[Report 1947] / School Medical Officer, Somerset County Council.

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Somerset County Council.

THE COUNTY EDUCATION COMMITTEE.

Annual Report

OF THE

SCHOOL MEDICAL OFFICER

For the Year 1947

J. F. DAVIDSON, O.B.E., M.B., Ch.B., D.P.H.,
County Medical Officer of Health.
County School Medical Officer.

CONTENTS

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

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Eleventh Annual Report as School Medical Officer showing a general survey of the work of the School Health Service with the essential statistical information.

Yeovil and Taunton Divisional School Executives have now taken over their full duties.

A part-time Orthoptist has been appointed for the Taunton area. The Clinic is established at Musgrove Park Hospital and work will begin in the New Year.

A part-time Speech Therapist has also been appointed and has begun work in the Taunton and Bridgwater area.

Your Physical Training Instructors emphasise the lack of baths in the County available for teaching of swimming. This is a matter which deserves attention.

I am,

Yours faithfully,

J. F. DAVIDSON.

Health Department,
Somerset County Council.
May, 1948.

ORGANISATION.

The following appointments were made during the year:—

Medical Staff.

Medical Officers of Health and Assistant County Medical Officers.

Dr. Watson was appointed Medical Officer of Health for the Bridgwater area as from the 8th June in place of Dr. G. H. Pringle who left on the 7th June.

Dr. P. P. Fox who had previously held the Medical Officer of Health appointment for the Chard, Crewkerne and Langport districts to the 31st May, took over the Yeovil Borough and Rural area as from the 1st June, 1947.

Dr. J. M. Aitken was appointed in his place as from the 1st September.

Assistant School Medical Officers.

Dr. R. H. Watson was appointed as from the 14th April, Dr. M. A. Charrett 14th April, Dr. D. G. MacNeill 6th September, Dr. P. M. Wilcox 6th September, Dr. A. W. McBain 9th December. Dr. R. C. Barker left the County on the 24th August and Dr. G. H. Taylor on the 30th November.

Dental.

Appointments.

Mr. H. P. Britton	1st February	Mr. B. H. Fillingham	2nd June
Mr. E. C. Cooper	10th February	Mr. N. R. Poulter	2nd June
Mr. J. D. Pinkerton	3rd March	Mr. Q. A. Davies	2nd June
Mr. R. H. Coates	1st April	Mr. G. A. Forrest	1st September
Mr. J. Morris-Wilson	1st April	Mr. A. C. Barnard	1st October

Mr. P. D. Copeland resigned as from the 30th April.

RESIDUAL EVACUATION PROBLEMS.

At the present time there are approximately 60 residual evacuees of school age in Somerset. Of these, 10 are orphans and the remainder have not been returned to their parents for various reasons such as lack of accommodation, or suitability of the parents to receive them. This latter may be due to chronic ill-health, or lack of means on the part of the parents or in some cases to broken homes. Except for 11 children all are boarded out in private homes with foster parents. The 11 children not boarded out are in hostels either because they are difficult or because it has not been possible to find suitable billets for them.

MEDICAL INSPECTION.

The number of pupils in attendance is approximately 51,503. During the year the School Medical Inspectors carried out 16,028 routine inspections and 30,747 special inspections and re-examinations, making a total of 46,775 examinations. Cases examined by the School Oculist are not included in these numbers.

The figures for 1947 are set out in the tables at the end of this report in the form recommended by the Ministry of Education. The same general procedure for inspection has been carried out as in 1946.

General Condition.

The figures in the table at the end of this Report as supplied to the Ministry of Education confirm the general opinion of the School Medical Officers that the nutrition of the average school child is good in most parts of the County. There is a large personal factor in this assessment but there is little doubt that school meals and free milk have had a good general effect. The majority of children are now provided with at least one good, well-balanced meal a day (school meals are normally paid for by parents but are free in necessitous cases), in addition to the third of a pint of milk given free to each child.

MILK IN SCHOOLS SCHEME.

Table I sets out the position at the end of December, 1947. It will be observed that every school received a supply of milk.

Only primary schools have other than Pasteurised, Heat Treated or Tuberculin Tested. This is due to their isolated location and the difficulties of providing the right type of milk.

Table I.

Types of Schools (including Divisional Executive Areas).	Total No. of each type.	Number of schools and types of milk consumed with percentages.									
		Past. and H.T.	%	T.T.	%	Acc.	%	UD.	%	NDM.	%
Primary	430	269	62.5	119	27.7	13	3.0	28	6.5	1	0.2
Secondary Modern ...	30	26	86.6	4	13.3	—	—	—	—	—	—
,, Grammar...	18	14	77.7	4	22.2	—	—	—	—	—	—
,, Technical...	2	2	100.0	—	—	—	—	—	—	—	—
Nursery	10	6	60.0	4	40.0	—	—	—	—	—	—
Totals ...	490	317	64.7	131	26.7	13	2.6	28	5.7	1	0.2

Table II shows the number of children attending the various types of schools, the class of milk consumed by each type and the percentages.

Table II.

Types of Schools (including Divisional Executive Areas).	No. of Scholars	No. of children taking:—									
		Past. and H.T.	%	T.T.	%	Acc.	%	UD.	%	NDM.	%
Primary	37385	28335	75.8	7725	20.6	560	1.5	744	1.9	21	0.1
Secondary Modern ...	7975	6731	84.4	1244	15.6	—	—	—	—	—	—
,, Grammar...	5553	4369	78.6	1184	21.3	—	—	—	—	—	—
,, Technical...	203	203	100.0	—	—	—	—	—	—	—	—
Nursery	387	239	61.8	148	38.2	—	—	—	—	—	—
Totals ...	51503	39877	77.4	10301	20.0	560	1.1	744	1.4	21	0.004

Table III gives the various kinds of milk supplied, the percentage of each kind consumed and comparative information respecting the year 1934 with those of 1945-46-47.

Table III.

	1934 Figures.	1945 Figures.	1946 Figures.	1947 Figures.
A. Past./H.T.	35%	53.6%	71.3%	77.4%
B. T.T.	5%	20.0%	22.3%	20.0%
C. Accredited	—	17.0%	2.0%	1.1%
D. Undesignated (Boiled) ...	24%	9.0%	4.3%	1.4%
E. National Dried Milk ...	—	—	0.02%	0.004%
F. No Milk	35%	0.4%	0.08%	—

Abbreviations.

Past. = Pasteurised. Acc. = Accredited.
H.T. = Heat Treated. UD. = Undesignated.
T.T. = Tuberculin Tested. N.D.M. = National Dried Milk.

Progress has been maintained in improving the supply of safe milk to schools as Table III shows. Only 2.6 per cent. or 1,325 children out of a total of 51,503 are receiving milk of a type other than Pasteurised, Heat Treated or Tuberculin Tested. Every endeavour is made to provide all pupils with the grades mentioned.

Owing to the isolated position of some of the schools, it may be that we have nearly reached the limit of what it is possible to do in implementing what is stipulated in the Ministry of Education Circular 119/46 in present circumstances.

Head teachers at schools receiving a supply of Accredited or Undesignated milk are warned that this milk must be boiled before it is given to the children.

My department is involved in a considerable amount of work in connection with the Milk in Schools Scheme. Apart from dealing with the voluntary resignations of Dairymen and finding new and reliable substitutes who will supply a safe milk, the milk of all suppliers is sampled frequently and advisory visits made to dairies when samples do not reach the desired standard. Milk bottles and containers are also examined and tested periodically respecting sterility.

PROVISION OF MEALS FOR SCHOOL CHILDREN.

This scheme, administered by the Education Department, continues to show results in the improving state of nutrition and physique of the children. There is no doubt that it also adds something to the social experience of the child.

The following figures give an idea of the extent of this useful work:—

	Period ended 17.2.48.		Previous period.	
	No. of schools.	No. of meals per day.	No. of schools.	No. of meals per day.
Grammar Schools	18	3,606	18	3,698
Modern Schools	30	5,192	29	3,965
Junior Technical Schools ...	2	165	2	150
Primary Schools	429	24,686	431	25,427
Nursery Schools	10	377	10	354
	489	34,026	490	33,594
Number of children on books ...	51,368		48,892	
Percentage of children taking dinners at school	66.24%		68.71%	
Number of grants of free meals current	1,860		1,832	

Out of 491 schools, there are now only two schools where there is no schools meals service. A temporary scheme for one of these is beginning on 1st March, 1948; and revised arrangements are in hand for the other which, it is hoped, will enable a scheme to be started in the near future.

MEDICAL TREATMENT AND FOLLOWING UP.

The District Nurses attended at 1,713 sessions for School Inspection purposes. In addition, 2,441 cases were referred to them for home visits, and 5,244 visits were paid.

Their reports upon the 2,441 cases referred to them for home visits show that in 1,289 cases (53 per cent.) medical treatment has been obtained, and 125 cases (5 per cent.) were under treatment by the nurse; in 491 cases (20 per cent.) no treatment was obtained; 313 cases (13 per cent.) were under supervision; and in the remaining 223 cases (9 per cent.) visits had yet to be made at the time the reports were received.

Directions to parents and teachers as to treatment were given in 3,291 routine cases (21 per cent.) and for observation in 4,239 cases (26 per cent.)

During the past year grants of Malt & Oil or Parrish's Food were made to 900 children at a total cost of £122. This compares with 316 for 1946.

Suspected tuberculosis cases referred to the Tuberculosis Officers were 64 and of these eight cases were found to be definite.

The following cases were referred to Ear, Nose and Throat Specialists:—

Number referred.	Removal of Tonsils and Adenoids advised.	Mastoid operation.	Other Treatment.	No Treatment or no report.
102	48	1	30	23

VISION AND EYE DEFECTS.

During the year the School Oculists examined 3,236 cases and prescribed glasses for 1,452 school children. In addition to these 352 pre-school children were examined, chiefly for squint. 53 cases were seen under the Blind Persons Act and 95 other cases, making a grand total of 3,736 examinations for the year.

Orthoptics; The following is a note from the School Oculists:—

Apparatus and equipment for an Orthoptic Clinic have been obtained and a start will be made early in 1948. The first Clinic will be situated at Musgrove Park Hospital, Taunton, while it is hoped to be able to extend this treatment by establishing Centres throughout the County.

Orthoptics is the science and art of the diagnosis and treatment of squints and other forms of ocular muscle imbalance. The chief instrument used in this work is the Synoptophore and the work is carried out by women who have trained at a school of orthoptics and gained the Diploma of the British Board of Orthoptists. These schools are attached to certain Eye Hospitals in the country and the minimum period of training is now two years. An orthoptist is bound by the Board's regulations not to practise on any person without the recommendation of an Oculist.

While orthoptics can bring about cure of some cases by orthoptic treatment alone, most squint cases also require operation. The ultimate aim of orthoptics (and operation if necessary) is to give a patient single binocular vision—*i.e.* vision using both eyes together, with fusion of the images seen. A squinting eye almost invariably loses steadily its visual acuity and often becomes practically blind. Orthoptics (and/or operation) by curing the squint stops the loss of vision, as the squinting eye then is used instead of being neglected.

As the power of single binocular vision (fusion) is gained during the ages 2 to 5 (or doubtfully 6) years, it is extremely important to diagnose and treat cases of squint *early*. Orthoptists can train squinting children to develop binocular vision and to maintain this power until the eyes are straightened by treatment, either

alone or assisted by operation. If a child squints from ages 2 to 7 and during that time does not receive orthoptic treatment, he will never gain single binocular vision, whatever treatment is given later, but if a child develops the power of fusion (before he is 5 or 6) and then squints, this power can usually be regained by orthoptic treatment. A child taken on for orthoptic treatment may require up to 20 or 30 treatments from start to finish and 20 to 30 minutes are needed for each treatment. An average is 16 treatments. Homework may also be given. The initial examination for diagnosis of the type of squint and binocular state is of great importance to the oculist and more or less decides whether or not the child would benefit from treatment.

About 75 per cent. of squints require operation and most of these need orthoptic treatment before and after operation. Cases which have no chance of binocular vision can have operation for cosmetic cure. Quite a few cases require two or even three operations and it is sometimes advisable to do this in stages.

Somerset's requirements. As no adequate treatment has so far been available in Somerset the number of children who have a squint to be dealt with is very high and the surgical treatment needed might be more than could be dealt with without a special system, say with the use of a special ward at Musgrove Park Hospital. In any case provision must be made for surgery on quite a big scale. Without it much orthoptic work would be wasted.

In Somerset County Maintained Schools there are about 1,250 children with squints and probably about 500 under school age. Every year will add another 125 young children requiring treatment.

An orthoptist deals with about five patients per 3-hour session. Each patient requires an examination for diagnosis an average of 16 treatments and periodic examination after a course of treatment is finished or after operation. Of 1,750 squinting children of school age and under in Somerset, most of whom have never had an opportunity of adequate treatment of their squints, about 500 would benefit if treated now.

At a fixed Clinic one orthoptist can deal with about 120 new cases a year, but in view of the travelling involved in Somerset, it is considered that two full-time orthoptists should be employed—one in the north and one in the south. Alternatively three or more might be employed part-time.

DENTAL SERVICE.

During the year the number of Dental Officers was gradually increased from eight to the sixteen required to complete the first phase of the development scheme. The average, on the basis of sessions worked for the year, represents the equivalent of eleven full-time officers.

The number of children inspected (33,501) shows a considerable improvement over any previous figures but is still unsatisfactory in that the very minimum must be an inspection of every child during the year. With the increased staff we now

have high hopes of attaining this minimum objective for the first time in 1948. One also hopes that the ultimate objective of six-monthly inspections is not too far distant. It should be noted that inspections have not been carried out in excess of the numbers which could be treated and the proportion of inspection time to treatment time is a clear indication of this.

During the year the unfortunate epidemic of infantile paralysis caused considerable interference with the dental service owing to the ban on extractions which in addition to causing difficulties with organisation has also created a number of anomalies in the statistics shown in the table below. The extraction and general anæsthetic figures are lower than they should have been and the number of children actually treated is also low in consequence so that the apparent acceptance rate is less. In fact the real acceptance rate is almost identical with last year's (approximately 80 per cent.) and is high in comparison with the average for the whole country.

In view of the above it is perhaps unwise to draw any very definite conclusions about the statistics but it is very satisfactory to see the progress made with the development of the conservation figures which over the year show that over seven permanent teeth were saved for every one lost.

The premises at Musgrove Park Hospital were taken over during the year and good progress has been made in fitting up and equipping to make this the headquarters and core of the dental service.

The Dental Laboratory was opened in July and has been steadily overwhelmed by the large amount of work which has flowed in from the increasing dental staff. Additional technicians are being appointed to bring the laboratory facilities into wider use.

The Musgrove Special Dental Centre is now undertaking special treatment for cases from the whole county area and the second surgery is being fitted up so that another officer can undertake special cases in addition to the Senior Dental Officer.

No details of special treatment have been included in the 1947 statistical table but details will be available in the 1948 report which will be the first full year of the new scheme.

Dental Inspection and Treatment.

(1) Number of pupils inspected by the Dental Officers	33,501
(2) Number found to require treatment	24,180
(3) Number actually treated	16,873
(4) Attendances made by pupils for treatment	24,149
(5) Half-days devoted to inspection (526) and treatment (4,257) ...	4,783
(6) Fillings—Permanent teeth, 15,554; temporary 9,134	24,688
(7) Extractions—Permanent teeth, 2,018; temporary 11,675 ...	13,693
(8) Administrations of general anæsthetics	1,131
(9) Other operations—Permanent, 3,127; temporary, 5,318 ...	8,445

The development of the dental service is still delayed owing to the continual difficulties in providing premises for permanent dental centres, but staffing and equipment are well up to the schedule suggested when the new dental scheme was introduced.

The dental officers now number 16 and we have been fortunate in obtaining so many excellent dental surgeons who are imbued with both skill and enthusiasm in building up a first-class service.

The year 1947 has seen the steady continuation of the progress begun in 1946 which will ultimately lead to a truly satisfactory service. The co-operation of all concerned, patients, parents, Headmasters/mistresses and staff has again been excellent and it is hoped that their appreciation of the facilities provided will be maintained as the service improves.

SCHOOL HYGIENE.

The primitive sanitary conditions which still exist in many of the schools have been receiving some attention. The most urgent cases have been put on a priority list. Some of these schools are awaiting voluntary controlled status before work can be begun. In a few instances urgent work has been put in hand, but it must be pointed out that, at present, only the fringe of the problem is being attacked.

FROME SCHOOL CLINIC

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated.	Attendance at Clinics.
		Cured.	Improved	Unrelieved.	Under treatment, &c.	Total treated.		
Fitness for school or special schools ...	1	—	—	—	—	—	1	1
Vision testing	9	—	—	—	—	—	9	9
External eye diseases ...	1	1	—	—	—	1	2	2
Ear defects:								
Otorrhœa, etc. ...	—	4	—	—	2	6	6	18
Deafness	—	3	—	—	—	3	3	6
Impetigo	—	—	—	—	—	—	—	—
Scabies	—	3	—	—	—	3	3	12
Minor skin injuries and septic sores	—	7	1	—	1	9	9	21
Other skin diseases ...	—	2	—	—	—	2	2	2
Other conditions ...	72	1	1	—	—	2	74	83
Verminous conditions ...	—	1	—	—	—	1	1	1
TOTALS ...	83	22	2	—	3	27	110	155

WESTON-SUPER-MARE SCHOOL CLINIC

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated.	Attendance at Clinics.
		Cured.	Improved.	Unrelieved.	Under treatment, &c.	Total treated.		
Fitness for school or special schools ...	123	—	—	—	—	—	123	204
Vision testing	76	—	—	—	—	—	76	78
External eye diseases ...	4	29	—	—	—	29	33	95
Ear defects:								
Otorrhœa, etc. ...	4	20	2	—	4	26	30	153
Deafness	2	20	—	—	1	21	23	71
Ringworm	—	5	—	—	—	5	5	35
Impetigo	—	160	—	—	3	163	163	648
Scabies	12	—	—	—	—	—	12	21
Minor skin injuries and septic sores	—	210	—	—	13	223	223	1,017
Other skin diseases ...	11	92	5	—	20	117	128	836
Other conditions ...	192	15	—	—	—	15	207	325
Verminous conditions ...	33	46	—	—	—	46	79	107
TOTALS ...	457	597	7	—	41	645	1,102	3,590

TAUNTON SCHOOL CLINIC.

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated.	Attendance at Clinics.
		Cured.	Improved	Unrelieved.	Under treatment, &c.	Total treated.		
Fitness for school or special schools ...	80	—	—	—	—	—	80	80
Vision testing	70	—	—	—	—	—	70	70
External eye diseases ...	—	60	6	—	6	72	72	402
Ear defects:								
Otorrhœa, etc. ...	—	50	5	—	5	60	60	350
Deafness	2	—	—	—	4	4	6	22
Impetigo	—	73	—	—	7	80	80	540
Scabies	—	17	—	—	—	17	17	94
Minor skin injuries and septic sores	—	1,226	50	—	31	1,307	1,307	7,663
Other skin diseases ...	—	136	—	—	12	148	148	914
Other conditions ...	—	123	—	—	13	136	136	818
Verminous conditions ...	—	50	—	—	4	54	54	250
Ringworm	—	11	—	—	—	11	11	49
TOTALS ...	152	1,746	61	—	82	1,889	2,041	11,252

BRIDGWATER SCHOOL CLINIC.

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated.	Attendance at Clinics.
		Cured.	Improved	Unrelieved.	Under treatment, &c.	Total treated.		
Fitness for school or special schools ...	19	—	—	—	—	—	19	19
Vision testing	—	—	—	—	—	—	—	—
External eye diseases ...	9	68	—	—	—	—	68	170
Ear defects:								
Otorrhœa, etc. ...	20	114	—	—	1	—	115	590
Deafness	—	—	—	—	—	—	—	—
Ringworm	1	4	—	—	—	—	4	14
Impetigo	47	242	—	—	—	—	242	1,290
Scabies	47	40	—	—	—	—	40	47
Minor skin injuries and septic sores	417	1,031	—	—	—	—	1,031	2,036
Other skin diseases ...	10	36	—	—	—	—	36	45
TOTALS ...	570	1,535	—	—	1	—	1,555	4,211

YEOVIL SCHOOL CLINIC.

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated.	Attendance at Clinics.
		Cured.	Improved	Unrelieved.	Under treatment, &c.	Total treated.		
Fitness for school or special schools ...	198	—	—	—	—	—	198	207
Vision testing	99	—	—	—	—	—	99	99
External eye diseases ...	—	9	—	—	3	12	12	18
Ear defects:								
Otorrhœa, etc. ...	9	27	9	—	27	63	72	99
Deafness	—	—	—	—	—	—	—	—
Impetigo	—	39	6	3	27	75	75	135
Scabies	3	45	—	—	—	45	48	66
Minor skin injuries and septic sores	12	78	15	—	48	141	153	222
Other skin diseases ...	9	24	9	6	12	51	60	105
Other conditions ...	90	102	36	12	63	213	303	348
Verminous conditions ...	21	60	—	—	3	63	84	126
TOTALS ...	441	384	75	21	183	663	1,104	1,425

TREATMENT WITH ARTIFICIAL LIGHT.

Centre.	Number of Clinics held.	New cases seen.	Total Attendances.				
			Infant.	Education.	Tuberculosis.	From outside areas.	All.
Bridgwater	87	31	405	153	48	66	672
Minehead	47	3	0	0	44	4	48
Weston-super-Mare..	81	26	0	324	53	0	375
*Yeovil	0	0	0	0	0	0	0
TOTAL ...	215	60	405	477	145	70	1,097

* No clinics held—lamp under repair.

	Tuberculosis.	Rickets.	Debility and Malnutrition.	Glands (not Tuberculous).	Other.	Total (all cases).
Cured or improved ...	6	3	24	1	24	56
Unaltered	1	0	4	0	0	5
Worse	0	0	0	0	0	0
Still under treatment	2	0	40	2	11	55
TOTAL ...	9	3	68	3	35	116

CRIPPLED CHILDREN.

The epidemic of infantile paralysis in the summer and autumn caused a shortage of orthopædic beds. These acute cases were, however, given priority and all necessary treatment was carried out.

The early infectious period was in many cases dealt with at Isolation Hospitals or at home followed by admission to Bath Orthopædic Hospital for treatment of any residual paralysis.

The number of Somerset cases admitted to the Bath Orthopædic Hospital in 1947 was 80 and the number discharged was 75. At the end of 1946 there were 50 cases in the Hospital and at the end of 1947 there were 61.

Splints and other appliances have been supplied to a large number of cases during the year.

Alton Hospital has taken one case suffering from bone and joint disease and on the 1st January, 1948, there were still six tubercular patients there under treatment. The Children's Hospital, Swanage, has taken two cases for treatment.

The Orthopædic Clinics continue to be crowded. There is need of extra Clinics in many areas. There is also need of a third Orthopædic Sister to deal with the routine Clinic and after-care work.

The attendances at the Surgeon's and Sister's Clinics were as follows:—

Attendances at Surgeon's Clinics, 1947.

Clinic.	Number of Clinics held.	New cases seen.	Total Attendances.				
			I	E	T	P.H.	All.
Glastonbury ...	6	15	31	80	32	39	182
Radstock ...	4	17	30	57	16	12	115
Taunton ...	11	55	84	201	69	73	427
Weston-super-Mare	11	54	96	157	43	34	330
Yeovil ...	11	54	88	182	26	75	371
Frome ...	4	19	30	62	18	14	124
Bath ...	3	12	19	61	14	6	100
Bridgwater ...	5	21	30	95	14	21	160
	55	247	408	895	232	274	1,809

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

Attendances at Sister's Clinics, 1947.

During the year 378 Sister's Clinics were held at the various Centres, and 5,908 cases attended. Of these, 1,595 were Infant Welfare, 3,845 Education, 171 Tuberculosis and 282 Public Health. In addition, 346 attendances have been made at a posture class at Taunton.

Bath and Wessex Children's Orthopædic Hospital.

Somerset cases in hospital during 1947.

Type of Case.	In Hospital 31.12.46.	Admitted in 1947.	Discharged during 1947.	Still in Hospital 31.12.47.
Non-resp. tuberculosis (bones and joints) ...	15	12	14	13
Congenital deformities ...	1	9	9	1
Poliomyelitis	17	27	16	28
Rickets	2	0	2	0
Spastic paralysis ...	0	5	4	1
Osteo-myelitis (other than tubercular)	7	3	7	3
Other cases	14	24	23	15
TOTAL ...	56	80	75	61

Cases seen at the Surgeon's and Sister's Clinics during 1947 for the first time.

Tuberculosis of bones and joints		11
Infantile paralysis (poliomyelitis)		23
Other paralytic conditions		8
Osteomyelitis		4
Congenital conditions:—		
Dislocation of hip	8	
Club foot and other foot deformities	73	
Torticollis	11	
Other congenital deformities	35	
	——	127
Postural deformities:—		
Deformities of spine	32	
Flat foot with or without other postural deformities	100	
Knock knees	66	
Bow legs	32	
General defects of posture	33	
	——	263
Injuries and accidents		6
Other defects and deformities		30
Arthritis		7
		479

PHYSICAL TRAINING AND POSTURE OF SCHOOL CHILDREN.

The County Physical Education Staff has been depleted by one member during the whole year; the Yeovil and district area has been covered by the rest of the staff as far as possible.

Posture.

There has been the usual co-operation between the medical and physical education staff. Organisers have spent occasional days with the Orthopædic Surgeon in the clinics, and the conference between the two staffs was most helpful. The time—one half-day per organiser each week—devoted to posture, has for the most part been spent in following up the children referred by the School Medical Officer at the medical inspection. It has not been possible to attend to all the cases notified. It was found that many children so referred had left the named school, and it would be true to say that many of the cases come from migrant parents. When dealing with these cases, exercises are given and the co-operation of the teacher is sought so that she may continue with daily practices afterwards.

It is disappointing that the school dinner has resulted in the midday rest becoming less usual than previously. No solution to this has as yet been found.

It is well known that the best curative and remedial exercises are taken in a lying or sitting position. In order to increase facilities for such activities, a large number of mats have been ordered.

The standard of carriage can only reach a high level when good posture and balance are fully understood. Although physical training is a potent factor towards this end, it is by no means the only one. Frequent changes between rest and activity, so that the growing child does not maintain any one attitude for any lengthy period, is a safeguard against the development of minor defects. Ideally, this must be recognised by teacher, parent, and child. Propaganda is constantly needed, and through the media of films, talks and demonstrations, the physical education staff officiate at health exhibitions, parent meetings, Women's Institutes, and voluntary youth organisations, etc., but requests for such services are not so numerous as in pre-war days.

Sessional Courses for Teachers. Classes for the further training of teachers, when a special feature is made of posture, have been held at the following centres:—Bath, Frome, Milverton, Shepton Mallet, Taunton, Bridgwater and Weston-super-Mare. At such classes children (stripped to the waist) are used to demonstrate correct and incorrect positions of exercises, and particularly of standing and sitting; the beneficial effect of recumbency is also shown.

Swimming. Instruction has been given to pupils in the following areas:—Monkton Combe, Combe Down, Bridgwater, Cheddar, Crewkerne, Frome, Minehead, Shepton Mallet, Street and Glastonbury, Pill, Taunton, Wellington, Wells, Wiveliscombe, Weston-super-Mare, and Yeovil. While it is pleasing to be able to report that more children are able to have instruction on account of more transport, it is deplorable that there are so few facilities in the County for swimming.

Physical Education and Recreation. Much progress can be recorded. In the schools much more apparatus has become available. Balls, skipping ropes and games equipment have been supplied to most schools. Javelins and discoi have been allowed to some secondary schools where teachers are trained to coach such activities. Gymnastic bars in some primary schools, and Somerset "Cages" in three secondary schools are well used, but no further gymnasium equipment is yet to hand. Steady progress in the playing of games, and in other activities such as camping, fencing and archery, is evident amongst young people who have left school.

Somerset School Games Association. The following sections make up the Association:—Rugby and Association Football, Cricket, Swimming, Hockey, Netball, Rounders and Athletics. All are functioning vigorously, with the exception of cricket, which is a new section, and which suffers seriously from lack of pitches. In June, 860 children from all parts of Somerset took part in the County Athletics Meeting which was held in Taunton. The Swimming Gala was held in Weston-super-Mare; many events were devoted to style rather than speed.

The organisers of these big events are relieved of much anxiety and the days made very pleasant occasions by the amenities offered by the new schools, and by the responsibility for the provision of larger numbers of meals being taken by the School Meals Service.

The County Youth Athletics Meeting was held also at Taunton Bishop Fox's School. Each year an improvement in the standard of performance can be seen. Throwing events, javelin, discus and shot, are included in the programme.

Film. In the summer a film showing physical activities in four schools was made. The film demonstrates, as no words can, the modern methods of adapting the Syllabus of Physical Training brought out by the Board of Education in 1933. It has received much praise and appreciation from Organisers, and His Majesty's Inspectors; it has proved extremely useful at our own teachers' classes, and is much enjoyed and appreciated by children.

Physical Recreation. Evening classes in physical recreation (Keep-fit, Gymnastics, Boxing, Fencing, Dancing) have been held at the following centres:— Batcombe, Carhampton, Coxley, Crewkerne, East Harptree, Midsomer Norton, Frome, Ilminster, West Lydford, Lyng, Meare, Minehead, North Curry, Northmoor Green, Street, Taunton (5), Timsbury, Watchet, Wellington, Weston-super-Mare (5), Whitchurch, Wells, Keynsham, Portishead, Nailsea, Clevedon.

CHILD GUIDANCE.

For the first six months of the year, work in this section was carried on under difficulties owing to lack of Staff. The County Psychologist, Mrs. H. S. Anthony, resigned in January, and her successor, Miss I. L. Scott, started work in September. During the interval the Psychiatrists did their own mental testing on clinic cases, but this necessarily reduced the number of cases which could be seen. The Psychiatric Social Work continued to be carried out by Miss Neal until July, when Miss J. W. Hasler was appointed for Westonsuper-Mare and the north of the County.

Clinics have been held throughout the year at Weston-super-Mare, Taunton, Bridgwater, Yeovil, Glastonbury and Frome, but with the increased staff it was possible for the last quarter to hold two sessions a week at both Taunton and Weston-super-Mare and a regular monthly Clinic at Frome.

Besides the regular individual, day-to-day work of the Clinic, members of the Child Guidance Team have carried out more general investigations. A survey was made of educational backwardness in children of average intelligence, and the association of retardation in school subjects with domestic insecurity was noted in a large proportion of cases. This survey was made the subject of a short paper at the Regional Inter-Clinic Conference in October.

The Director visited Switzerland in September and had opportunities of visiting Swiss Child Guidance Clinics, Approved Homes, Remand Homes and Observation Centres. He brought back to England details of a new technique for investigating the emotional life of children, and members of the team have employed this technique and are proving its value as an adjunct to the standard methods of investigation. They hope to make a report at a later date after further experience.

The work for the year can be summarized as follows:—

Cases referred	323
Cases investigated by Psychologists	177
Cases seen by Psychiatrists Diagnostic	307
School and Home Visits paid by Psychologists	70
Home Visits and Clinic Interviews by Psychiatric Social Workers	1,141
Hostel Visits by Psychiatric Social Workers	99
School Visits by Psychiatric Social Workers	143

Treatment.

Psycho-therapy by Psychiatrists	84
Drug-therapy by Psychiatrists	42
Play-therapy by Psychologists	16
Remedial Coaching by Psychologists	3

Distribution of Cases seen at Clinics.

Bridgwater.	Glastonbury.	Taunton.	Yeovil.	Weston-s.-Mare.	Frome.
41	36	118	48	93	25

The following table shows an analysis of 100 sample cases from Taunton and Yeovil Clinics. The analysis headings refer only to the *symptoms* for which the child was referred:—

Nervous Disorders.		Habit Disorders.	
Fears and anxiety	3	Sleep Disorders	3
Seclusiveness	2	Movement Disorders	1
Excitability	1	Excretory Disorders	1
		Enuresis	11
		Nervous Pains and Paralysis ...	0
		Fits	19
		Physical disorders	6
Behaviour Disorders.		**Educational & Vocational Difficulties.**	
Unmanageable	8	Backwardness	18
Tempers	3	Inability to concentrate ...	0
Aggressiveness	6	Vocational Guidance	1
Stealing	9		
Lying and Romancing	1		
Truancy and Wandering ...	2		
Sex difficulties	5		

It will be appreciated that when these cases have been examined they are frequently found to exhibit more than one of the disorders listed above, while many cases of so-called "backwardness" are found to have a retardation due to emotional disturbance.

Of the number referred for "fits" some were found not to be of the epileptic type, but an increasing number of children now examined by electro-encephalographic methods are found to have a disturbance of brain rhythm in association with behaviour disorder, which may be susceptible to treatment by drugs.

The new Department at Musgrove Park Hospital has been working since April 3rd, 1947, and during the nine months to January, 1948, 58 cases have been examined, exclusive of cases seen for research projects and adults. Though all

the equipment for this Department has not yet arrived the new electro-encephalographic machine has been in operation for the last two months, and the rest of the equipment is on order and will be installed as it arrives.

Many cases continue to be referred for examination and report by Juvenile Courts, from the Counties of Somerset and Wilts, from neighbouring Counties, and from the Home Office.

Hostels.

Both Halcon House and Southfields have been used to capacity throughout the year, although the numbers fluctuate, and it is evident that more accommodation for boys will be necessary, as Southfields with its 15 beds for boys of all ages is insufficient to meet the needs of the County. The general health of the children has been good and the Hostels have continued to run satisfactorily under the same staff.

Halcon House (Girls), Taunton.

Number of girls in on 31st December, 1947 10
Number of girls discharged during 1947 23

Disposal of girls leaving Hostel:—
12 returned home (1 evacuee).
5 to foster-homes.
6 to children's homes.

Southfields (Boys), Ilminster.

Number of boys in on 31st December, 1947 11
Number of boys discharged during 1947 15

Disposal of boys leaving Hostel:—
7 returned home.
4 to foster-homes.
2 to training.
2 to institutions.

Summary of Cases referred to Hostels.

The following table shows the symptoms for which children were referred. Improvement applies to condition at time of leaving Hostels:—

Symptoms.	Halcon House.		Southfields.	
	No. of cases.	Improved.	No. of cases.	Improved.
Enuresis and Soiling	4	4	6	4
Sex Difficulties	5	4	1	0
Temper Tantrums	5	3	0	0
Stealing	4	4	4	4
Anxiety and Fears	0	0	0	0
Difficult Behaviour	4	4	1	1
Beyond Control	1	0	0	0
Sleep Disorders	0	0	1	0
Other Defects	0	0	2	2

SPEECH THERAPY REPORT.

Quarter ending December, 1947.

The Speech Clinic was re-opened on the 1st December, 1947. As there had been no Clinic for some time it was necessary to re-organise it.

The first three weeks in December were therefore spent visiting schools in the Taunton and Bridgwater areas. Contact was thus renewed with the teachers, and the number of children needing treatment for various speech defects was noted.

On the 22nd December the first treatment Clinic was held at Musgrove Park Hospital and on the 24th December a Clinic was held at Bridgwater. Twelve children attended these two Clinics.

There is a long waiting list of children requiring this form of treatment. A full-time speech therapist is needed as soon as possible.

INFECTIOUS DISEASES.

In 1947 15 schools or departments were closed for outbreaks of infectious diseases. The particular diseases for which closure was advised were Measles 6, Measles and Influenza 1, Measles and Whooping Cough 1, Influenza 1, Mumps 1, Mumps and German Measles 1, Whooping Cough 4.

Out of a total of 56 cases of Anterior Poliomyelitis in the County during the year, 24 were of school age; 15 of these children were treated in Isolation Hospitals and 7 made complete recoveries. The remaining 8, together with 2 other children who were treated at home during the early infectious stage, were admitted to the County Orthopædic Hospital at Bath for treatment for residual paralysis.

Of these, 5 are still in hospital and the other 3 who were discharged are still having massage and exercises and 1 is wearing an instrument.

Three children were admitted to the Bristol Children's Hospital for treatment through their own doctors.

One was treated at home and made a good recovery without any need for further treatment, and 1 other, a visitor, was treated out-County.

DIPHTHERIA IMMUNISATION.

The constant movement of population in recent years has now considerably declined. Return to more normal conditions should make it easier to follow up children not immunised. The new card index system in respect of the scheme is nearing completion. It is estimated that well over 90 per cent. of school children in Somerset are immunised.

In the country as a whole, Diphtheria still causes more deaths among school children than any other disease. The incidence of Diphtheria in Somerset is now small but, as immunisation offers an almost complete protection, its importance cannot be over-stressed. During the year, 3,951 children under school age and 848 children of school age received their first two injections. 5,858 children received a "refresher" dose.

HANDICAPPED PUPILS.

Special School accommodation for Handicapped Pupils is lamentably short except in the case of blind and partially sighted children who are reasonably well catered for.

There is a long waiting list for the deaf and partially deaf, for delicate and diabetic children and above all for educationally sub-normal children. Some children have been waiting for years for a place in a residential school, and in the meantime they are attending primary or secondary schools where their education is limited not only by their own defects but by the lack of special facilities in such schools. The accommodation for ineducable children is practically non-existent.

There is a new movement afoot for the provision of special education for cases of spastic paralysis. Such cases, handicapped as they are, not only physically but nearly always mentally to a greater or lesser degree, have always been extremely difficult, and often impossible, to place. With a growing awareness of the need for catering for such children, new schools are being opened one by one in various parts of the country. One in Ivybridge, Devon, will shortly be admitting cases and it is hoped that a proportion of these will be from Somerset.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED, PRIMARY AND SECONDARY SCHOOLS IN 1947.

A.—Periodic Medical Inspections.

Number ot Inspections in the prescribed Groups—	
Entrants	6,647
Second Age Group	6,658
Third Age Group	2,431
Total ...	15,736
Number of other Periodic Inspections	292
Grand Total ...	16,028

B.—Other Inspections.

Number of Special Inspections	10,650
Number of Re-inspections	20,097
Total ...	30,747

C.—Pupils found to require Treatment.

Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	114	1,315	1,392
Second Age Group	257	1,082	1,259
Third Age Group	102	396	475
TOTAL (prescribed Groups)..	473	2,793	3,126
Other periodic Inspections...	29	126	136
Grand Total ...	502	2,919	3,262

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1947.

DEFECT or DISEASE.	Periodic Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
Skin	113	55	412	60
Eyes—(*a*) Vision	445	1,023	506	459
(*b*) Squint	103	156	75	48
(*c*) Other	66	179	183	147
Ears—(*a*) Hearing	29	82	35	43
(*b*) Otitis Media	34	77	55	25
(*c*) Other	123	189	113	134
Nose or Throat	561	2,200	834	1,055
Speech	12	127	12	86
Cervical Glands	33	516	44	228
Heart and Circulation	53	357	82	213
Lungs	104	496	131	266
Developmental—(*a*) Hernia ...	15	51	13	17
(*b*) Other ...	27	132	23	54
Orthopædic—(*a*) Posture	306	585	202	362
(*b*) Flat Foot ...	436	479	255	115
(*c*) Other	476	683	306	259
Nervous system—(*a*) Epilepsy ...	9	11	6	5
(*b*) Other ...	72	251	105	206
Psychological—(*a*) Development ...	57	374	155	264
(*b*) Stability ...	3	17	9	19
Other	205	406	1,815	569

B.—Classification of the general condition of pupils inspected during the year in the Age Groups.

Age Groups.	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	6,647	1,345	20.2	5,139	77.4	163	2.4
Second Age Group	6,658	1,286	19.3	5,180	77.8	192	2.9
Third Age Group	2,431	513	21.1	1,833	75.4	85	3.5
Other Periodic Inspections ..	292	129	44.2	157	53.8	6	2.0
Total ...	16,028	3,273	20.4	12.309	76.8	446	2.8

TABLE III.

Return of all Handicapped Children in the Area.

BLIND. Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving sight.	At Boarding Special Schools ... At no School or Institution ...	14 2
PARTIALLY SIGHTED. Pupils who by reason of defective vision cannot follow the ordinary curriculum without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.	At Boarding Special Schools ... At Primary and Secondary Schools on special methods of teaching ... ... At no School or Institution ...	11 58 13
DOUBLE DEFECT. Blind or partially blind and educationally sub-normal.	At no School ... ... At Special School ... ... At Primary and Secondary Schools	5 2 3
DEAF. Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.	At Boarding Special Schools ... At Primary and Secondary Schools ... ... At no School or Institution ...	23 9 —
PARTIALLY DEAF. Pupils whose hearing is so defective that they require for their education special arrangements or facilities but not all the educational methods used for deaf pupils.	At Primary and Secondary Schools	10
DELICATE CHILDREN. Pupils who by reason of impaired physical conditions cannot without risk to their health be educated under the normal regime of an ordinary school.	At Primary and Secondary Schools ... ... At Special Schools ... ... At no Schools (unfit)	15 24 6
DIABETIC CHILDREN. Pupils suffering from diabetes who cannot obtain the treatment they need while living at home and require residential care.	At Primary and Secondary Schools ... ... At no School	3 1
EDUCATIONALLY SUB-NORMAL CHILDREN. Pupils who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.	At Boarding Special Schools ... At Primary and Secondary Schools with special education as educationally sub-normal pupils ... ... At Primary and Secondary Schools	95 0 814

Return of all Handicapped Children in the Area (continued).

INEDUCABLE.	At Institutions and Occupation Centres	74
	At no School	105
DOUBLE DEFECTS. Pupils who are educationally sub-normal and who also have some physical defect (e.g., blind, deaf, epileptic, paralysed or some congenital defect).	At Primary and Secondary Schools	23
	At no School	13
	At Special Day Schools ...	1
	At Special Residential Schools	8
EPILEPTIC.	At Primary and Secondary Schools	24
	At no School	16
	At Special Day Schools ...	—
	At Special Boarding Schools...	6
MALADJUSTED. Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational re-adjustment.	At Primary and Secondary Schools—	
	(i) Resident at home ...	9
	(ii) Resident in hostels ...	21

PHYSICALLY HANDICAPPED.

Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to their health or educational development.

	Ortho-pædic	Hearts	Tub.
At Primary and Secondary Schools	18	31	184
At Special Schools	43	10	16
At no School	10	2	7

TREATMENT TABLES.

Group I.—Minor Ailments (excluding Uncleanliness).

(*a*)	Number of Defects treated, or under treatment during year.
Skin:—	
Ringworm—Scalp:	
(i) X-Ray treatment	5
(ii) Other treatment	7
Ringworm—Body	27
Scabies	280
Impetigo	628
Other Skin Diseases	439
Eye Disease	368
Ear Defects	422
Miscellaneous	3,732
Total ...	5,908

(*b*) Total number of attendances at Minor Ailments Clinics ... 20,614

Group II.—Defective Vision and Squint

	Number of Defects dealt with.
Errors of Refraction (including squint)	3,225
Other defects or diseases of the eye	37
Total ...	3,262

	Total number treated.
Number of Pupils for whom spectacles were—	
(*a*) Prescribed	1,452
(*b*) Obtained	1,385

Group III.—Treatment of Defects of Nose and Throat.

Received operative treatment—	
(*a*) for adenoids and chronic tonsillitis	965
(*b*) for other nose and throat conditions	38
Received other forms of treatment	112
Total ...	1,115

Group IV.—Orthopædic and Postural Defects.

(*a*) Number treated as in-patients in hospitals or hospital schools	182
(*b*) Number treated otherwise	980