...	...	2	31	24	9	66
			— 6	— 85	— 60	— 20	— 171
Re-examined—							
Boys	...	...	0	10	21	0	31
Girls	...	...	0	5	10	0	15
			— 0	— 15	— 31	— 0	— 46
			6	100	91	20	217

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

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., 20 are classified "severe" and 33 "not severe," equivalent to an incidence of 0.5 and 0.8 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. Most children suffering from 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 Orthopædic Scheme are discussed on pages 18-24.

EDUCATION AND CARE OF DEFECTIVES.

Sandhill Park Institution and Special School. At the end of 1933 there were 45 boys in residence, including 3 from Taunton, one from Yeovil, one from Wilts., and one from Dorset. At the end of the year there were 46 girls in residence at Sandhill Park, including five from Taunton Borough, one from Bridgwater Borough and one from Wilts.

A further 5 feeble-minded boys were accommodated at the Western Counties Institution, Starcross.

Yatton Hall. This Institution is primarily intended for low-grade defectives. At the end of 1933 there were in residence 29 boys and 18 girls of school age in addition to older defectives. In addition 10 low grade defective boys were in residence at Cambridge House, Long Ashton, and 7 girls at West End House, Shepton Mallet. 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, with the exception of one imbecile boy, belong to those Boroughs, and at the end of 1933 there were on the Centre registers 22 children of school age (including five imbecile boys) 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 eight boys and eleven girls were thus notified on reaching the age of sixteen, all of whom 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 486 reports were received, as well as 21 upon Secondary Schools. In 380 cases no defects were found or at least adversely reported upon. In 32 the defects were of a minor character and not followed up. In the remaining 95 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 95, as many schools showed more than one defect.

Nature of defect found.	Action taken.				Total.
	Remedied	Improved.	Pending.	No action taken.	
Structural defects of Offices ...	8	0	3	2	13
Defects in usage of Offices ...	8	0	0	3	11
Water supply	3	0	2	0	5
Ventilation defective	5	0	10	5	20
Lighting defective	3	0	14	3	20
Defective Cloakrooms	3	0	1	3	7
Repairs or redecoration required	8	0	1	0	9
Desks unsuitable	17	0	17	1	35
Defective playground	0	0	4	0	4
Deficient heating	0	0	3	0	3
Other defects	6	0	6	1	13
	61	0	61	18	140

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 21 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 two centres. These were at Wellington (11 average attendance), and at Radstock (average attendance 70). With the completion of these two centres the County teachers have all had a Hygiene Course within their area.

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 seventeen 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.

It was hoped to follow up all the schools in the area in which a hygiene course had been given, but want of time made this impracticable. Revisits were paid in 45 instances to schools where the teaching of Hygiene had been poor or where the Head Teacher had changed. In a few cases Hygiene teaching had been started on a set syllabus, but out of the 117 schools 25 were teaching no hygiene and with incidental teaching very poor.

In the Spring term two lecturers were lent by the Dental Board to visit Elementary Schools and to give lessons in Dental care. Excellent models were used in these lessons, and the teachers were very pleased with the demonstrations and lessons, while the children were very interested. The tour was arranged by Miss Lamb and consisted of three sessions per day for two weeks. In all 29 schools were visited. No costs were incurred apart from transport expenses.

Considerable disappointment was experienced by recipients when the health journal, "Better Health," had to be discontinued in April owing to financial difficulties, the publisher's income from advertisements being inadequate. This difficulty has been removed and the journal was re-issued in January, 1934. It is supplied free of charge to all Head Teachers and to a good many other teachers on their paying the postage. It is most useful for health teaching.

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

The Organising Instructors of Physical Training have paid visits during the past year to 426 schools.

Teachers' Classes. Classes for teachers have been held during the year at the following Centres in the County, and the number of teachers attending in each case is shown:—

Centre.	No. of Teachers.
Bridgwater	80
Taunton	83
Portishead	79
Bath	98
Yeovil	112
Chard	94

The value of these Teachers' Classes cannot be overestimated, and as will appear from the attendances there are few teachers in the districts served who fail to attend the classes. A half-hour of each lesson of the course is devoted to intensive postural training, and one-and-a-half hours to practical physical training, teaching, games, dancing, and a short talk on some particular aspect of the work. Instruction in swimming, in athletics, and the coaching of games, is touched upon during the course, and special postural exercises are incorporated in the physical training lesson.

Head Teachers' Conferences. Conferences with Head Teachers in connection with the teachers' classes were held at Bridgwater, Taunton, Bath and Yeovil. At these conferences demonstrations of physical training in which children took part, games, and postural training, together with talks, were given. H. M. Inspectors have visited the classes and conferences.

The Somerset Schools' Games Association. The Association has again given very valuable voluntary assistance to the games and recreative side of school activities. The Association has grown so considerably that it has been thought advisable to re-organise it in sections, as follow:—

(a) *Athletics.* District sports meetings have been held, usually following local school sports, in almost every part of the County.

(b) *Swimming.* Instruction in swimming has been given wherever facilities permit, and the teachers appreciate very highly the arrangements made in this matter and the help given by the Education Committee in the payment for the admission of children to the swimming baths, etc. In the case of one school 280 children attended the baths, and of these 190 were able to swim at the end of the 1933 season.

(c) *Football.* Both Rugby and Association Football are progressing well in the schools throughout the County.

(d) *Netball.* The game of netball is becoming increasingly popular in girls' schools.

Games Saturdays. With the object of stimulating interest in organised games, "Games Saturdays" have been arranged at various centres, at which teachers attend and take part in games or observe other teachers playing them. These meetings are useful as a practical means of introducing games, and they are helpful from a social point of view in bringing teachers together.

Rest Periods. Many Head Teachers are now making provision for a mid-day rest for children who take their lunch at the school. The children lie down for twenty minutes under supervision, and this involves a good deal of work on the teachers' part, but almost without exception the teachers speak in favour of the experiment. The value of the practice to the health of the child is regarded by the teachers as well worth the effort.

Posture of School Children. During the past few years considerable attention has been given to this question, both in the courses of lectures by the Organising Instructors to teachers and by special classes for children taken by them, and also by teachers in the schools. From observations taken by the Committee's Officers, there is no doubt that very good results have been obtained, and further confirmation is given of the value of this work in a report of an inquiry arranged by the Medical Department of the Board of Education printed as an Addendum to the Annual Report of the Chief Medical Officer of the Board of Education for the year 1932.

Revised Syllabus of Physical Training, 1933. This Syllabus was issued in the Autumn, and one of its most important features is the emphasis laid on the desirability of the attainment of good posture. Those teachers who have attended a course of instruction based on the new syllabus report with enthusiasm on the good effects derived therefrom, and in the case of some schools an improvement in the attendance of the children has been directly attributed to the better physical condition of the children resulting from the lessons.

INFECTIOUS AND CONTAGIOUS DISEASES IN SCHOOLS.

During the year 248 schools or departments were closed on account of infectious disease; 226 under Article 23 (b) of the Code by the School Medical Officer, and 22 under Article 22 of the Sanitary Authority on the advice of their Medical Officer of Health.

The Schools were closed for the following diseases:—

Scarlet Fever	...	...	...	...	2
Diphtheria	...	...	...	...	1
Measles	...	...	...	...	5
Whooping Cough	...	...	...	...	3
Mumps	...	...	...	...	2
Influenza	...	...	...	...	225
Chicken Pox	...	...	...	...	4
Chicken Pox and Influenza	...	...	...	...	6
					<hr/>
					248
					<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 219 certificates for weekly attendance below 60 per cent. were issued in respect of 103 schools or separate departments.

The cases excluded by the School Medical Officer or his Assistants during the year were 348. Of these, 41 were for ringworm, 24 for verminous condition of head or body, 68 for other skin diseases, while the remainder were for a variety of conditions. In addition, 80 cases of actual or suspected phthisis and 49 of other varieties of tuberculosis were excluded by the County Tuberculosis Officers.

LABORATORY.

During the year 10,127 samples and specimens were examined in the County Laboratory. The greater number were in connection with Public Health work. 5,909 suspected diphtheria swabs were examined, the majority being from children of school age; 142 specimens of hairs and stumps from suspected ringworm cases were examined; of these, 54 showed the ringworm fungus, while the remaining 88 were negative. Of these 142 specimens, 106 were taken by the School Medical Inspectors or the Health Visitors, and 36 were examined for private practitioners and district nurses.

TABLE I.

Number of Children Inspected 1st January, 1933, to 31st December, 1933.

A.—Routine Medical Inspections.

Number of Code Group Inspections—						Boys.	Girls.	Total.
Entrants	...	...	...	...	...	2,265	2,211	4,476
Intermediates	...	...	...	...	...	1,935	1,835	3,770
Leavers	...	...	...	...	...	2,334	2,278	4,612
						6,534	6,324	12,858
Number of other Routine Inspections ...						521	493	1,014
Total ...						7,055	6,817	13,872

B.—Other Inspections.

Number of Special Inspections ...						733	673	1,406
Number of Re-inspections ...						5,581	5,195	10,776
Total ...						6,314	5,868	12,182

TABLE II.

A.—Return of Defects found in the course of Medical Inspection, 1933.

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							226	11	81	0
Uncleanliness—										
Head							105	0	5	0
Body							18	0	2	0
Skin	...	Ringworm—								
		Head					4	0	5	3
		Body					14	0	12	0
		Scabies					8	0	8	0
		Impetigo					25	0	31	0
		Other Diseases (Non-Tuberculous)					14	0	8	0
Eye	...	Blepharitis					69	2	55	0
		Conjunctivitis					6	0	1	0
		Keratitis					0	0	1	0
		Corneal Opacities					1	0	1	1
		Defective Vision					668	164	312	1
		Squint					84	12	24	0
Ear	...	Other Conditions					30	2	22	0
		Defective Hearing					17	5	27	8
		Otitis Media					33	5	37	3
		Other Ear Diseases					42	1	14	4
		Enlarged Tonsils only					60	166	40	5
		Adenoids only					7	13	7	0
Nose and Throat	...	Enlarged Tonsils and Adenoids					152	65	75	2
		Other Conditions					23	19	23	2
Enlarged Cervical Glands (Non-Tuberculous)							16	6	8	1
Defective Speech							1	4	1	1
Teeth—Dental Diseases							189	3	29	0
Heart and Circulation	...	Heart Diseases—								
		Organic					31	14	26	1
		Functional					2	134	0	4
Lungs	...	Anæmia					67	10	52	2
		Bronchitis					79	48	29	7
		Other Non-Tuberculous Diseases					1	1	1	1
Tuberculosis	...	Pulmonary—								
		Definite					8	2	2	0
		Suspected					3	48	0	58
Nervous System	...	Non-Pulmonary*					10	1	3	0
		Epilepsy					6	3	3	4
		Chorea					3	0	7	0
Deformities	...	Other Conditions					2	9	6	1
		Rickets					7	4	0	0
		Spinal Curvature					0	0	0	0
Goitre	...	Other Forms					161	796	61	57
		Other Defects and Diseases					82	20	41	0
							209	23	150	13

*The routine cases consisted of 2 glands, 2 hip, 3 spine and 4 other forms. One gland case was kept under observation, all the others were referred for treatment. The specials were 3 glands, all 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 	4,476	755	16.9
Intermediates 	3,770	590	15.6
Leavers 	4,612	689	14.9
Total (code groups) 	12,858	2,034	15.8
Other routine inspections	1,014	150	14.8

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 7 Attending Public Elementary Schools 1 At other Institutions 0 At no School or Institution 1	7	8	15	20
	(ii) Suitable for training in a School or Class for the partially blind	Attending Certified Schools for the Blind 0 Attending Public Elementary Schools 15 At other Institutions 0 At no School or Institution 0	0	27	42	46
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	11	23	25
	(ii) Suitable for training in a School or Class for the partially deaf	Attending Public Elementary Schools 2 At no School or Institution 0	2	11	13	14
MENTALLY DEFECTIVE	Feeble-minded (cases not notifiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children ... 44 Attending Occupation Centres ... 7 Attending Public Elementary Schools 99 At other Institutions 0 At no School or Institution 35	44	39	83	307
EPILEPTICS	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics 0 Attending Public Elementary Schools 7 At no School or Institution 3	0	4	11	20
	Suffering from epilepsy which is not severe	Attending Public Elementary Schools 18 At no School or Institution 0	18	12	30	33

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 ... At Certified Residential Open-Air Schools ... At Public Elementary Schools ... At no School or Institution ...	0 13 0 8	0 15 0 3	0 28 0 11	39
	Quiescent or arrested pulmonary tuberculosis (including pleura and intra-thoracic glands)	At Certified Day Open-Air Schools At Public Elementary Schools ... At no School or Institution ...	0 82 19	0 71 15	0 153 34	187
	Tuberculosis of the peripheral glands	At Public Elementary Schools ... At no School or Institution ...	28 8	32 5	60 13	73
	Abdominal tuberculosis	At Public Elementary Schools ... At no School or Institution ...	8 4	4 2	12 6	18
	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 ... At Public Elementary Schools ... At no School or Institution ...	4 7 14	14 3 3	18 10 17	45
	Tuberculosis of other organs (skin, etc.)	At Public Elementary Schools ... At no School or Institution ...	2 1	0 1	2 2	4
	Delicate Children	At Open-Air Schools ... At Public Elementary Schools ... At no School or Institution ...	0 99 7	0 79 6	0 178 13	191
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, rheumatic heart, etc.	At Certified Hospital Schools ... At Residential Schools for Cripples ... At Public Elementary Schools ... At no School or Institution ...	5 1 101 20	5 1 64 19	10 2 165 39	216
	Children suffering from severe heart disease	At Certified Hospital Schools ... At no School or Institution ...	0 2	2 4	2 6	8

TABLE IV.

Treatment of Defects of Children during 1932.

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 ...	52	50	38	0	12	2	96
" Body ...	42	41	41	0	0	1	98
Scabies ...	39	38	38	0	0	1	97
Impetigo ...	251	220	213	1	6	31	88
Minor Injuries ...	46	34	30	0	4	12	74
Other Skin ...	52	39	28	7	4	13	75
Ear Diseases ...	188	150	87	32	31	38	80
Eye Diseases (External and other) ...	124	92	66	9	17	32	74
Miscellaneous ...	343	157	129	10	18	186	46
	1,137	821	670	59	92	316	72

B.—Treatment of Visual Defects.

Number referred for refraction, etc., 1932.	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 treat- ment advised.				
			Obtained.	Not obtained.			
1,207	983	942	5	0	91	123	5

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.		
975	741	419	37	210	75	234	76

TABLE V.

Summary of Treatment of Defects during 1932.

Disease or Defect.	Referred for treatment.	Number treated.	Results of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged.		
Minor Ailments	1,137	821	670	59	92	316	72
Visual Defects (including Squint)	1,207	993*	952	0	41	123	90
Defects of Nose and Throat	975	741	456	210	75	234	76
Dental Defects	189	128	91	25	12	61	68
Malnutrition	315	248	32	133	83	67	79
Defective Hearing	93	79	42	17	20	14	85
Defective Speech	1	1	0	0	1	0	100
Enlarged Cervical Glands (Non-T.B.)	43	31	12	17	2	12	72
Heart Disease—							
Organic	70	42	11	10	21	28	60
Functional	16	15	3	3	9	1	94
Anæmia	166	127	43	64	20	39	77
Lung Disease (Non-T.B.)	285	215	134	55	26	70	75
Tuberculosis—							
Pulmonary—							
Definite	34	23	1	18	4	11	68
Suspected	31	21	8	9	4	10	68
Non-Pulmonary	53	39	4	22	13	14	74
Disease of Nervous System	53	38	12	17	9	15	72
Deformities	336	254	16	135	103	82	76
Goitre	108	74	7	37	30	34	69
Other	309	221	105	76	40	88	72

*In addition 91 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 1933.

(1) The total number of children medically inspected at the routine inspections	13,872	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)	1,443	10.4
(3) The number of children in (1) suffering from :—		
Malnutrition	1,262	9.1
Skin Disease	82	0.6
Defective Vision (including Squint)	2,131	21.4
Eye Disease	160	1.2
Defective Hearing	84	1.3
Ear Disease	198	1.4
Nose and Throat Disease—		
Enlarged Tonsils only	3,062	22.1
Adenoids only	69	0.5
Enlarged Tonsils and Adenoids	461	3.3
Other Conditions	292	2.1
	3,884	28.0
Enlarged Cervical Glands (Non-Tuberculous)	2,418	17.4
Defective Speech	159	1.1
Dental Disease	9,058	65.3
Heart Disease—		
Organic	45	0.3
Functional	136	1.0
	181	1.3
Anæmia	191	1.4
Lung Disease (Non-Tuberculous)—		
Bronchitis	218	1.6
Other Diseases	2	0.0
	220	1.6
Tuberculosis—		
Pulmonary—Definite	10	0.1
Suspected	51	0.4
Non-Pulmonary	61	0.4
Disease of the Nervous System	11	0.1
Rickets	77	0.6
Deformities	534	3.8
Goitre	1,478	10.7
Other Defects and Diseases	204	1.5
	407	2.9

AL-2024



17 1 1947

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

No. 1		No. 2		No. 3		No. 4		No. 5		No. 6		No. 7		No. 8		No. 9		No. 10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3		4		5		6		7		8		9		10	
1		2		3															

