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Somerset County Council.

THE COUNTY EDUCATION COMMITTEE.

Annual Report

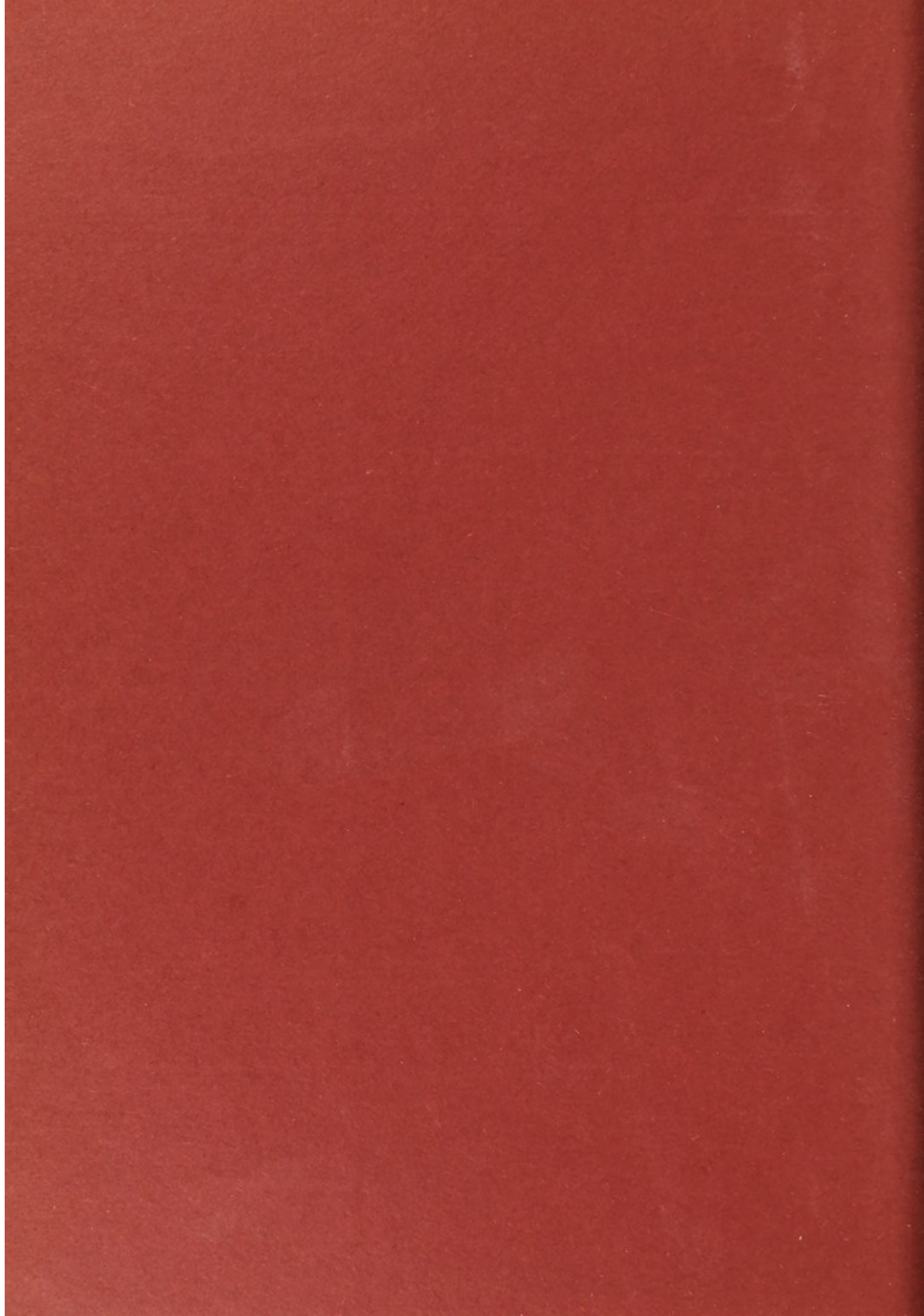
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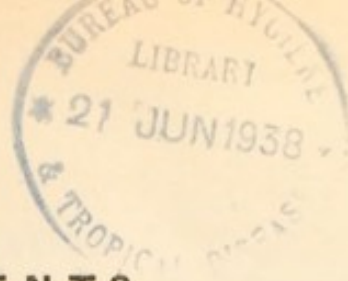
SCHOOL MEDICAL OFFICER

For the Year 1937.

J. F. DAVIDSON, M.B., Ch.B., 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 First Annual Report as School Medical Officer.

In view of the fact that practically all the work recorded in this report was directed by Sir William Savage I have refrained from making any alteration in its form.

The report presents a general survey of the work carried out under the various services of your School Medical Department.

I have to thank the various Medical and Dental Officers and the clerical staff for their co-operation, and, particularly, I acknowledge the assistance of Dr. Stirling in the compilation of this report.

I am also extremely indebted to the Chief Education Officer and his staff and to Head and Assistant Teachers for their valuable and willing help in all matters concerning the health and welfare of the children.

I feel it is not out of place for me to record an appreciation of the long and valuable service rendered by Sir William Savage to this work.

I am,

Your obedient Servant,

J. F. DAVIDSON.

Health Department,
Somerset County Council,
March, 1938.

ORGANISATION.

Medical Inspectors. Dr. Burges resigned in May, Drs. Jones-Davies and Lloyd being employed in a temporary capacity until Dr. D. V. Hague commenced duty in September.

School Dentists. Mr. J. J. Hollington left the service in December and Mr. J. W. Goddard retired on superannuation on 31st December; Mr. P. D. Copeland and Mr. L. E. Scull took up duty in January, 1938.

MEDICAL INSPECTIONS CARRIED OUT.

Medical Inspector.	Approx. number of Children in attend- ance.	Inspections.				Percentage of Children inspected.	
		Routine.	Special.	Re-ex.	Total.	Routine.	All.
Dr. Parker ...	5,394	1,447	362	1,407	3,216	26.8	59.6
„ Pringle ...	7,893	3,042	1,065	3,266	7,373	38.5	93.3
„ Evans ...	7,919	2,839	410	2,007	5,256	35.8	66.4
„ Dugdale ...	5,097	1,888	280	1,251	3,419	37.0	67.1
„ Hague ...	8,273	1,587	108	390	2,085	19.2	25.2
„ Burges ...	—	344	14	52	410	—	—
„ Lloyd ...	—	1,011	93	519	1,623	—	—
„ Jones-Davies .	—	688	77	226	991	—	—
TOTALS ...	34,576	12,846	2,409	9,118	24,373	37.1	70.5

The number of Elementary Schools is 448 with 497 departments.

		Urban.	Rural.	Total.
Council Schools ...	...	27	123	150
Voluntary Schools ...	...	38	260	298
TOTAL ...		65	383	448

The number of visits paid to Elementary Schools for the purpose of conducting routine inspections during the year was 1,096. The number of children inspected was 24,373, an increase of 2,302 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 15,255. The number of children re-inspected during the year was 9,118, compared with 7,630 in the previous year. This is exclusive of the cases referred to the School Oculist. All the Schools, except 19 Elementary Schools, were visited during the year. The percentage of parents present at routine inspections was 60.3, which is above the average. Pressure of other work only allowed a routine second visit to be made to 13 schools.

EXAMINATION OF SUPPLEMENTARY TEACHERS.

In accordance with the requirements of the Board of Education, 3 women teachers were examined during the year and graded as follows:—

A.1.—In good health, and free from defects	...	...	...	1
A.2.—In good health, but with slight physical defects	...	...	...	2
				—
				3
				==

FINDINGS OF MEDICAL INSPECTIONS.

The figures for 1937 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, 10.2; defective hearing, 0.5; ear disease, 1.3; skin disease, 0.4; chronic tonsillitis, 7.1; adenoids only, 1.1; chronic tonsillitis and adenoids, 1.9; enlarged tonsils only, 11.7; defective speech, 0.7; dental disease, 57.6; organic heart disease, 0.3; anæmia, 0.9; pulmonary tuberculosis, definite, 0.1, suspected, 0.3. These percentages are very similar to those recorded in previous reports. The nutrition figures are considered separately.

In considering these findings, it is interesting to note that, in the prescribed routine groups, the number of children requiring treatment (excluding nutrition, uncleanliness, and dental disease) was 1,701, and, together with other routine inspections, the grand total of such children was 1,891.

In the code groups the following are the percentages of children requiring treatment: Entrants 14, Intermediates 13.5, and Leavers 13.3; the similar percentages for England and Wales last year were: Entrants 16.1, Intermediates 18.5, and Leavers 16.9.

It will be noted that the Somerset percentages are consistently below those for England and Wales; while this is satisfactory, it should be understood that there is every need to improve on these percentages and especially in relation to the Entrants.

It is my view that too much emphasis cannot be placed on the need for the early application of preventive measures, and, where required, of treatment in the pre-school child so that the Entrant school child may begin and continue its school life on a satisfactory health basis. Such a procedure forms the very foundation of preventive medicine, and I am well aware that this Authority fully recognises this fact and that steps in this direction have already been taken.

In this connection, while the objective is clearly defined, the approach to it in a large County like Somerset is by no means a simple matter. However, there are certain methods by which progress can be made although I am afraid they cannot be regarded as being fully comprehensive at this stage. The methods which I have in mind are:—

(1) to intensify the already fine work carried out in home visiting of pre-school children by health visitors and district nurse health visitors;

(2) to extend the clinic services under the Maternity and Child Welfare Service so that established centres for continued health supervision may come into operation;

(3) to promote the scheme already sanctioned by this Authority whereby medical examination is offered when the child is between three and four years old. There is no doubt that by this service much useful work can be accomplished and every endeavour will be made administratively to make this scheme as complete as possible. It is necessary, however, to point out that the accomplishment is not a simple matter and may well require several years of experimental running before any general results of importance and value are obtained.

In these ways it is hoped that in the course of time the entrant children will be found to be uniformly of a higher standard than they are to-day, and, thereafter, the test of the strength of the School Medical Service will be the maintenance of a high level of health throughout school life so that the children may be in the best possible state to order their adolescent and adult lives.

Defective Vision.—Defects are recorded for 21.7 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 ...	11.8	14.4	13.1	7.7	10.8	9.2	9.8	12.8	11.3
Marked defect...	6.3	7.5	6.9	7.3	9.3	8.3	6.5	8.5	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 having 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 2,017 elementary school cases were examined by the Oculist, 1,189 being re-examinations. In 812 of the 828 new cases errors of refraction were present. The nature of the defects are given in the tables.

In addition the County Oculist examined 195 Secondary School scholars and 4 mentally deficient persons; also 146 pre-school children mainly for squint. Seven days' work (with 86 cases) was done for the Bridgwater Borough Education Authority. He also examined 51 cases in connection with the County Scheme for the Blind.

Errors of Refraction.	BOYS.				GIRLS.				Totals.
	Under 8.	8 - 9.	12 & over.	Other Ages.	Under 8.	8 - 9.	12 & over.	Other Ages.	
Hypermetropia ...	60	41	28	48	50	41	34	63	365
Hypermetropic astigmatism ...	19	29	8	22	19	24	17	33	171
Myopia ...	2	11	21	15	3	14	18	14	98
Myopic astigmatism ...	2	15	11	10	8	11	19	19	95
Mixed astigmatism ...	5	9	5	8	10	15	11	11	74
Heterometropia ...	1	2	—	—	—	2	3	1	9
TOTAL ...	89	107	73	103	90	107	102	141	812
Re-examination cases ...	84	34	204	242	78	47	238	262	1,189
Cases without error of refraction ...	3	3	1	0	6	1	1	1	16

					Boys.	Girls.	Totals.
Disorders of Mobility.	{	Convergent strabismus			27	24	51
		Alternating strabismus (mainly convergent)			3	0	3
		Divergent strabismus			4	0	4
		Nystagmus			0	1	1
Pathological changes of Eye due to accident or disease.	{	Of Conjunctiva			2	3	5
		„ Cornea			4	3	7
		„ Sclerotic			0	0	0
		„ Iris and ciliary body			0	0	0
		„ Lens			0	0	0
		„ Vitreous			0	0	0
		„ Choroid and retina			2	1	3
„ Optic Nerve			0	1	1		
Diseases of Adnexa of the Eye.	{	Of Eyelids			41	42	83
		„ Lachrymal apparatus			1	1	2
Congenital Disorders of the Eye.	{	Globe as a whole			2	1	3
		Cornea (conical chiefly)			0	0	0
		Sclerotic (blue)			0	0	0
		Iris and ciliary body			2	0	2
		Lens { Dislocation			0	0	0
		„ { Cataract			2	1	3
		Choroid and retina			0	1	1
		Optic Nerve			0	2	2
		Lack of pigment			0	0	0
Eyelids			10	2	12		
Headaches, and other reflex nerve symptoms associated with visual defects					45	72	117
Cases considered unsuitable for instruction in Elementary Schools and certified as "Blind"*					0	1	1

*This case was admitted to a Special School.

NUTRITION.

The Board of Education now asks for the particulars set out in the following table:—

Classification of the Nutrition of Children inspected during the Year in the Routine Age groups.

Age-groups.	Number of Children inspected.	A.		B.		C.		D.	
		Excellent.		Normal.		Slightly Sub-normal.		Bad.	
		No.	%	No.	%	No.	%	No.	%
Entrants	4,540	1,059	23	2,970	65	501	11	10	0.2
Second Age-group	3,466	991	29	2,063	59	407	12	5	0.1
Third „	3,677	1,325	36	2,058	56	290	8	4	0.1
Other Routine Inspections ...	1,163	380	33	669	57	113	10	1	0.1
TOTAL ...	12,846	3,755	29	7,760	60	1,311	10	20	0.2

These figures do not vary very much from those presented last year. It is interesting to note that in both the Entrants and the Second age group 88 per cent. had either excellent or normal nutrition and in the Third group it was 92 per cent.

While the provision of school meals, extra milk, and participation in the Milk in Schools Scheme, all play their part in the general improvement of nutrition, the basic requirement necessary for lasting good must be obtained in the ordinary every day feeding in the home. The mothers of to-day, and, much more important, the mothers of to-morrow, must be taught how best to use their housekeeping money to the greatest advantage to the family. In many cases this ordering of the weekly domestic budget is no easy matter, and, without training and experience, women cannot be expected to reach a satisfactory standard.

In Somerset strong efforts are being made to do this very work, and I suggest that its wide application on an intensive and extensive plan is one of the most important social and medical needs of our time. The continued teaching of domestic management to senior school girls is a work of the greatest value, and its proper interpretation will do a great deal to improve the state of nutrition in the future; it is not too much to say that it will make a real contribution to both domestic health and happiness in the lives of our citizens of to-morrow.

MILK IN SCHOOLS SCHEME.

This scheme of the Milk Marketing Board came into force on October 1st, 1934, and operates on a voluntary basis; this Authority takes no general financial responsibility for any of the working arrangements.

The source and quality of the milk has to be approved by the Medical Officer of Health and School Medical Officer.

The types of milk authorised are milk from Tuberculin tested herds, Pasteurised milk (under licence of the Local Authority and as defined by the Ministry of Health) and, as from November, Accredited milk. If none of these types of milk is available ordinary milk is authorised (subject to special approval and with the condition that it is brought to the boil before being drunk).

The position at the end of the year as regards schools in which this school milk was drunk was as follows:—

Schools.	Number.	Taking milk which is				No Milk.
		Tuberculin Tested.	Pasteurised.	Accredited.	Boiled.	
Urban Elementary	65	8	53	1	1	2
Rural „	383	42	137	35	65	104
Secondary ...	19	6	9	0	1	3

Of the 448 elementary schools, the children in 11 per cent. were drinking Tuberculin Tested Milk, in 43 per cent. Pasteurised, in 8 per cent. Accredited, in 15 per cent. Boiled, and in 23 per cent. taking no milk.

The number of children taking milk fluctuates somewhat, and, for example, was lower in the summer, but does not vary markedly. The figures for the children are compiled from returns obtained from the Head Teachers and are not quite complete, and are probably an understatement. The figures at the end of the December term were:—19,252 children taking milk, the types of milk consumed being Tuberculin Tested 16 per cent., Pasteurised 70 per cent., Accredited 6 per cent., and Boiled 8 per cent.

It is interesting to note that approximately 55 per cent. of the children are taking the school milk; while this fact is satisfactory it is to be hoped that there will be considerable extensions of this Scheme. The value of this milk ration is proved beyond dispute and it is a provision of which the widest advantage should be taken.

There are considerable difficulties in working the scheme in some parts of the County; towards the end of the year a large supplier of Pasteurised Milk gave up the contract on the ground that the financial return was so unsatisfactory that continuation was impossible. This happening considerably disorganised the general scope of the County Scheme; to some extent it was possible to obtain Tuberculin Tested Milk to cover these schools, but often our efforts failed mainly for financial reasons; in view of the position it was necessary to recommend a reconstruction of the scheme, and, subsequently, it was agreed that unboiled Accredited Milk should be approved for use in the schools. As a result of this measure, the general position was very much improved, and I am hopeful that this extension will continue.

I consider it is well for me to draw attention to the fact that increasing difficulties will be found in administering this scheme owing chiefly to the financial arrangements and particularly to the cost of distribution. In this County it seems absurd to say that we cannot obtain supplies of milk for all our schools, but this is true, and, in some parts, the difficulties under present conditions are unsurmountable. It is necessary, I consider, that some revision of this Scheme should be undertaken by the Milk Marketing Board; it would be highly regrettable if further progress is stopped on account of the non-adjustment of these financial matters. This is a scheme of the greatest value in the maintenance of the health of the children and it is worthy of every effort being made to assure its continued success.

Finally, in this connection, I would bring to your notice the generous help which your Head and other Teachers give voluntarily to this Scheme. It is well to appreciate that its running requires a great deal of supervision and guidance, and, at all times, I have been most impressed by the willingness of your teaching staffs to give every assistance.

The arrangement for milk for undernourished children has been amended to bring it into line with this milk scheme. Where milk is provided by the County Education Authority because it is needed on medical grounds and the parents cannot afford it, the $\frac{1}{2}$ d. per third of a pint is provided by the Education Committee instead of the parents. Usually more than one-third of a pint a day is required and the majority of the children receiving free milk have had two-thirds of a pint. Where no milk scheme is in force the old arrangement of direct contract with the milkman is maintained.

The number of children receiving free milk at the expense of the County Education Committee was increased materially during the year, and comprised 1,774 children as compared with 1,338 in the previous year.

MEDICAL TREATMENT AND FOLLOWING UP.

During the year 1,027 new cases were referred to the Care Visitors. Arrangements have now been made with 142 Nursing Associations. Inspections in 417 schools were attended by District Nurses, 1,056 sessions were attended by these nurses, and 2,218 cases were referred to them for home visits. Their reports state that 5,441 visits were paid to these cases.

Their reports upon the 2,218 cases referred to them for home visits show that in 1,074 cases (48 per cent.) medical treatment has been obtained, and 174 cases (8 per cent.) were under treatment by the nurse; in 451 cases (20 per cent.) no treatment was obtained; 481 cases (22 per cent.) were under supervision; and in the remaining 38 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 2,606 routine cases (20 per cent.) and for observation in 1,838 cases (14 per cent.).

During the past year grants of milk, malt and oil, or Parrish's Food were made to 2,039 children at a total cost of approximately £1,100. Every child is selected on medical grounds. This is an increase of 480 children.

The National Society for the Prevention of Cruelty to Children continues to afford useful service in the investigation and following up of certain difficult cases.

In 1937 twenty-seven cases were referred to the Society's Inspectors, the number under each heading being as follows:—

General neglect	...	...	15
Ill treatment at home	...	...	2
Verminous condition	...	...	3
Other	...	...	7

As regards the cases referred on account of general neglect, the home conditions in practically all of these cases were materially improved as a result of the Inspector's visit and still remain under supervision.

Only two cases of ill treatment at home were reported.

During the year only three children had to be referred to the Society on account of their persistent verminous condition and these were cleaned up in due course.

Of the remaining cases, two were referred for urgent dental treatment and one for discharging ears.

The parent's consent in respect of a tonsils and adenoids operation was in two cases obtained only as a result of pressure by the Society's Inspector.

SPECIAL DEFECTS.

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 284 recommendations were issued, and 261 operations performed. The cost of these operations was £490 5s. 0d., of which sum £38 5s. 6d. was refunded by the parents and Hospital Leagues, leaving a balance of £451 19s. 6d. to be paid by the County Education Committee. Twenty-three recommendations were outstanding, involving a sum of about £33.

TUBERCULOSIS.

During the year 47 cases of tuberculosis, or suspected tuberculosis, of the lungs were recorded amongst the routine inspections, while there were 25 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 93 cases referred to the Tuberculosis Officers and examined, 6.4 per cent. were found to be definite cases, and a further 15 per cent. were marked as suspicious cases of tuberculosis.

QUANTOCK SUMMER CAMP.

This Camp, which is held in the grounds of Quantock Sanatorium, is usually run for eight weeks, 4 weeks for girls and 4 weeks for boys, but this year it was only possible to hold a three weeks' Camp for boys as voluntary helpers could not be obtained for any longer period and no helpers were available for the girls' camp, which was not run. Certain of the more important cases recommended for the girls' camp were offered places at the Children's Home, Compton Bishop, and those who were admitted stayed for approximately 6 weeks and greatly benefited.

The boys were at Camp from 9th to 31st August, and were regularly weighed and medically inspected while there, and the average gain in weight was 3 lbs. 10 ozs., only one boy losing weight. The total expenditure was £118, of which £76 was for food. The children were well fed and the cost per head for children and staff was $1/8\frac{1}{2}$ d. per day. Each boy's three weeks' holiday cost £2 16s. 6d. including all maintenance costs.

The Boroughs of Bridgwater and Yeovil sent 6 children and 5 children respectively and their proportion of the cost was £36 18s. 0d. and has been repaid by them.

RHEUMATIC HEART DISEASE.

During 1937 two Heart Clinics were held as follows:—

Centre.	Number of Clinics held.	Cases examined.			
		County.	Taunton.	Bridgwater.	Total.
Taunton	1	17	1	—	18
Weston-super-Mare ...	1	17	—	—	17
TOTALS	2	34	1	—	35

These children have been grouped as follows:—

Suffering from rheumatic heart disease	...	...	...	18
Suffering from congenital heart disease	...	...	...	4
Not suffering from heart disease	...	...	...	12
Doubtful cases or cases under observation	...	...	...	1
				<hr/>
				35
				<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.

During 1937 two girls and one boy were admitted to Winford Children's Hospital. At the end of the year one girl was still under treatment as an in-patient. Four children were discharged during the year after a stay in each case of approximately six months.

It is satisfactory to note that all these children showed very marked improvement in general health and cardiac lesions were in every case either prevented or arrested.

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 1937 the School Oculist examined 828 new cases and prescribed glasses in 726.

At the end of the year the number of eye centres in the County was 35, all unaltered from the previous year. The available accommodation at some of these centres is unsuitable for this work and as a result efficient examination is made very difficult. Therefore I am arranging for some of these centres to be closed where such closure does not present travelling or other difficulties to the children and parents. 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 1937 the five shillings charged for spectacles was received from 1,278 parents, while in 153 cases (as compared with 194 in 1936) the cost or part of it was provided out of County funds. The expenditure involved was £31 4s. 1d., as compared with £41 1s. 10d. in 1936. Necessitous cases requiring free repairs to frames or new lenses, etc., cost the Committee £5 11s. 11d. Carrying out the resolution of the Education Committee to pay charges for repairs above 2/6d. cost 15/-. The present charge to the parents for spectacles is rather more than their actual cost, and during the year this gave a profit of £82 10s. 8d. £37 11s. 0d. was lost on repairs and for free glasses, and £6 4s. 3d. on eye shades. The receipts for eye material, therefore, were £38 15s. 5d. above the cost.

During the year 1,431 new pairs of spectacles were supplied, while 824 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 the school 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 828 new cases examined, 58 were suffering from squint. Glasses were prescribed in 48 cases and obtained in 40. Eye shades were provided in 43 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. Four dentists were at work during the year. The figures set out show that 44 per cent. of the children passed through their hands.

The ages of the 15,231 children who were examined under the Scheme were 352 (5 years), 2,622, 2,349, 2,149, 1,972, 1,758, 1,491, 1,339, 1,071 and 80 (14 years).

Treatment was given to 11,574 children as follows:—

Extractions (temporary)	12,997
" (permanent)	1,162
Fillings (temporary 146; permanent 9,709) ...	9,855
Other treatment (scaling)	30

	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 ...	1,556	607	949	3,409	1,386	125	1,294	599	1	4
Mr. Nicolson ...	564	104	460	3,120	1,517	68	697	838	—	—
Mr. Crossley ...	895	176	719	3,190	1,331	237	759	841	8	14
Mr. Hollington	642	95	547	1,855	858	106	819	70	—	2
	3,657	982	2,675	11,574	5,092	536	3,569	2,348	9	20

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 3,657 required no treatment, of which 2,675 had been previously treated. To this should be added, from the point of view of conservative dentistry, the 5,092 children who required temporary extractions only. This makes 8,749 children whose teeth were examined and found to be sound except for temporary extractions.

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 Area ...	40	39	69	1,660	1	1,186	1
Weston-super-Mare...	9	9	43	1,065	4	714	2
Bathavon ...	26	26	38	839	2	619	1
Bridgwater Rural ...	37	37	54	1,201	3	1,035	2
Chard Area ...	28	19	40	909	1	719	—
Clutton Area ...	32	32	76	1,576	15	1,164	8
Dulverton Area ...	13	13	13	253	1	209	1
Frome Area ...	26	26	38	703	2	587	2
Langport Rural ...	24	2	3	42	—	36	—
Long Ashton Area ...	32	31	58	1,387	—	930	—
Shepton Mallet Area	25	36*	59	1,182	4	913	4
Taunton Rural ...	28	10	17	389	—	331	—
Wellington Area ...	18	17	28	641	1	535	1
Wells Area ...	25	25	45	1,045	6	811	2
Williton Area ...	28	28	42	972	5	829	1
Wincanton Rural ...	27	27	40	824	2	613	1
Yeovil Rural ...	31	14	18	495	1	317	—
	449	391	681	15,183	48	11,548	26

*Eleven schools were inspected twice in the year.

Mr. Goddard, Mr. Nicolson, Mr. Crossley and Mr. Hollington worked 681 days (203, 162, 207 and 109 respectively) during the year and examined 15,231 children, an average of 22 a day, while 17 a day were treated. 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 £3,436 (exclusive of superannuation contributions), the largest items being £2,260 salaries for dentists, £556 travelling and maintenance allowances, and £262 clerical assistance. The cost of dental materials and renewals was £123, while the amount paid for the hire of rooms was £164. The sums received as fees from parents during the year amounted to £348.

The numbers of toothbrushes sold during the last ten years are: 2,138, 2,511, 2,479, 2,031, 1,942, 1,990, 1,514, 1,172, 1,385, 938 (1937). The price charged is 4d. for the large brushes and 3d. for the small.

The work of the service was somewhat curtailed during the year by illness but it is evident that good solid service was rendered to the children.

With the present staff it is impossible to give a full service or to give as complete a service as is desirable in this section of the Department. As I have not yet reported on this matter to the responsible Sub-Committee I do not propose to make any statement in this general report. It will be necessary, however, for me to present certain facts in due course so that the position of this service may be considered.

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 23,830 boys and 25,976 girls, and of these 150 boys (0.6 per cent.) and 731 girls (2.2 per cent.) were found verminous. During the year 101 children were excluded as belonging to the persistently verminous group. Most of these cleaned up, at least temporarily, under pressure, and legal proceedings were only necessary in one case.

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, 1937.

Sanitary Area.	Number of children inspected.		Excluded.	Prose-cuted.	Percentage verminous.	
	Boys.	Girls.			Boys.	Girls.
Axbridge ...	885	896	1	0	0.2	1.9
Burnham-on-Sea ...	667	648	2	0	0.6	4.0
Weston-super-Mare	470	528	9	1	1.3	5.3
Bathavon ...	1,444	1,393	16	0	1.0	3.2
Bridgwater Rural ...	1,838	1,701	7	0	1.3	3.9
Chard Urban ...	892	919	7	0	1.5	4.2
Chard Rural ...	1,441	1,441	7	0	0.3	4.0
Crewkerne ...	491	606	3	0	0.6	4.8
Ilminster ...	318	603	0	0	0.0	2.0
Clutton ...	1,923	1,819	5	0	0.4	2.0
Norton-Radstock ...	684	1,871	0	0	0.3	2.2
Dulverton ...	323	333	0	0	0.0	2.1
Frome Urban ...	1,078	888	7	0	0.2	4.2
Frome Rural ...	909	857	2	0	0.7	3.2
Langport ...	1,584	1,561	5	0	0.3	2.3
Long Ashton ...	1,132	1,136	9	0	0.9	4.0
Clevedon ...	439	528	0	0	0.2	0.9
Portishead ...	229	341	0	0	0.0	1.2
Shepton Mallet Urban	199	332	2	0	1.0	1.2
Shepton Mallet Rural	572	607	4	0	0.5	1.0
Taunton Rural ...	1,677	1,687	0	0	0.5	1.8
Wellington Urban ...	327	1,035	1	0	1.2	1.8
Wellington Rural ...	238	244	0	0	0.8	0.8
Wells Urban ...	104	104	3	0	0.0	4.8
Wells Rural ...	521	421	1	0	2.5	5.9
Glastonbury ...	36	220	0	0	0.0	0.5
Street ...	—	—	—	—	—	—
Williton ...	875	754	3	0	1.5	3.3
Minehead ...	62	178	0	0	0.0	0.6
Watchet ...	290	282	3	0	0.0	1.8
Wincanton ...	752	647	4	0	0.4	1.4
Yeovil Rural ...	1,410	1,396	0	0	0.1	3.0
TOTALS ...	23,830	25,976	101	1	0.6	2.2

WESTON-SUPER-MARE SCHOOL CLINIC. SUMMARY OF WORK, 1937.

16

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 ...	67	—	—	—	—	—	67	116
Vision testing ...	44	—	—	—	—	—	44	56
External eye diseases ...	—	22	4	1	—	27	27	80
Ear diseases: Otorrhœa, etc. ...	2	20	4	5	3	32	34	258
Deafness ...	3	7	—	—	—	7	10	18
Ringworm: Body ...	—	1	—	—	—	1	1	3
Scalp ...	—	1	—	—	2	3	3	26
Impetigo ...	—	107	—	—	3	110	110	378
Scabies ...	1	6	—	—	—	6	7	26
Eczema and other skin diseases ...	2	22	22	2	5	51	53	495
Minor skin injuries and septic sores ...	1	131	—	—	1	131	132	447
Other conditions ...	163	11	11	4	5	31	194	361
TOTALS ...	283	328	41	12	19	399	682	2,264

Total individual children examined or treated = 602.

FROME SCHOOL CLINIC. SUMMARY OF WORK, 1937.

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 ...	17	—	—	—	—	—	17	25
Vision testing ...	5	—	—	—	—	—	5	5
External eye diseases ...	3	5	1	—	—	6	9	15
Ear diseases: Otorrhœa, etc. ...	2	2	1	—	2	5	7	21
Deafness ...	1	—	—	—	—	—	1	1
Ringworm: Body ...	—	1	—	—	—	1	1	2
Scalp ...	—	—	—	—	—	—	—	—
Impetigo ...	—	4	1	—	—	5	5	9
Scabies ...	—	—	—	—	—	—	—	—
Eczema and other skin diseases ...	1	6	—	—	2	8	9	29
Minor skin injuries and septic sores ...	5	29	4	—	1	34	39	79
Other conditions ...	16	7	3	—	—	10	26	39
TOTALS ...	50	54	10	—	5	69	119	225

Total individual children examined or treated = 105.

OTHER AILMENTS, INCLUDING SKIN DISEASES.

A number of cases of minor ailments are referred to the District Nurses for treatment, and during the year 181 cases were so referred. Many cases were treated at the School Clinics.

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. Ringworm, the treatment of which used to take up so much time at these Clinics, has practically disappeared and the total attendances for this condition (body or scalp) at both Clinics was only 31.

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 1937 there were only 7 known cases. The practical extinction of ringworm is very remarkable. Drug treatment is given at the Weston-super-Mare and Frome School Clinics. Four of the 7 cases are attending school under the Cap Scheme, the other cases being unsuitable for the Scheme.

Twenty-nine cases of ringworm of the body were reported and excluded until cured. The majority were back at school within a few days.

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 38 schools to approximately 1,651 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 1937. 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 (Feeble-minded), Epilepsy, active Tuberculosis, Crippling or Heart Disease. This list comprises a total of 8 children (5 boys and 3 girls). Of these, 2 boys are epileptic and feeble-minded, 2 boys and 2 girls are crippled and feeble-minded; and 1 boy and 1 girl are blind and feeble-minded.

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 37,171. 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 sighted" are certified accordingly.

The 7 "blind" children recorded in Table III. represent an incidence of 0.2 per 1,000; and the 113 "partially sighted" children an incidence of 3.0 per 1,000 of the school population.

One blind and two partially sighted children were admitted during the year to Schools for the Blind. There are now six boys and seven girls 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 sighted" 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 were admitted during the year, one to the Royal West of England Institution for the Deaf, and the other to St. John's Institution for the Deaf and Dumb, Boston Spa, making a total of 6 boys and 8 girls at certified Schools for the Deaf. The 19 "deaf" and 20 "partially deaf" children recorded in Table III. represent an incidence of 0.5 and 0.5 per 1,000 respectively of the school population.

Mentally Defective Children.

At the end of 1936 the Special Register contained the names of 269 feeble-minded children, 170 boys and 99 girls. During the past year 27 boys and 14 girls, a total of 41 children, were certified as feeble-minded and their names added to the Register, while the names of 33 boys and 25 girls, a total of 58, were removed owing to the children having attained the age of 16 years, left the County, or been re-graded; leaving a net total of 252 feeble-minded children (159 boys and 93 girls) on the Special Register at the end of 1937.

These 252 feeble-minded children are equivalent to 6.8 per 1,000 of the total number of children on the registers of the Elementary Schools. This is rather below the average for previous years.

Mental Examinations.—During the past year 119 children were examined and certified for the first time, and 65 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	31	27	9	70
Girls	1	26	14	8	49
	— 4	— 57	— 41	— 17	— 119
Re-examined—					
Boys	0	4	38	3	45
Girls	0	5	15	0	20
	— 0	— 9	— 53	— 3	— 65
	4	66	94	20	184

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 Deputy County School Medical Officer, has been responsible for the supervision and checking of records, and has also carried out numerous re-examinations of doubtful and other special 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., 19 are classified "severe" and 27 "not severe," equivalent to an incidence of 0.5 and 0.7 per 1,000 of the school population respectively.

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 22-25.

EDUCATION AND CARE OF DEFECTIVES.

Sandhill Park Institution and Special School. At the end of 1937 there were 49 boys in residence, including five from Taunton, and 40 girls, including two from Taunton Borough, one from Bridgwater Borough, and one from the Gloucester Education Authority.

A further 8 feeble-minded boys were accommodated at the Western Counties Institution, Starcross, and one was admitted to the Besford Court R.C. Special School.

Yatton Hall. This Institution is primarily intended for low-grade defectives. At the end of 1937 there were in residence 24 boys and 11 girls of school age belonging to the County. In addition, 4 low grade defective boys were in residence at Cambridge House, Long Ashton, and 6 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, Frome, and Radstock were continued, the classes being held on five days per week. All the children attending the Taunton and Bridgwater Centres, with the exception of one feeble-minded boy, belong to those Boroughs, and at the end of 1937 there were on the Centre registers 29 children of school age (including six imbecile boys and two imbecile girls) 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 fourteen boys and eleven girls were thus notified on reaching the age of sixteen, all of whom were detained at Sandhill Park.

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	77	14	128	72	155	—	355
Minehead	23	3	0	3	33	—	36
Weston-super-Mare...	98	68	120	1,441	75	156	1,792
Yeovil	44	4	—	56	13	—	69
TOTAL ...	242	89	248	1,572	276	156	2,252

	Tuber- culosis.	Rickets.	Debility and Malnu- trition.	Glands (not Tuber- culous).	Others.	Total (all cases).
Cured or improved ...	10	4	38	4	21	77
Unaltered	1	1	1	1	1	5
Worse	0	0	0	0	0	0
Still under treatment	7	1	22	7	21	58
TOTAL ...	18	6	61	12	43	140

The attendances varied at different centres, Weston-super-Mare again being considerably the largest contributor, and the total was about the same as in 1936.

The gland cases, whether tuberculous or not, received local treatment with cold U.V. light at short range, in addition to general exposure with concomitant radiant heat, and the results were uniformly successful.

The treatment is keenly sought after during the Winter months and both teachers and parents remark upon the improvement in mental alertness as well as physical condition.

CRIPPLED CHILDREN.

The Orthopædic scheme, started in 1925, continues to yield most valuable results. The value of the postural work done here and in the schools was pointed out in an earlier report. Dr. Forrester-Brown is in charge of all the County Clinics. Miss Mayor is in charge of the Sister's Clinics, where she follows up the cases and carries out the treatment.

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 assistance. The teachers have been very active in the following up of school cases, seeing that they come to school in the boots provided, wear any appliances ordered, etc.

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

Attendances at Surgeon's Clinics, 1937.

Clinic.	Number of Clinics held.	New cases seen.	Total Attendances.				
			I	E	T	O	All.
Glastonbury ...	4	28	39	56	5	5	105
Radstock ...	4	19	38	69	5	4	116
Taunton ...	12	88	152	216	15	15	398
Weston-super-Mare	13	77	137	198	31	10	376
Yeovil ...	11	38	78	195	19	21	313
Frome ...	3	11	28	47	1	8	84
Bath ...	4	29	29	78	12	5	124
Bridgwater ...	6	28	34	118	20	17	189
	57	318	535	977	108	85	1,705

Note.—I = County Pre-school cases, E = County Education cases, T = Tuberculosis cases, O = Other cases, *i.e.*, children over age, P.A. and M.D. cases.

These attendances are nearly the same as for the previous year (1,799) and in about the same proportions as regards age groups.

Attendances at Sister's Clinics, 1937.

Clinic.	Number of Clinics held.	Total Attendances.				
		I	E	T	O	All.
Glastonbury ...	27	101	133	6	3	243
Radstock ...	39	145	234	7	6	392
Taunton ...	39	232	298	9	14	553
Weston-super-Mare	36	280	622	34	29	965
Yeovil ...	35	134	240	22	10	406
Frome ...	24	94	109	0	15	218
Bath ...	12	10	80	3	0	93
Minehead ...	10	19	70	0	0	89
Bridgwater ...	17	49	146	14	36	245
Clevedon ...	1	—	7	0	0	7
Langport ...	7	10	24	0	0	34
Shepton Mallet ...	12	36	22	2	8	68
Wellington ...	12	29	62	0	1	92
Wincanton ...	11	27	34	0	13	74
Bristol ...	8	4	54	2	0	60
TOTAL ...	290	1,170	2,135	99	135	3,539

In addition 384 attendances have been made at a posture class at Taunton.

Bath and Wessex Children's Orthopædic Hospital.

Somerset cases in hospital during 1937.

Type of Case.	In Hospital 31-12-36.	Admitted.	Discharged.	In Hospital 31-12-37.	Average duration of each case (discharged cases only).
Non-resp. tuberculosis (bones and joints)	10	13	10	13	166 days
Congenital deformities	2	23	19	6	43 "
Poliomyelitis ...	9	16	15	10	240 "
Rickets ...	2	0	2	0	388 "
Spastic paralysis ...	0	1	1	0	62 "
Scoliosis ...	0	4	3	1	113 "
Osteo-myelitis (other than tubercular) ...	3	3	5	1	245 "
Other cases ...	8	10	11	7	285 "
TOTAL ...	34	70	66	38	

Cases suffering from bone and joint diseases have been treated at Alton. During the year 2 have been sent, and on January 1st, 1938, there were 4 cases there still under treatment. A further 3 cases have been treated during the year in the Children's Hospital, Swanage, 2 being tuberculosis cases, 1 other condition.

The number of crippled children seen at the different clinics is 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 1937 for the first time.

Tuberculosis of bones and joints	14
Spastic and other paralysis conditions	10
Infantile paralysis (poliomyelitis)	51
Osteo-myelitis	2
Congenital dislocation of the hip	6
Club foot	5
Other congenital deformities	14
Torticollis	13
Diseases and injuries to the toes	19
Scoliosis	8
Postural deformities:—	
General defects of posture	14
Flat foot (often with other postural deformities)	35
Knock knees (many old rickets)	37
Bow-legs	25
	— 111
Rickets (not specially postural)	4
Injuries and accidents	15
Other defects and deformities	46
	<hr/>
	318
	<hr/>

The figures are, on the whole, similar to those in previous reports. It is very important to get these cases under orthopædic treatment in their early stages and every endeavour is made to arrange for this to be available.

A large number of cases has been provided with suitable splints and appliances. During 1937, 108 splints, etc., were supplied, 69 being calipers or other irons, while 106 alterations to ordinary boots were ordered and supervised, and 8 surgical boots provided. These appliances are obtained from the Oswestry and Wingfield Orthopædic Hospitals, as well as from the Bath Orthopædic Hospital. In addition, 80 plaster of Paris splints were fitted.

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.

The Prevention of Crippling and Postural Conditions.

Much attention continues to be paid to this subject. Miss Margery Smith, under whose direction this service has been carried out for some nine years, has been very successful in interesting the teachers in this work, and the gain to the children themselves has been very noteworthy.

In 1937 there has been a rearrangement in this service owing to the appointment by the Authority of four additional organisers for physical education. Instead of Miss Smith having charge of the work and giving half her time to it, the whole service has been divided among the six organisers, and each organiser devotes the equivalent of one half day per week to posture work.

During the year, Health Exhibitions have been held at the following centres: Wellington, Highbridge, Shepton Mallet, Hambridge, Ilminster, Yeovil, Glastonbury, Midsomer Norton and Frome.

Each of these was well-attended and a talk was given on "Posture" to the audiences. Demonstrations of exercises, graded from the Infants to Junior and Senior Physical Training, were given by children from the schools, and, whenever possible, a demonstration of "Keep Fit" exercises was included by a local women's class.

Photographic exhibits were on view in the Exhibitions showing deformities caused by the carrying of heavy weights (*e.g.*, baskets and buckets), correct and incorrect standing positions, and other examples of correct and incorrect posture. Exhibits also included black impressions on paper of feet before and after a course of exercises, and the use and effect of the wearing of crooked boots.

I have attended several of these Health Exhibitions, and I know how much they are appreciated by the general public. I consider that the linking of Health exhibits with these demonstrations of physical and posture exercises forms a happy combination at once useful and interesting to the audiences.

This posture work should be continued and extended, for the results from it are uniformly good and they remain not only for school life but for the important period of early adolescence after school life is over.

JUVENILE EMPLOYMENT.

Co-operation was continued between the School Medical Service and Juvenile Employment Advisory Committees along the lines suggested by the Board of Education. A card dealing with unsuitability for certain types of work is available to the Medical Inspectors for the last routine examination of each child. If at that examination it appears advisable, in any individual case, to issue a warning as to unsuitable employment this is indicated on the card. When the child leaves school, the card is sent to the Juvenile Employment Advisory Committee.

Of course in most cases no entry is required and the card is not used, but during the year 37 cards were issued suggesting certain unsuitable employments. As examples of the kind of entries the following may be mentioned:—

(a) Unsuitable for severe manual work	20
(b) Unsuitable for work causing eye strain	9
(c) Unsuitable for work involving prolonged standing ...	5
(d) Unsuitable for work in a dusty atmosphere	7
(e) Unsuitable for work requiring acute distant vision ...	10

SECONDARY AND CONTINUATION SCHOOLS.

Six definite groups of children are presented for medical inspection in Secondary Schools. These are:—

1. All entrants not previously medically inspected.
2. All entrants not examined since aged 8 years.
3. All children on reaching 14 years.
4. All leavers not medically examined within 2 years.
5. Re-examination cases—those found defective at a previous examination.
6. Special cases—those referred by the Head Master or Mistress for examination for definite reasons.

A medical inspection is carried out at each school once a year; and special visits are made from time to time as required.

I think it is well to point out that it is the aim of the Department not only to examine the routine groups of children but also to devote particular attention to the examination of special cases. In this connection pupils are regarded as special cases for any of the following reasons:—

- (a) Doubt as to the suitability of a pupil for some portion or portions of the ordinary school work.
- (b) Suspicion of marked deterioration in a pupil's condition.
- (c) Possibility of the existence of infectious or contagious disease.
- (d) Suspicion as to the existence of physical defect, such as defective eye-sight or hearing, or faulty posture.

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

ROUTINE MEDICAL INSPECTIONS.

				Boys.	Girls.	All.
Entrants	...	...	...	452	384	836
Intermediates	...	...	...	303	234	537
Leavers	...	...	...	144	99	243
				<hr/>	<hr/>	<hr/>
TOTALS	...			899	717	1,616
				<hr/>	<hr/>	<hr/>

OTHER INSPECTIONS.

				Boys.	Girls.	All.
Specials	...	...	...	48	51	99
Re-inspections	...	...	...	253	191	444
				<hr/>	<hr/>	<hr/>
TOTALS	...			301	242	543
				<hr/>	<hr/>	<hr/>

The defects found among Secondary School children 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 children has not been provided, but any suspected to be suffering from tubercular infection are referred to the nearest Tuberculosis Dispensary for further examination, and, if necessary, treatment. Children with defective eyesight, who are not receiving treatment elsewhere, are offered special examination by the County Oculist. Last year such further examination was offered 265 children and accepted by the parents of 158.

Defects found in Secondary School Children.

Condition.	Number of defects.	Number referred for treatment.	Number referred for observation.
Malnutrition	85	5	7
Uncleanliness	4	1	2
Skin Disease	1	1	0
Ringworm: Head	0	0	0
Body	0	0	0
Defective vision	427	182	96
Squint	11	2	1
Eye disease	41	13	8
Defective hearing	6	1	1
Ear disease	10	1	2
Nose and Throat disease:			
Chronic Tonsillitis	90	6	2
Adenoids only	19	2	0
Chronic Tonsillitis and Adenoids	11	4	3
Enlarged Tonsils only	48	1	3
Other conditions	100	5	3
Teeth: Dental disease	608	53	13
Enlarged cervical glands	74	2	5
Defective speech	2	0	1
Heart Disease:			
Organic	7	5	2
Functional	15	1	8
Anæmia	41	14	0
Lung disease (non-tubercular):			
Bronchitis	9	0	3
Other diseases	3	0	2
Tuberculosis:			
Pulmonary—Definite	0	0	0
" Suspected	5	2	3
Non-Pulmonary	1	0	1
Disease of the nervous system:			
Chorea	0	0	0
Other	8	4	1
Deformities	161	34	46
Enlarged Thyroid or Goitre	1	1	0
Other defects and diseases	129	32	5

The number of children with defective vision still tends to increase.

Abnormal conditions of the nose and throat would also seem to be more frequent. The figures for chronic tonsillitis and enlarged tonsils mainly show an increase but it is satisfactory to note that out of 90 cases of chronic tonsillitis only 6 were recommended for other than conservative treatment. The figures for enlarged tonsils only are not so significant as tonsillar enlargement is often temporary and non-pathological.

The amount of dental disease in Secondary School children is still very considerable although relatively fewer cases were referred for treatment during the year.

As regards functional heart disease, this is not usually of a serious nature, but in a number of cases it is often advisable to modify drill and games for one or more terms.

Improvement in the health and physique of the Secondary School child is well maintained, contributory factors being a higher standard of personal hygiene, improved methods of physical training, and the modern type of school building.

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 211 reports were received, and one upon a Secondary School. In 106 cases no defects were found or at least adversely reported upon. In 75 the defects were of a minor character and not followed up. In the remaining 31 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 of defects is more than 31 as some schools showed more than one defect.

Nature of defect found.	Action Taken.		No action taken.	Total.
	Remedied.	Pending.		
Structural defects of Offices ...	0	0	0	0
Defects in usage of Offices ...	4	4	1	9
Water supply ...	0	0	0	0
Ventilation defective ...	0	2	0	2
Lighting defective ...	2	2	1	5
Defective Cloakroom ...	2	0	0	2
Repairs or redecoration required...	2	0	0	2
Desks unsuitable ...	1	0	0	1
Defective playground ...	4	2	0	6
Deficient heating ...	4	3	0	7
Other defects ...	6	1	0	7
	—	—	—	—
	25	14	2	41
	==	==	==	==

Health Education and Hygiene Instruction in Schools.

Under this section a considerable amount of special work has been undertaken by Miss Sewell, the County Propaganda Officer, while routine instruction in hygiene has been taught in the schools by the ordinary staffs.

During the year the campaign initiated by the Ministry of Health and organised by the Central Council for Health Education has had the full support of this County.

Health exhibitions with a direct teaching for both parents and children have been held at various centres, and these have been extremely well attended and the public has displayed real interest in them. As part of the general distribution of literature and posters, a large number of suitable notices have been sent out for display in the schools.

The Hygiene Classes for teachers at special centres have been discontinued as it was found by experience that much more useful service could be given by visits of the Organiser to individual schools. In this way one hundred and ten schools have been visited and talks given, health films shown, or a discussion held with the teacher regarding the subject of hygiene.

The survey of the County started in 1934 has been continued, and returns obtained from a further fifty-three schools, making a total of three hundred and eight. The value of this survey is to my mind rather doubtful because owing to the number of years required to make it the earlier returns must in many cases be out of date before the survey is complete.

Of the fifty-three returns in 1937, thirty are teaching hygiene efficiently and with a syllabus, twenty have no regular hygiene teaching, and three give lessons but have no syllabus. Twenty-eight out of the fifty-three schools still have no suitable "Health Reader," although these can be obtained by requisitioning.

The Dental Board made their fifth tour in Somerset during July and visited schools in the Taunton Rural, Wellington Rural, and Bridgwater Rural areas. Forty-four schools were visited, and these visits were much appreciated. This service is undoubtedly of great value in stimulating interest in dental health work, and it is a pleasure to acknowledge the efficient way in which the Dental Board lecturers deal with their subject.

In addition, a cinemotor tour under the auspices of the Health and Cleanliness Council in conjunction with the Somerset Rural Community Council was arranged in October, and some fifteen schools were visited. This service was also found to be most useful; it has a special attraction in that it shows films combining as it were the thrill of the pictures with really solid educational work.

The Health Journal "Better Health" has been continued throughout the year, and, in addition to the ordinary health matters, it always contains an article written by one of the County Staff with special reference to local conditions and needs. It is supplied free of charge to all Head Teachers and to a good many other teachers on their paying the postage. It continues to be appreciated and it has a circulation of 3,000 copies per month.

It will be noted that practically all the activities described in this report are normal activities of the Department; in some ways, as a result of the National campaign, they have been slightly extended, but very wisely the County of Somerset has done this work steadily for many years, and therein lies the whole value of any propaganda or educational service. To my mind, stunt propaganda is utterly useless—it may draw an audience but its real value to the communal outlook and practice in health matters is nil; on the other hand, continuous and regular propaganda such as that undertaken by Somerset is of great and lasting value. I am a great believer in this work and I have been much impressed by the keenness and thoroughness with which it is directed in Somerset; one cannot expect dramatic results from this service, but, slowly and surely, it exerts its influence on the habits and the ways of the people, and, in fact, the evidence of its success is steadily growing year by year.

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

During the year 1937 a great change has been effected in the organisation of Physical Training in the County. The Education Committee appointed four additional Organisers, three women and one man. The County Borough of Bath, and the Boroughs of Bridgwater, Taunton and Yeovil now co-operate with the County Authority in this work, and receive the services of the Organisers proportionate to their school population. Thus every child in the Elementary Schools of Somerset benefits from the organised scheme of physical education.

The additional staff has made it possible, first, to improve the physical training in the schools, and to develop other branches of physical education such as games, dancing and swimming, and, secondly, to devote time to the needs of those who have left school.

The Government's plans for National Fitness are being implemented by the staff, who are organising:—

(a) **DEMONSTRATION CLASSES.**

(b) **"KEEP FIT" CLASSES.** There are at present being conducted under the County Authority classes at 34 centres (26 for women and 8 for men), and enquiries are being received from several others.

(c) **LEADERS' CLASSES.** Courses for Leaders have been conducted at six centres by the Organisers, and two are being continued. By means of such Courses, and by a Vacation Course which it is hoped may be held in August, a fair supply of Leaders may be expected to be ready to conduct "Keep Fit" Classes next winter.

In addition to the "Keep Fit" Classes held under the Education Committee, there are many more attached to voluntary bodies, and help is willingly given to these bodies when asked for.

Men's "Keep Fit" work lags far behind the women's, and many reasons have been adduced to account for this; perhaps the most potent cause may be the fact that women have a much longer tradition of scientific gymnastics, stretching back to 1882.

"Keep Fit" Rallies have been held at Bridgwater once or twice a year in the past, when a gathering of all known to be interested in "Keep Fit" from all parts of the County have rallied for exercise and a social time.

"Keep Fit" has now gained such a strong hold that it is expected that Rallies and Festivals will form part of the scheme. For example, it is hoped in the very near future that such a Festival will be held in Minehead, when "Keep Fit" teams from neighbouring villages will each give a demonstration of their work, and, after an interval for tea, will take part in a combined massed "Keep Fit" Table.

Teachers' Classes attended by County Teachers have been held at the following Centres:—

Wellington	...	...	...	Captain Fitzgerald.
Bridgwater	...	...	...	do.
do.	...	...	...	Miss Smith.
Bristol	...	...	...	Miss Lewis.
				Mr. Gibbs.

Swimming Instruction, financed by the Education Committee, has been given to school children at Frome, Weston-super-Mare, Street, Crewkerne, Shepton Mallet, Cheddar and Minehead. At Clevedon, Creech St. Michael, Wiveliscombe and Norton-Radstock instruction has been given either outside of school hours or free of charge.

The Somerset County Schools' Games Association has continued its activities enthusiastically and efficiently during this difficult period of reorganisation. Athletic Meetings have been held in many parts of the County, the Final Meeting being at Bath in June. The Hockey, Netball, and two Football Sections organised inter-school competitive and friendly games throughout the year. The Swimming Section held a very successful annual gala in Minehead.

Physical Training Kit. Shoes are now being supplied to all children in the elementary schools in the County; and vests and shorts have been issued to the two newest senior schools, Keynsham and Timsbury. These have been enthusiastically received by staffs and pupils, and have contributed markedly to the value of physical training.

INFECTIOUS AND CONTAGIOUS DISEASES IN SCHOOLS.

During the year 184 schools or departments were closed on account of infectious disease; 171 under Article 23 (b) of the Code by the School Medical Officer, and 13 under Article 22 by the Sanitary Authority on the advice of their Medical Officer of Health.

The Schools were closed for the following diseases:—

Scarlet Fever	2
Measles	9
Whooping Cough	17
Whooping Cough and Influenza	5
Influenza	129
Colds and Influenza	6
Mumps	5
Chicken Pox	3
Chicken Pox and Mumps ...	2
Other diseases	6
	<hr/>
	184
	<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 preventing the spread of infectious diseases, owing to the greater mixing of children from different areas.

Under the regulations of the Board of Education 198 certificates for weekly attendance below 60 per cent. were issued in respect of 112 schools or separate departments.

The cases excluded by the School Medical Officer or his Assistants during the year were 269. Of these, 10 were for ringworm, 10 for verminous condition of head or body, 59 for other skin diseases, while the remainder were for a variety of conditions. In addition, 18 cases of actual or suspected phthisis and 7 of other varieties of tuberculosis were excluded by the County Tuberculosis Officers.

LABORATORY.

During the year 11,199 samples and specimens were examined in the County Laboratory. The greater number were in connection with Public Health work. 3,968 suspected diphtheria swabs were examined, the majority being from children of school age; 56 specimens of hairs and stumps from suspected ringworm cases were examined; of these, 22 showed the ringworm fungus, while the remaining 34 were negative. Of these 56 specimens, 51 were taken by the School Medical Inspectors or the Health Visitors, and 5 were examined for private practitioners and district nurses.

TABLE I.

Number of Children Inspected 1st January, 1937, to 31st December, 1937.

A.—Routine Medical Inspections.

						Boys.	Girls.	Total.
Number of Code Group Inspections—								
Entrants	...	...	...	...	...	2,327	2,213	4,540
Intermediates	...	...	...	...	...	1,778	1,688	3,466
Leavers	...	...	...	...	...	1,844	1,833	3,677
						5,949	5,734	11,683
Number of other Routine Inspections ...						607	556	1,163
TOTAL ...						6,556	6,290	12,846

B.—Other Inspections.

Number of Special Inspections	...	...	...	...	...	2,409
Number of Re-inspections	...	...	...	...	...	9,118
TOTAL ...						11,527

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

GROUP. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table II. (3)	Total. (4)
CODE GROUPS:			
Entrants	71	576	639
Intermediates	263	346	570
Leavers	292	235	492
Total (code groups)	626	1,157	1,701
Other routine inspections	96	105	190
GRAND TOTAL	722	1,262	1,891

TABLE II.

Return of Defects found in the course of Medical Inspection, 1937.

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	...	...	...	...	...	530	88	227	19
Uncleanliness—									
Head	...	...	...	...	...	29	12	32	5
Body	...	...	...	...	...	7	4	5	2
Skin	{	Ringworm—							
		Head	...	...	...	3	0	1	0
		Body	...	...	...	1	1	2	0
		Scabies	...	...	...	7	0	5	0
		Impetigo	...	...	...	22	1	18	0
Eye	{	Other Diseases (Non-Tuberculous)	...	...	...	3	1	9	1
		Blepharitis	...	...	...	42	19	27	6
		Conjunctivitis	...	...	...	2	1	2	2
		Keratitis	...	...	...	0	0	1	0
		Corneal Opacities	...	...	...	0	0	0	0
Ear	{	Defective Vision	...	...	...	722	586	288	67
		Squint	...	...	...	41	79	13	8
		Other Conditions	...	...	...	26	21	24	8
		Defective Hearing	...	...	...	9	15	18	9
		Otitis Media	...	...	...	47	16	26	7
Nose and Throat	{	Other Ear Diseases	...	...	...	25	2	18	0
		Chronic Tonsillitis	...	...	...	144	243	94	21
		Adenoids only	...	...	...	58	52	21	16
		Chronic Tonsillitis and Adenoids	...	...	...	180	30	94	6
		Enlarged Tonsils only	...	...	...	21	210	14	30
Teeth—Dental Diseases	{	Other Conditions	...	...	...	17	22	19	15
		Enlarged Cervical Glands (Non-Tuberculous)	...	...	...	20	38	13	13
		Defective Speech	...	...	...	5	9	6	0
		Heart Diseases—							
		Organic	...	...	...	18	10	11	0
Lungs	{	Functional	...	...	...	12	81	0	20
		Anaemia	...	...	...	48	11	24	1
		Bronchitis	...	...	...	49	76	17	10
		Other Non-Tuberculous Diseases	...	...	...	30	68	17	17
		Pulmonary—							
Tuberculosis	{	Definite	...	...	...	6	2	2	2
		Suspected	...	...	...	6	33	2	23
		Non-Pulmonary*	...	...	...	8	11	4	3
		Epilepsy	...	...	...	5	3	6	0
		Chorea	...	...	...	1	1	2	0
Deformities	{	Other Conditions	...	...	...	10	23	5	4
		Rickets	...	...	...	6	34	0	1
		Spinal Curvature	...	...	...	1	2	0	0
		Other Forms	...	...	...	197	343	60	64
		Goitre	...	...	...	24	5	16	1
Other Defects and Diseases			...	...	...	216	159	149	65

*The routine cases consisted of 10 glands, 5 bones and joints, and 4 other forms. 4 glands and 4 bones and joints were referred for treatment and the others were kept under observation. The specials were 4 glands referred for treatment and 3 kept under observation.

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Totals.	
BLIND	Suitable for training in a School or Class for the totally blind	Attending Certified Schools for the Blind	2	4	6	
		Attending Public Elementary Schools	0	0	0	
		At other Institutions	0	0	0	
		At no School or Institution ...	0	1	1	7
PARTIALLY SIGHTED	Suitable for training in a School or Class for the partially sighted	Attending Certified Schools for the Blind	4	3	7	
		Attending Public Elementary Schools	31	52	83	
		At other Institutions	0	0	0	
		At no School or Institution ...	10	13	23	113
DEAF	Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools for the Deaf	6	8	14	
		Attending Public Elementary Schools	2	0	2	
		At no School or Institution ...	0	3	3	19
PARTIALLY DEAF	Suitable for training in a School or Class for the partially deaf	Attending Public Elementary Schools	6	9	15	
		At no School or Institution ...	3	2	5	20
MENTALLY DEFECTIVE	Feeble-minded (cases not notifiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children ...	53	36	89	
		Attending Occupation Centres ...	17	4	21	
		Attending Public Elementary Schools	50	34	84	
		At other Institutions	1	0	1	
		At no School or Institution ...	38	19	57	252
EPILEPTICS	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics	2	0	2	
		Attending Public Elementary Schools	4	4	8	
		At no School or Institution ...	4	5	9	19
	Suffering from epilepsy which is not severe	Attending Public Elementary Schools	9	10	19	
		At no School or Institution ...	5	3	8	27

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 ...	6	8	14	
		At Public Elementary Schools ...	3	6	9	
		At no School or Institution ...	0	1	1	24
	Quiescent or arrested pulmonary tuberculosis (including pleura and intra-thoracic glands)	At Certified Open-Air Schools ...	0	0	0	
		At Public Elementary Schools ...	44	47	91	
		At no School or Institution ...	21	22	43	134
	Tuberculosis of the peripheral glands	At Certified Residential Open-Air Schools ...	4	3	7	
		At Public Elementary Schools ...	10	23	33	
		At no School or Institution ...	7	3	10	50
	Abdominal tuberculosis	At Public Elementary Schools ...	8	7	15	
		At no School or Institution ...	0	1	1	16
	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 ...	2	9	11	
		At Public Elementary Schools ...	2	3	5	
		At no School or Institution ...	0	1	1	17
	Tuberculosis of other organs (skin, etc.)	At Public Elementary Schools ...	4	3	7	
		At no School or Institution ...	0	1	1	8
	Delicate Children	At Certified Residential Open-Air Schools ...	2	3	5	
		At Public Elementary Schools ...	84	70	154	
		At no School or Institution ...	1	2	3	162
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, rheumatic heart, etc.	At Certified Hospital Schools ...	11	6	17	
		At Sanatoria ...	1	0	1	
		At Public Elementary Schools ...	35	30	65	
		At no School or Institution ...	15	18	33	116
	Children suffering from severe heart disease	At Certified Hospital Schools ...	0	1	1	
		At Public Elementary Schools ...	0	0	0	
		At no School or Institution ...	2	1	3	4

TABLE IV.

Treatment of Defects of Children during 1936.

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 ...	15	13	11	2	0	2	87
" Body ...	34	30	29	0	1	4	88
Scabies ...	45	42	42	0	0	3	93
Impetigo ...	329	295	271	13	11	34	90
Minor Injuries ...	170	154	128	15	11	16	91
Other Skin ...	110	89	45	28	16	21	81
Ear Diseases ...	128	84	45	15	24	44	66
Eye Diseases (External and other) ...	112	67	47	15	5	45	60
Miscellaneous ...	362	110	71	19	20	252	30
	1,305	884	689	107	88	421	68

B.—Treatment of Visual Defects.

Number referred for refraction, etc., 1936.	Number examined by County Oculist.					Number absent.	Number obtaining treatment elsewhere.
	For whom spectacles prescribed.	For whom spectacles obtained.	Other forms of treatment advised.		Number for whom no treatment necessary.		
			Obtained.	Not obtained.			
976	773	755	22	0	60	104	17

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.		
760	542	395	32	43	72	218	71

TABLE V.

Summary of treatment of Defects during 1936.

Disease or Defect.	Referred for treatment.	Number treated.	Results of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged.		
Minor Ailments	1,305	884	689	107	88	421	68
Visual Defects (including Squint)	976	812*	794	0	18	104	89
Defects of Nose and Throat	760	542	427	43	72	218	71
Dental Defects	484	225	162	53	10	259	46
Malnutrition	936	679	48	377	254	257	73
Defective Hearing	35	23	7	10	6	12	66
Defective Speech	5	1	0	1	0	4	20
Enlarged Cervical Glands (Non-T.B.)	21	10	3	5	2	11	48
Heart Disease—							
Organic	44	20	5	3	12	24	45
Functional	4	1	0	1	0	3	25
Anæmia	103	47	16	21	10	56	46
Lung Disease (Non-T.B.)	69	38	16	16	6	31	55
Tuberculosis—							
Pulmonary—							
Definite	8	3	0	2	1	5	38
Suspected	16	9	2	6	1	7	56
Non-Pulmonary	30	18	3	9	6	12	60
Disease of Nervous System	49	27	9	12	6	22	55
Deformities	307	198	20	105	73	109	64
Goitre	32	16	3	6	7	16	50
Other	191	109	57	24	28	82	57

*In addition 60 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 1937.

(1) The total number of children medically inspected at the routine inspections	12,846	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)	1,838	14.3
(3) The number of children in (1) suffering from :—		
Malnutrition	1,332	10.2
Skin Disease	49	0.4
Defective Vision (including Squint)	1,962	21.7
Eye Disease	196	1.5
Defective Hearing	62	0.5
Ear Disease	161	1.3
Nose and Throat Disease—		
Chronic Tonsillitis	909	7.1
Adenoids only	144	1.1
Chronic Tonsillitis and Adenoids	241	1.9
Enlarged Tonsils only	1,505	11.7
Other Conditions	389	3.0
	3,188	24.8
Enlarged Cervical Glands (Non-Tuberculous)	1,885	14.7
Defective Speech	91	0.7
Dental Disease	7,403	57.6
Heart Disease—		
Organic	36	0.3
Functional	111	0.9
	147	1.3
Anæmia	114	0.9
Lung Disease (Non-Tuberculous)—		
Bronchitis	434	3.4
Other Diseases	132	1.0
	566	4.4
Tuberculosis—		
Pulmonary—Definite	8	0.1
Suspected	39	0.3
	47	0.4
Non-Pulmonary	20	0.2
Disease of the Nervous System	67	0.5
Rickets	368	2.9
Deformities	861	6.7
Goitre	42	0.3
Other Defects and Diseases	421	3.3

