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Somerset County Council.

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THE COUNTY EDUCATION COMMITTEE.

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**Annual Report**

OF THE

**SCHOOL MEDICAL OFFICER**

**For the Year 1948**

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J. F. DAVIDSON, O.B.E., 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 Twelfth Annual Report which gives a general survey of the work of the School Health Service together with the essential statistical information.

The National Health Service Act came into force in July of last year. Changes in the scope of the School Medical Service and its financial liabilities have naturally followed. The Regional Hospital Boards were, however, hardly established before the Act came into force and much of the old County work, for which the Board is now responsible, is still being carried on by your staff. The County Council is acting as agent of the Board during the period of transition. This period is bound to be a long one in some respects but continued close co-operation between the County Council and the Regional Board and between your staff and the Regional Board officials has prevented a breakdown over the early part of this very critical time.

All Hospital Services are now a National responsibility and no charge falls upon the County Council. Similarly all charges for orthopaedic, orthoptic and tuberculosis clinics have passed to the Regional Hospital Board.

The County Council remains responsible under the Education Acts for the following:—

Medical and Dental Inspection.

Minor Ailments Clinics.

Dental Treatment (with the exception of Hospital Treatment).

School Nursing Services.

Child Guidance—the Regional Board paying a small proportion of the Psychiatrists' salaries.

Speech Therapy.

It is probable that the orthopaedic clinics, which are concerned very largely with school children, will continue for some considerable time to be organised and controlled by your staff at County Hall and County-owned buildings are used to house most of the clinics. The Regional Board will, however, reimburse the County Council for this work.

My thanks are due to all Head Masters and Head Mistresses for their help with School Medical Inspection and other aspects of school health work. Without this help much of the work in the schools would indeed be difficult and, in effect, not so valuable.

I am also grateful to all members of the staff for their assistance, and in particular to Dr. D. V. Hague who has been responsible for the details of this report.

I am,

Yours faithfully,

J. F. DAVIDSON.

Health Department,

Somerset County Council.

April, 1949.



## ORGANISATION.

### STAFF.

#### County School Medical Officer.

Dr. J. F. DAVIDSON.

#### Deputy County School Medical Officer.

Dr. D. V. HAGUE.

#### Senior Assistant County Medical Officer.

Dr. B. M. SMITHIES.

#### Divisional Medical Officers.

Dr. J. ALLEN	(Taunton).
Dr. P. P. FOX	(Yeovil).
Dr. R. H. WATSON	(Bridgwater).
Dr. C. G. EASTWOOD	(Weston-super-Mare). Left 30/9/48.
Dr. M. A. CHARRETT	(Weston-super-Mare). From 1/2/49.

#### Assistant County Medical Officers.

Dr. J. M. COOKE.	
Dr. A. M. McCALL.	
Dr. D. G. EVANS.	
Dr. R. H. G. H. DENHAM.	
Dr. P. WILCOX.	
Dr. M. L. STEWART.	
Dr. D. McGOWAN	
Dr. M. ROSS	
Dr. T. S. STIRLING	}
Dr. D. M. JONES	
Dr. H. M. HALLIDAY	

Attached to Div. Executive Areas.

#### County Oculists.

Dr. O. HALSTEAD.  
Dr. R. L. N. STEWART.

#### Resignations.

Dr. D. G. MacNEILL.	26th June.
Dr. H. C. WILLIAMSON.	27th July.
Dr. J. M. AITKEN.	26th May.
Dr. A. W. McBAIN.	6th August.
Dr. I. G. GEORGESON.	25th July. (Ill health.)
Dr. W. G. BRIDGES.	21st August.

#### Senior Dental Officer.

Mr. F. C. SHENTON.

#### Assistant Dental Officers.

Mr. A. J. PERCY.	Mr. G. A. FORREST.
Mr. L. E. SCULL.	Mr. A. C. S. BARNARD.
Miss P. RYAN.	Mr. J. M. ALLEN.
Mr. W. E. ROE.	Mr. E. R. HEATHCOTE.
Mr. R. B. STILES.	Mr. H. J. METCALFE.
Mr. G. MORRIS.	Mr. M. D. GIBSON.
Mr. N. M. POULTER.	Mr. J. D. MORRIS-WILSON.
Mr. Q. A. DAVIES.	

#### Resignations.

Mr. E. H. COOPER.	Left 30th September.
Mr. R. H. COATES.	„ 21st October.
Mr. H. P. BRITTON.	„ 30th September.
Mr. B. H. FILLINGHAM.	„ 9th October.
Mr. J. D. PINKERTON.	„ 30th November.



## MEDICAL INSPECTION.

The number of pupils in attendance is approximately 53,138. During the year the School Medical Inspectors carried out 18,187 routine inspections and 33,383 special inspections and re-examinations, making a total of 51,570 examinations. Cases examined by the School Oculist are not included in these numbers.

The figures for 1948 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 1947.

### General Condition.

The Medical Officers report that the general health of the school children is good. Over 30 per cent. are reported as being very healthy and only 2.2 per cent. in poor condition. The standards are somewhat arbitrary but, in general, it is clear that the war years have had no serious effect on the nutrition of the children. School meals and milk have made a very important contribution to this happy state. Increase in the amount of physical training and in the vigour and interest with which it is being pursued is also having a good effect.

## DIVISIONAL EXECUTIVES.

Yeovil, Taunton and Weston-super-Mare Divisional Executive Committees have now taken over responsibility for the general day to day management of the school medical service in their areas. Bridgwater area takes over full responsibility on 1st January, 1949.

Apart from the services which remain under my administrative control on account of their wider implications, the Divisional Medical Officers are now carrying out the executive work as the responsible officers of the Divisional Committees. These arrangements inevitably give rise to a certain amount of duplication of work and increase the over-all cost, but a local interest is being sustained and I have confidence in the work of the Divisional Medical Officers. Owing to changes of medical staff and having regard to the employment of the minimum number of Assistant Medical Officers necessary for the work in the County as a whole, it has not been possible to staff the Divisional Executives with Assistant Medical Officers who are whole-time in the Divisional Executive areas. The majority of these officers are working part-time in County areas in addition to their Divisional Executive duties.

## MILK IN SCHOOLS SCHEME.

Table I sets out the position in the County as at 31st December, 1948. It will be observed that every school is now receiving a supply of liquid milk.

Only 19 primary schools are now receiving "Accredited" and undesignated milk. This is due to their isolated position and the difficulty of providing the type of milk prescribed by the Ministry of Education.



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 ... ..	419	295	70.4	105	25.1	2	0.5	17	4.0	—	—
Secondary Modern ...	32	28	87.5	4	12.5	—	—	—	—	—	—
" Grammar...	18	14	77.8	4	22.2	—	—	—	—	—	—
" Technical...	2	2	100.0	—	—	—	—	—	—	—	—
Nursery ... ..	10	6	60.0	4	40.0	—	—	—	—	—	—
<b>Totals ...</b>	<b>481</b>	<b>345</b>	<b>71.7</b>	<b>117</b>	<b>24.3</b>	<b>2</b>	<b>0.4</b>	<b>17</b>	<b>3.5</b>	<b>—</b>	<b>—</b>

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 ... ..	38097	30355	79.7	7241	19.0	42	0.1	459	1.2	—	—
Secondary Modern ...	9085	7941	87.4	1144	12.6	—	—	—	—	—	—
" Grammar...	5299	4185	78.9	1114	21.0	—	—	—	—	—	—
" Technical...	302	302	100.0	—	—	—	—	—	—	—	—
Nursery ... ..	393	241	61.3	152	38.7	—	—	—	—	—	—
<b>Totals ...</b>	<b>53176</b>	<b>43024</b>	<b>80.9</b>	<b>9651</b>	<b>18.1</b>	<b>42</b>	<b>0.1</b>	<b>459</b>	<b>0.8</b>	<b>—</b>	<b>—</b>

Table III sets out the class of milk supplied, the percentage of each kind consumed and comparative information for 1934 with the years 1945 to 1948.

Table III.

	1934	1945	1946	1947	1948
	Figures.	Figures.	Figures.	Figures.	Figures.
A. Past./H.T. ... ..	35%	53.6%	71.3%	77.4%	80.9%
B. T.T. ... ..	5%	20.0%	22.3%	20.0%	18.1%
C. Accredited ... ..	—	17.0%	2.0%	1.1%	0.1%
D. Undesignated (Boiled)	24%	9.0%	4.3%	1.4%	0.8%
E. National Dried Milk	—	—	0.02%	0.004%	—
F. No Milk ... ..	35%	0.4%	0.08%	—	—

## Abbreviations.

Past. = Pasteurised.

H.T. = Heat Treated.

T.T. = Tuberculin Tested.

Acc. = Accredited.

UD. = Undesignated.

N.D.M. = National Dried Milk.



Progress has continued to be maintained in improving the supply of safe milk to schools as Table III shows. There now remains only 0.9 per cent. or 501 children out of a total of 53,176 who receive other than Pasteurised, Heat Treated or "Tuberculin Tested" milk. It is hoped further to reduce this figure during 1949.

The Head Masters/Mistresses at those schools receiving either "Accredited" or undesignated milk are warned that this type of milk must be boiled before it is given to the children. A check on the methods of boiling and the utensils used has been carried out during the year.

My department has been involved in a considerable amount of work in connection with the Milk-in-Schools Scheme during the year under review. Numerous inquiries respecting the quality of the milk were dealt with and advisory visits made to dairies when samples did not reach the required standard. The examination of milk bottles and containers for sterility has been maintained.

### 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:—

	Year ended 31.12.48.		Previous return.	
	No. of schools.	No. of meals per day.	No. of schools.	No. of meals per day.
Grammar Schools ... ..	18	3,435	18	3,435
Modern Schools ... ..	32	6,261	32	6,237
Junior Technical Schools ...	2	218	2	223
Primary Schools ... ..	420	24,559	423	24,873
Nursery Schools ... ..	10	377	10	377
	482	34,850	485	35,145
Number of children on books ...	52,863		52,738	
Percentage of children taking dinners at school ... ..	65.92%		66.64%	
Number of grants of free meals current ... ..	2,490		2,365	



## MEDICAL TREATMENT AND FOLLOWING UP.

The District Nurses attended at 2,078 sessions for School Inspection purposes. In addition 3,869 cases were referred to them for home visits, and 7,111 visits were paid.

Their reports upon the 3,869 cases referred to them for home visits show that in 2,533 cases (65 per cent.) medical treatment has been obtained, and 425 cases (11 per cent.) were under treatment by the nurse; in 411 cases (11 per cent.) no treatment was obtained; 368 cases (10 per cent.) were under supervision; and in the remaining 132 cases (3 per cent.) visits had yet to be made at the time the reports were received.

During the past year grants of Malt & Oil or Parrish's Food were made to 530 children at a total cost of £66. This compares with 900 for 1947.

Suspected tuberculosis cases referred to the Tuberculosis Officers were 96 and of these six 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.
162	92	—	40	30

## VISION AND EYE DEFECTS.

During the year the School Oculists examined 4,566 cases and prescribed glasses for 1,756 school children. In addition to these 315 pre-school children were examined, chiefly for squint. 93 cases were seen under the Blind Persons Act and 81 other cases, making a grand total of 5,055 examinations for the year.

The following is a note from the School Oculists with special reference to Orthoptics:—

A school clinic for the treatment of squint was opened at the beginning of the year at Musgrove Park Hospital, Taunton. Work by part-time Orthoptists (first three months—Mrs. Joan Sankey and the next six months—Mrs. Stella Bridges) was carried out under the general direction of the Ophthalmic Surgeon, Mr. T. H. Negus.

On the 5th July responsibility for the work was assumed by the Regional Hospital Board but the County School Medical Staff continued to supervise the Clinic. Unfortunately the Orthoptist (Mrs. Bridges) left at the end of September and the Regional Hospital Board has been unable to replace her.



This work is of great value both on its own and as an adjunct to surgical proceedings. The Regional Hospital Board has been supplied with all information regarding the needs of the County for this Service and it is hoped that Clinics will be started again before long.

At the moment there is a waiting list of 129 children in the south of the County in addition to the 14 partially treated cases.

During the short time in which the Clinic was operated under the County Council the following gives details of the work carried out:—

Number of Clinic sessions held January to September	...	...	74
Number of attendances	...	...	407
Total number of children examined	...	...	111
Number taken on for treatment	...	...	41
Number unsuitable for treatment	...	...	66
Number suitable for treatment when older	...	...	4

Treated cases:—

Cured by orthoptics alone	...	...	18
Still improving under treatment	...	...	14
Not improved	...	...	9

Cases referred to Hospitals for possible operation	...	...	52
Operations performed	...	...	11
On waiting list for admission	...	...	12
No report received or parents refuse treatment	...	...	29

### DENTAL SERVICE.

This report covers the first full year of the new dental scheme under the development plans approved in 1947.

The introduction of the National Health Service Act on the 5th July, 1948, unhappily produced an unexpected and two-fold difficulty for our service, first by a reduction of the dental staff owing to the delay in adjusting the remuneration levels as between officers working in the local authority and general practitioner services, and secondly by encouraging a greater demand for our services at a time when with depleted staff and delayed new clinic programme, we were unable to maintain the progress being made in the early period of the year.

The figures in the statistical tables do not present a very accurate picture of the working of the service, owing to the unsettling effects of the eleven staff changes which have taken place during the year.

In spite of our considerable difficulties we have continued to build up a reputation for good dentistry, and this is reflected in the increasing demand for our services, and the complaints we receive when we are unable to provide treatment in areas which are not yet provided with dental centres or which have lost their dental officer.



### Staff.

Until we are able to maintain our full complement of dental officers, it will not be possible to provide a full service in all areas of the County, and it is inevitable at present that many schools will still not be seen within the twelve-monthly period.

### Dental Inspections.

Owing to the very high demand for treatment the time devoted to inspection has been kept down to the very minimum. Inspections have been confined to the numbers which could be treated, and the proportion of treatment time to inspection time is higher than last year.

Number of pupils inspected by the Dental Officers	...	30,919
Number found to require treatment	... ..	21,244
Half-days devoted to inspection (504), and treatment (5,296)	... ..	5,800

Of the 5,296 sessions devoted to treatment, the equivalent of some 350 sessions have been taken up by the provision of inspection and treatment for expectant and nursing mothers and pre-school children, the figures for which are set out in a separate report.

It should be noted from the above figures that nearly 70 per cent. were found to be in need of immediate treatment. Many cases which were not included in the required treatment figures could with advantage have received treatment had there been time to provide a complete service.

### Special Inspection.

At the request of the Ministry of Education a special inspection of a group of five year old children and a further group of twelve year old children were inspected.

The basic findings of this inspection were as follows:—

#### 5 Year Age Group. Deciduous Dentition.

1. 21.7 per cent. of these children were found to have healthy mouths with no decayed, missing or filled teeth.
2. The average number of decayed, missing or filled deciduous teeth per child was 4.26.
3. 65.4 per cent. of these children were in obvious need of routine dental treatment.
4. 2.16 per cent. were in obvious need of special orthodontic treatment.

#### 12 Year Age Group. Permanent Dentition.

1. 22.32 per cent. of these children were found to have healthy mouths with no permanent decayed, missing or filled teeth.
2. The average number of decayed, missing or filled permanent teeth per child was 2.7.
3. 44.7 per cent. of these children were in obvious need of routine dental treatment.
4. 16 per cent. were in obvious need of special orthodontic treatment.



The primary object of this inspection is to provide comparable statistics in assessing the past, present and future need for dental treatment with particular reference to the post-war period.

These inspection figures are not shown in any of the other totals in the statistical tables.

### Routine Dental Treatment.

In the report for 1947 attention was drawn to the effect of the infantile paralysis epidemic on the dental extraction figures, and this is again reflected in the figures for this year. Arrears of extractions from 1947 have caused a sharp rise in the comparable figures of anæsthetics and extractions, so that once again comparisons are likely to be misleading.

It is satisfactory, however, to find that the conservations of permanent teeth outnumber extractions by three to one in spite of the factors mentioned above, and for the first time we are conserving more temporary teeth than have been extracted.

The main bulk of the conservation figures are amalgam metal fillings (20,039) and in addition 14,682 dressings and linings were inserted.

The number of otherwise sound teeth extracted for orthodontic purposes was 1,492 (746 permanent).

Partial dentures were supplied to 185 school children, largely to restore loss of anterior teeth lost through accidental injury and 39 crowns were fitted for similar cases.

There has been a very significant change during the last few years in the general outlook of parents to conservation work. It is now becoming rare for parents to object to fillings and conversely there is now a high proportion of parents who insist on fillings and conservations whenever possible.

This is probably attributable to our own propaganda work, and the experience of many present-day parents of conservation work in the Forces during the war.

#### Fillings—

Permanent teeth ... ..	15,803	
Temporary teeth ... ..	11,311	
	<hr/>	27,114

#### Conservations by Silver Nitrate—

Permanent teeth ... ..	1,020	
Temporary teeth ... ..	8,463	
	<hr/>	9,483

#### Extractions—

Permanent teeth ... ..	5,300	
Temporary teeth ... ..	13,811	
	<hr/>	19,111

#### Other Operations—

Permanent teeth ... ..	14,107	
Temporary teeth ... ..	4,467	
	<hr/>	18,574

Administrations of general anæsthetics ... ..		2,075
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### Special Dental Treatment.

Although the orthodontic and other special services have developed during the year, the voluntary demand for orthodontic treatment has swamped our facilities and we have now long waiting lists for many types of cases at each centre.

This demand for special treatment is particularly embarrassing in those areas where special facilities are not yet available, namely, Weston, Wells and Frome, and whilst efforts have been made to bring some of these cases into Musgrove, owing to our local problems there it has not been possible to meet any appreciable portion of the need.

A number of surgical cases have been admitted to the Musgrove Hospital Children's Ward during the year, the operations being performed in the hospital operating theatre by the Senior Dental Officer. These cases have included removals of buried and impacted teeth and cysts, and cases (*e.g.* of heart disease) where hospitalisation was considered essential.

The bulk of the orthodontic cases were treated at the Musgrove Special Centre, although the two area dental officers at Bridgwater and Yeovil have each undertaken a considerable number of these cases.

A large number of radiographs have been taken at the three centres so far equipped with X-ray machines, namely, Musgrove, Bridgwater and Yeovil. These figures are included in the other operations figures being responsible for the considerable increase in those figures over the previous years.

A number of cases of anodontia have been treated at Musgrove, one case being a girl of eleven years who has only 8 permanent teeth instead of the normal complement of 32. She has been fitted with upper and lower dentures with a marked improvement in appearance, speech and eating ability.

Orthodontic cases treated' ...	...	...	...	...	491
„ attendances (ortho. only)	...	...	...	...	1,849
„ appliances fitted	...	...	...	...	490

### Dental Laboratory.

1948 was the first full year of the County Dental Laboratory, two extra technicians taking up their duties in March and April bringing the total to 1 senior, 2 technicians and 1 apprentice at the end of the year.

Under the enthusiastic guidance of the Senior Technician the Laboratory has in a remarkably short time built up a reputation for the very high quality of its work, which is highly appreciated by the dental officers and admired by many of the local dental practitioners.



The items set out below give a brief summary of the work done:—

Orthodontic appliances	...	...	...	...	...	483
Dentures	...	...	...	...	...	305
Denture repairs	...	...	...	...	...	39
Crowns	...	...	...	...	...	41
Special study models	...	...	...	...	...	1,050

This year has seen the unfortunate loss of some of the very best of the dental staff, and their replacement presents a major problem for the future.

Little progress has been made with the provision of permanent dental centres, and it is hoped that the introduction of four mobile units will help to extend our service to those areas at present without a centre.

The increasing demand for our services and the appreciation of its value by parents and patients has increased our difficulties at the end of a year of some progress and much frustration, but if the staffing problem is solved we can look forward to a time, not too far distant, when our service will be able to provide all the treatment so urgently needed by all the children for whom we are responsible.

#### **Dental Inspection and Treatment.**

(1) Number of pupils inspected by the Dental Officers	...	...	30,919
(2) Number found to require treatment	...	...	21,244
(3) Number actually treated	...	...	18,479
(4) Attendances made by pupils for treatment	...	...	29,446
(5) Half-days devoted to inspection (504) and treatment (5,296)	...	...	5,800
(6) Fillings—Permanent teeth, 15,803; temporary 11,311	...	...	27,114
(7) Extractions—Permanent teeth, 5,300; temporary 13,811	...	...	19,111
(8) Administrations of general anæsthetics	...	...	2,075
(9) Other operations—Permanent, 14,107; temporary, 4,467	...	...	18,574

#### **SCHOOL HYGIENE.**

I am glad to report that the primitive closet system prevailing at so many village schools is at last being dealt with. This has been the subject of serious adverse comment ever since I became School Medical Officer and indeed for years before. The work is as yet only on paper. I am only too well aware of the delays involved but I hope to be able to report radical alterations in some of the unsatisfactory schools at the end of the current year.

#### **Use of Proprietary Sweeping Compounds for School Floors.**

On several occasions I have reported on the extremely dusty conditions of many schools. Attempts to deal with this by means of wet sawdust have not been satisfactory. Unless sawdust is kept really wet it is not of great value and it is difficult in practice to keep sawdust in the condition required. Proprietary preparations have been found much more effective. They are heavier, with a component which ensures a permanently moist condition and they have small amounts of antiseptic and oil which leave a permanent germ and dust trap on the floor.



In order to be sure that these preparations did all that was claimed for them a series of tests were carried out at Taunton Central County School with the help of the Headmistress and the school cleaner. The results were assessed by the County Laboratory by means of counting germ colonies falling on plates exposed in the rooms.

Four similar rooms were chosen and two test plates were exposed in each room on three successive days, six plates in all in each room. Ordinary dry sweeping was carried out during this first trial.

One of the rooms was then swept with Proprietary Preparation A, another with Preparation B, a third with wet sawdust and ordinary sweeping was carried out as a check in the fourth room.

After ten days' sweeping by these methods, the tests were repeated on the same days of the week at the same time, *i.e.* 11.0 a.m. to 12.0 noon during occupation of the classrooms by children.

The results were as follows:—

Room swept with Preparation A	...	17% reduction in bacteria.
„ „ „ „ B	...	25% „ „ „
„ „ „ wet sawdust	...	11% increase in bacteria.
„ ordinary sweeping	...	3% reduction in bacteria.

These figures appear to confirm the claims of the makers that the bacterial contents of the air are reduced by arranging a dust trap on the floor.

Dust is responsible for a certain amount of ill-health in school children from several causes.

- (1) The germs of air-borne diseases, such as Scarlet Fever, Diphtheria, Tuberculosis, can live in dust for considerable periods especially in dark situations. An infectious risk may, therefore, persist after the infectious child has been removed. Infection will always be mainly direct from child to child but a certain residual risk remains in the dust.
- (2) Dust can give rise to allergic catarrhs, asthma, etc., and these conditions make a child more prone to infections of all sorts.

After consideration of these facts I am glad to say that you have authorised the use of a proprietary sweeping compound in all the schools in the near future. I am sure that appreciative reports will be forthcoming from the schools and that the children and teachers will benefit.



## BRIDGWATER SCHOOL CLINIC.

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated.	Attendance at Clinics.
		Cured.	Improved	Un-relieved.	Under treatment, &c.	Total treated.		
Fitness for school or special schools ...	—	—	—	—	—	—	—	—
Vision testing ...	3	—	—	—	—	—	3	3
External eye diseases ...	2	54	—	—	—	54	56	89
Ear defects:								
Otorrhœa, etc. ...	18	105	—	—	—	105	123	161
Deafness ...	—	1	—	—	—	1	1	11
Ringworm ...	—	4	—	—	—	4	4	13
Impetigo ...	—	140	—	—	—	140	140	526
Scabies ...	10	18	—	—	—	18	28	39
Minor skin injuries and septic sores ...	—	889	—	—	1	890	890	2,355
Other skin diseases ...	21	62	—	—	—	62	83	138
Other conditions ...	74	84	1	—	—	85	159	250
<b>TOTALS</b> ...	<b>128</b>	<b>1,357</b>	<b>1</b>	<b>—</b>	<b>1</b>	<b>1,359</b>	<b>1,487</b>	<b>3,585</b>

Verminous conditions not treated at School Clinic.

## FROME SCHOOL CLINIC

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated.	Attendance at Clinics.
		Cured.	Improved	Un-relieved.	Under treatment, &c.	Total treated.		
Fitness for school or special schools ...	1	—	—	—	—	—	1	1
Vision testing ...	5	—	—	—	—	—	5	5
External eye diseases ...	—	1	—	—	—	1	1	1
Ear defects:								
Otorrhœa, etc. ...	1	3	—	—	—	3	4	8
Deafness ...	—	2	—	—	—	2	2	4
Ringworm ...	1	—	—	—	—	—	1	1
Impetigo ...	—	1	—	—	—	1	1	1
Scabies ...	—	2	—	—	—	2	2	6
Minor skin injuries and septic sores ...	3	9	1	—	4	14	17	26
Other skin diseases ...	2	—	—	1	—	1	3	6
Other conditions ...	52	—	—	—	4	4	56	72
Verminous conditions ...	—	—	—	—	—	—	—	—
<b>TOTALS</b> ...	<b>65</b>	<b>18</b>	<b>1</b>	<b>1</b>	<b>8</b>	<b>28</b>	<b>93</b>	<b>131</b>

## TAUNTON SCHOOL CLINIC.

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated.	Attendance at Clinics.
		Cured.	Improved.	Un-relieved.	Under treatment, &c.	Total treated.		
Fitness for school or special schools ...	11	—	—	—	—	—	11	11
Vision testing ...	22	—	—	—	—	—	22	22
External eye diseases ...	—	13	—	—	39	52	52	369
Ear defects:								
Otorrhœa, etc. ...	1	30	—	—	21	51	52	385
Deafness ...	—	2	—	—	—	2	2	19
Impetigo ...	—	32	—	—	3	35	35	295
Scabies ...	—	8	—	—	—	8	8	40
Minor skin injuries and septic sores ...	—	548	—	—	136	684	684	5,482
Other skin diseases ...	—	34	—	—	15	49	49	353
Other conditions ...	—	92	—	—	87	179	179	1,258
Verminous conditions ...	—	3	—	—	—	3	3	20
Ringworm ...	—	1	—	—	—	1	1	5
<b>TOTALS</b> ...	<b>34</b>	<b>763</b>	<b>—</b>	<b>—</b>	<b>301</b>	<b>1,064</b>	<b>1,098</b>	<b>8,259</b>

## WESTON-SUPER-MARE SCHOOL CLINIC

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated.	Attendance at Clinics.
		Cured.	Improved.	Un-relieved.	Under treatment, &c.	Total treated.		
Fitness for school or special schools ...	42	—	—	—	—	—	42	62
Vision testing ...	49	—	—	—	—	—	49	49
External eye diseases ...	2	40	6	—	—	46	48	173
Ear defects:								
Otorrhœa, etc. ...	13	15	3	—	8	26	39	230
Deafness ...	3	8	1	—	1	10	13	24
Ringworm ...	—	3	—	—	—	3	3	10
Impetigo ...	1	33	—	—	4	37	38	181
Scabies ...	6	—	—	—	—	—	6	13
Minor skin injuries and septic sores ...	—	194	—	—	4	198	198	880
Other skin diseases ...	8	60	15	2	4	81	89	532
Other conditions ...	225	32	10	1	1	44	269	561
Verminous conditions ...	1	22	—	—	1	23	24	93
<b>TOTALS</b> ...	<b>350</b>	<b>407</b>	<b>35</b>	<b>3</b>	<b>23</b>	<b>468</b>	<b>818</b>	<b>2,808</b>

Total individual children examined or treated—706.



## YEOVIL SCHOOL CLINIC.

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated.	Attendance at Clinics.
		Cured.	Improved	Un-relieved.	Under treatment, &c.	Total treated.		
Fitness for school or special schools ...	56	—	—	—	—	—	56	56
Vision testing ...	91	—	1	—	—	1	92	94
External eye diseases ...	6	20	13	1	28	62	68	128
Ear defects:								
Otorrhœa, etc. ...	31	24	14	2	40	80	111	272
Deafness ...	5	1	—	—	—	1	6	8
Ringworm ...	—	2	1	—	—	3	3	5
Impetigo ...	—	19	9	1	18	47	47	193
Scabies ...	1	14	5	—	6	25	26	213
Minor skin injuries and septic sores ...	21	28	28	3	50	109	130	447
Other skin diseases ...	11	9	12	3	24	48	59	147
Other conditions ...	310	59	34	8	102	203	513	1,098
Verminous conditions ...	11	45	13	—	37	95	106	250
<b>TOTALS ...</b>	<b>543</b>	<b>221</b>	<b>130</b>	<b>18</b>	<b>305</b>	<b>674</b>	<b>1,217</b>	<b>2,911</b>

## TREATMENT WITH ARTIFICIAL LIGHT.

Centre.	Number of Clinics held.	New cases seen.	Total Attendances.				
			Infant.	Educa-tion.	Tuber-culosis.	From outside areas.	All.
Bridgwater ...	87	69	611	476	80	0	1,167
Minehead ...	25	1	0	0	25	0	25
Weston-super-Mare..	73	23	0	391	41	0	432
Yeovil ...	54	26	0	107	12	0	119
<b>TOTAL ...</b>	<b>239</b>	<b>119</b>	<b>611</b>	<b>974</b>	<b>158</b>	<b>0</b>	<b>1,743</b>

	Tuber-culosis.	Rickets.	Debility and Malnu-trition.	Glands (not Tuber-culous).	Other.	Total (all cases).
Cured or improved ...	6	0	62	3	14	85
Unaltered ...	1	0	5	1	0	7
Worse ...	0	0	0	0	0	0
Still under treatment	1	1	27	0	1	30
<b>TOTAL ...</b>	<b>8</b>	<b>1</b>	<b>94</b>	<b>4</b>	<b>15</b>	<b>122</b>

### CRIPPLED CHILDREN.

On July 5th the Regional Hospital Board assumed financial responsibility for hospital and clinic treatment of these children. Your staff at County Hall continue at present to administer the clinic and after-care service as agents of the Hospital Board.

Special Schools are, however, still the financial responsibility of the County Education Committee in so far as the schools are concerned. Any necessary treatment is carried out at the expense of the Hospital Board. If a Hospital has special school facilities for its patients a charge per day per school child is paid to the Hospital by the Education Authority. In the case of Bath and Winford Hospitals this agreed charge is at present 2/6d. per day.

From October last, a third Surgeon at the Bath Orthopædic Hospital operated an extended service at the Taunton, Weston-super-Mare, Minehead and Yeovil Clinics and arrears of work are gradually being overcome. A third Sister was appointed in August. The increased attendance at both Surgeons' and Sisters' Clinics are shown in the tables given.

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

#### Attendances at Surgeon's Clinics, 1948.

Clinic.	Number of Clinics held.	New cases seen.	Total Attendances.				
			I	E	T	P.H.	All.
Glastonbury ...	5	22	31	72	25	20	148
Radstock ...	4	19	23	61	21	6	111
Taunton ...	14	92	103	234	69	72	478
Weston-super-Mare	15	86	85	226	60	32	403
Yeovil ...	16	78	100	246	18	79	443
Frome ...	4	19	28	79	11	19	137
Bath ...	4	17	20	72	16	8	116
Bridgwater ...	6	33	29	107	22	19	177
	68	366	419	1,097	242	255	2,013

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

#### Attendances at Sister's Clinics, 1948.

During the year 408 Sister's Clinics were held at the various Centres and 6,892 cases attended. Of these, 1,957 were Infant Welfare, 4,491 Education, 188 Tuberculosis and 256 Public Health. In addition, 373 attendances have been made at a posture class at Taunton.



## Bath and Wessex Children's Orthopaedic Hospital.

Somerset cases in hospital during 1948.

Type of Case.	In Hospital 31.12.47.	Admitted in 1948.	Discharged during 1948.	Still in Hospital 31.12.48.
Non-resp. tuberculosis (bones and joints) ...	13	9	9	13
Congenital deformities ...	1	17	15	3
Poliomyelitis ...	28	17	26	19
Rickets ...	0	2	1	1
Spastic paralysis ...	1	2	1	2
Osteo-myelitis (other than tubercular) ...	3	5	5	3
Other cases ...	15	37	35	17
<b>TOTAL ...</b>	<b>61</b>	<b>89</b>	<b>92</b>	<b>58</b>

## Cases seen at the Surgeon's and Sister's Clinics during 1948 for the first time.

Tuberculosis of bones and joints ...	14
Infantile paralysis (poliomyelitis) ...	23
Other paralytic conditions ...	4
Osteomyelitis ...	3

## Congenital conditions:—

Dislocation of hip ...	8
Club foot and other foot deformities ...	135
Torticollis ...	5
Other congenital deformities ...	43
	<b>191</b>

## Postural deformities:—

Deformities of spine ...	38
Flat foot with or without other postural deformities ...	142
Knock knees ...	108
Bow legs ...	46
General defects of posture ...	62
	<b>396</b>

Injuries and accidents ...	18
Other defects and deformities ...	36
Arthritis ...	2

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## PHYSICAL EDUCATION AND POSTURE.

It can be said that the year 1948 showed signs of an increasing range of Physical Education and Recreation, far in advance of anything during the past nine years. There has been a general release of manpower, equipment and transport, and, perhaps greater than all these, an accessibility to expert training.

Although in the schools there is a shortage of women teachers (and this is serious in the infants' schools) and in the trained staff needed for secondary school children, an increase of male teachers has brought a new vigour and enthusiasm into the schools. Most schools arrange a period of physical activity each day, and in the primary schools this period has become more energetic. All children are supplied with plimsolls and an adequate amount of small equipment. Of our secondary schools, 18\* possess fully equipped gymnasias, 5 of the new secondary modern schools are to be equipped very shortly, and 25 others are supplied with as much portable gymnastic equipment as they can store. The senior children of the all-age primary schools are catered for in a similar way wherever practicable. Tubular steel apparatus, essentially built for climbing, hanging and swinging, has been supplied to many schools, e.g., a low horizontal bar or ladder is used for junior children, and small outdoor gymnasias are being fixed for use of the senior children. Eleven Junglegyms have been allotted to infants' schools. These forms of equipment allow of natural exercise for the whole body; the arm, shoulder and abdominal muscles come into play to an extent quite impossible without them.

All major games are played, the choice often being determined by the amenities available.

There is a dearth of good playing fields, especially for hockey, the result being that netball is played on the playground to a great extent.

Swimming instruction has been given in 43 out of the 49 secondary schools, and to the senior scholars of 27 all-age primary schools. The County is very badly served with swimming facilities, there are only three covered baths; rarely are baths reserved for instructional purposes, and very many schools are so far away that transport is necessary.

The staff of six Organisers has been responsible for the training of teachers as follows:—

Pensford	... in Physical Education for men and women.	47	on registers.
Street	... do.	53	do.
Taunton	... do.	105	do.
Taunton	... in Junior Games	55	do.
Wellington	... in Physical Education	29	do.
Yeovil	... do. for men.	18	do.
Yeovil	... in Folk Dancing for men and women.	26	do.
Weston-super-Mare	.. in Swimming	25	do.
Bath	... in Swimming and Physical Education, attended by Somerset teachers.		

\*Ilminster Girls use Boys' gymnasium.



Courses of training, also for teachers, have been conducted in:—

Athletics, in co-operation with the Amateur Athletic Association.			
Football,	do.	do.	Football Association.
Hockey,	do.	do.	All-England Women's Hockey Association.
Tennis,	do.	do.	Lawn Tennis Association.
Swimming,	do.	do.	Amateur Swimming Association and the Central Council of Physical Recreation.

Boxing, Fencing and Archery continue to increase in popularity, and much valued help from the Central Council for Physical Recreation in these as well as other activities is always freely available.

The Somerset County Schools Games Association has this year added Cricket to its list of activities, the other seven being Athletics, Rugby and Association Football, Swimming, Hockey, Netball and Rounders. The Inter-County Schools Athletics Meeting was held in Bath. The Somerset team was commended for its bearing and turn-out, gaining 18 points, and was placed fifteenth out of twenty-eight counties, being second of the south-western counties.

### POSTURE.

Fewer cases of children needing remedial exercises have been reported. The causes of this may be many; school meals can assuredly be counted as an important one; another may well be the results of the strides made in Physical Education in the last few years, and a balance of activity and tranquillity in general education which is finding its way into schools through modern methods.

Notified cases of bad posture are followed up by Organisers. In some cases the teachers are instructed and are willing to continue exercises. In other cases several visits are necessary. Many cases of asthma have been reported and the Organisers much appreciated a special talk and demonstration given to them by one of the School Medical Officers, relating to exercises in cases of asthma. Special talks on Posture are always included in teachers' classes, and in this capacity the film strip projector has been used to advantage.

The Compton Bishop Children's Home has had special attention, and time has been devoted to a survey of the children at Sandhill Park. There is much to be done at this school both remedially and physically.

(Signed) M. A. SMITH.

GERALD E. FITZGERALD.

### CHILD GUIDANCE.

During the last year there has been a notable increase in the work of this department and over 400 new cases have been investigated. There has been an increase in the number of visits paid by the Psychiatric Social Workers and we have also had the full services of the Educational Psychologist during the past twelve months. She has carried out over 400 psychological examinations.

The clinic sessions in the various towns have been adjusted from time to time to deal with the waiting lists so that the best use of the Team should be made in the time at their disposal.

All members of the Clinic Team attended the International Mental Health Congress held in London last August and the Director took part in the discussion at one of the plenary sessions and also acted as editor of the Reports of the Preparatory Commissions on the subject of the third day's discussions.

During the past year members of the Clinic Team have published the following papers:—

“Delinquency and Epilepsy”. Journal Mental Science, April, 1948.

Pamphlet on Enuresis issued jointly by the British Medical Association and the Magistrates' Association.

The first 100 cases seen at Weston-super-Mare and Glastonbury have been analysed in the first table according to the reasons for referral:—

#### **Nervous Disorders.**

Fears	...	...	...	...	...	10
Other nervous symptoms	...	...	...	...	...	4

#### **Habit Disorders and Physical Symptoms.**

Speech disorders	...	...	...	...	...	7
Sleep disorders	...	...	...	...	...	1
Habit spasms	...	...	...	...	...	2
Nervous vomiting	...	...	...	...	...	1
Soiling	...	...	...	...	...	2
Enuresis	...	...	...	...	...	25
Nervous pains	...	...	...	...	...	1
Fits	...	...	...	...	...	5

#### **Behaviour Disorders.**

Unmanageable	...	...	...	...	...	9
Tempers	...	...	...	...	...	3
Aggressiveness	...	...	...	...	...	1
Stealing	...	...	...	...	...	10
Sex difficulty	...	...	...	...	...	5

#### **Educational Difficulties.**

Backwardness	...	...	...	...	...	6
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#### **Special Examinations.**

Psychological examination	...	...	...	...	...	2
Educational advice	...	...	...	...	...	2
Vocational guidance	...	...	...	...	...	1
Court examination	...	...	...	...	...	1
Adoption	...	...	...	...	...	2



The second table shows how the first 100 cases were dealt with:—

Diagnosis and advice	...	...	...	...	51%
Psycho-therapy	...	...	...	...	16%
Drug treatment	...	...	...	...	15%
Supervision by a psychiatric social worker	...				10%
Placement in Hostel for Maladjusted Children					6%
Remedial teaching	...	...	...	...	2%

### CHILD GUIDANCE DEPARTMENT.

The work for the year 1948 can be summarised as follows:—

Cases referred	...	...	...	...	447
Cases investigated by Psychologist	...	...	...	...	438
Cases seen by Psychiatrists (diagnosis)	...	...	...	...	394
School and Hostel Visits paid by Psychologist	...	...	...	...	145
Home Visits and Clinic Interviews by Psychiatric Social Workers	...	...	...	...	1,501
Hostel Visits by Psychiatric Social Workers	...	...	...	...	98
School Visits by Psychiatric Social Workers	...	...	...	...	149

#### Treatment.

Psycho-therapy by Psychiatrists	...	...	...	...	85
Drug-therapy by Psychiatrists	...	...	...	...	86
Play-therapy by Psychologist	...	...	...	...	28
Remedial Coaching by Psychologist	...	...	...	...	6

The Electro-encephalographic Department has worked full time during this last year, and has used the new 6-channel machine. The bulk of cases referred by the Child Guidance Clinic are examined at Musgrove Park Hospital Electro-encephalographic Department, but a few are seen by Dr. Sessions Hodge at his Out-Patients' Department at The Burden Neurological Institute, Bristol.

In all 158 cases have been examined (44 at The Burden Institute):—

Cases referred.			Epilepsy diagnosed.	
Musgrove Park	...	114	33	= 37%
Burden Institute	...	44	18	= 40%

The high incidence of "cases diagnosed" to "cases referred" is accounted for by the fact that this is a selected group specially referred as suspected of epilepsy and in need of treatment.

This is an additional branch of the service, as these cases are referred by Courts of Jurisdiction, School Medical Officers, Medical Practitioners and neighbouring authorities. Constant supervision and medical treatment are essential. An additional weekly Session has therefore been started at Musgrove Park Hospital.

Through the courtesy of the Pædiatric Specialists at Musgrove Park Hospital some of the more difficult of these cases have been admitted for observation and the commencement of their drug treatment. Progress is checked by repeated electro-encephalographic examination.

The problem of treatment, supervision and education of these children with their special problems merits serious consideration.

### Hostels.

The maintained school population of the County of Somerset is 53,138. The Ministry of Education gave the figure for maladjusted children as 1 in every 1,000 as the potential; there is hostel accommodation for only 30 children.

The following table shows the number of children treated during 1948, and the disposal of those leaving the Hostels:—

	Halcon House (Girls).	Southfields (Boys).
Total number of cases treated	31	31
Discharged to parents ... ..	9	11
do. foster homes ... ..	5	4
do. children's homes ... ..	3	0
do. boarding schools ... ..	2	3
do. work ... ..	1	0
Total number discharged ...	20	18

It should be noted, with reference to the above table, that throughout the child's stay in the hostel close contact with the parent is maintained, to further a better understanding of the child's problems, and for his adequate adjustment when he or she returns home. Where a foster-home is recommended, a visit is paid to the foster parents to enlist their full co-operation before placement occurs. Supervision usually continues for at least six months after discharge.

### Summary of Cases referred to Hostels.

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

Reasons for Referral.	Halcon House.		Southfields.	
	No. of Cases.	Improved.	No. of Cases.	Improved.
Enuresis and Soiling ... ..	3	2	6	5
Sex difficulties ... ..	6	6	1	0
Temper tantrums ... ..	7	6	6	6
Stealing ... ..	2	2	3	3
Anxiety and Fears ... ..	4	4	7	4
Psychopathic behaviour... ..	3	0	5	3
Beyond control ... ..	6	5	1	1
Psycho-somatic disorders.	0	0	2	2



### SPEECH THERAPY.

A start was made with this useful work late in 1947. Mrs. M. A. Mossman was appointed as part-time Speech Therapist in the Taunton area and began work on 1st December, 1947. Two sessions per week have been carried out by her in Taunton and one per week in Bridgwater.

On 27th September, 1948, Miss A. Carruthers was appointed full-time Speech Therapist for the northern part of the County. Weekly clinics are held at Bath, Radstock, Frome, Glastonbury, and Shepton Mallet. In addition numerous schools have been visited by the Speech Therapists.

Appreciation of the good results being obtained from these clinics has been received from parents and teachers. There are, however, long waiting lists of children with speech defects. Your authority has recently been obtained to the appointment of another whole-time Speech Therapist, and although there are very few available, I hope to fill this appointment and thus extend the clinics to cover the whole County.

The speech defects dealt with include stammers, lisps and faulty articulation of various kinds. This training is particularly useful to children following operations for cleft palate and other operations on the nose and throat.

Attendances at clinics during school holidays are usually poor.

The following is a brief summary of the work done:—

No. of clinics held in North Somerset Area	...	...	73
No. of clinics held in South Somerset Area	...	...	137

	Taunton.	Bridgwater.	North Somerset Area.	Total.
Children under treatment on Jan. 1st, 1948 ... ..	12	5	0	17
Fresh cases treated ... ..	30	17	62	109
Discharged ... ..	20	8	7	35
Remaining under treatment Dec. 31st, 1948 ... ..	9	7	55	71
Total attendances ... ..	515	308	413	1,336

Types of cases treated:—

	North Area.	South Area.	Total.
Stammers ... ..	20	14	34
Dyslalias (Disordered Speech) ... ..	37	18	62
Sigmatisms (Lisps) ... ..	3	7	10
Cleft Palate ... ..	2	1	3
Spastics ... ..	62	47	109

## INFECTIOUS DISEASES.

In 1948 7 schools or departments were closed for outbreaks of infectious diseases. The particular diseases for which closure was advised were Measles 4, Severe colds 1, Whooping Cough 1, Chicken pox and minor ailments 1.

## DIPHTHERIA IMMUNISATION.

This work continues to be carried out in a very high percentage of school children. The figures are as follows:—

### Rural Areas.

District.	1st and 2nd injections given during the year.		3rd injections given during the year ending 31st December, 1948.	Total number of present school children between ages of 5 and 15 years immunised since the introduction of scheme.
	Under 5.	5 - 14.		
Axbridge ...	387	17	105	2,055
Bathavon ...	304	28	292	1,858
Bridgwater ...	283	62	308	1,629
Chard ...	192	—	174	1,178
Clutton ...	334	17	84	1,752
Dulverton ...	49	15	65	416
Frome ...	268	17	105	893
Langport ...	121	6	187	1,224
Long Ashton ...	408	39	229	1,888
Shepton Mallet	121	8	199	977
Taunton ...	238	44	200	1,421
Wellington ...	103	14	86	694
Wells ...	198	9	444	875
Williton ...	177	4	35	1,053
Wincanton ...	239	40	336	1,316
Yeovil ...	244	35	88	1,836
<b>Totals ...</b>	<b>3,666</b>	<b>355</b>	<b>2,937</b>	<b>21,065</b>



## Urban Areas.

District.	1st and 2nd injections given during the year.		3rd injections given during the year ending 31st December, 1948.	Total number of present school children between ages of 5 and 15 years immunised since the introduction of scheme.
	Under 5.	5 - 14.		
Bridgwater ...	288	168	356	2,287
Burnham ...	119	46	154	873
Chard ...	132	6	194	544
Clevedon ...	124	30	110	777
Crewkerne ...	101	12	245	1,443
Frome ...	208	35	84	1,042
Glastonbury ...	42	4	69	529
Ilminster ...	70	2	21	332
Keynsham ...	104	2	91	639
Minehead ...	107	20	35	518
Norton Radstock	237	15	166	1,378
Portishead ...	66	23	44	336
Shepton Mallet	123	2	44	402
Street ...	99	4	44	540
Taunton ...	474	106	271	3,460
Watchet ...	35	1	27	310
Wellington ...	122	29	149	677
Wells ...	203	4	191	567
Weston-s.-Mare	644	79	381	2,267
Yeovil ...	330	12	123	1,149
Totals ...	3,628	600	2,799	19,070

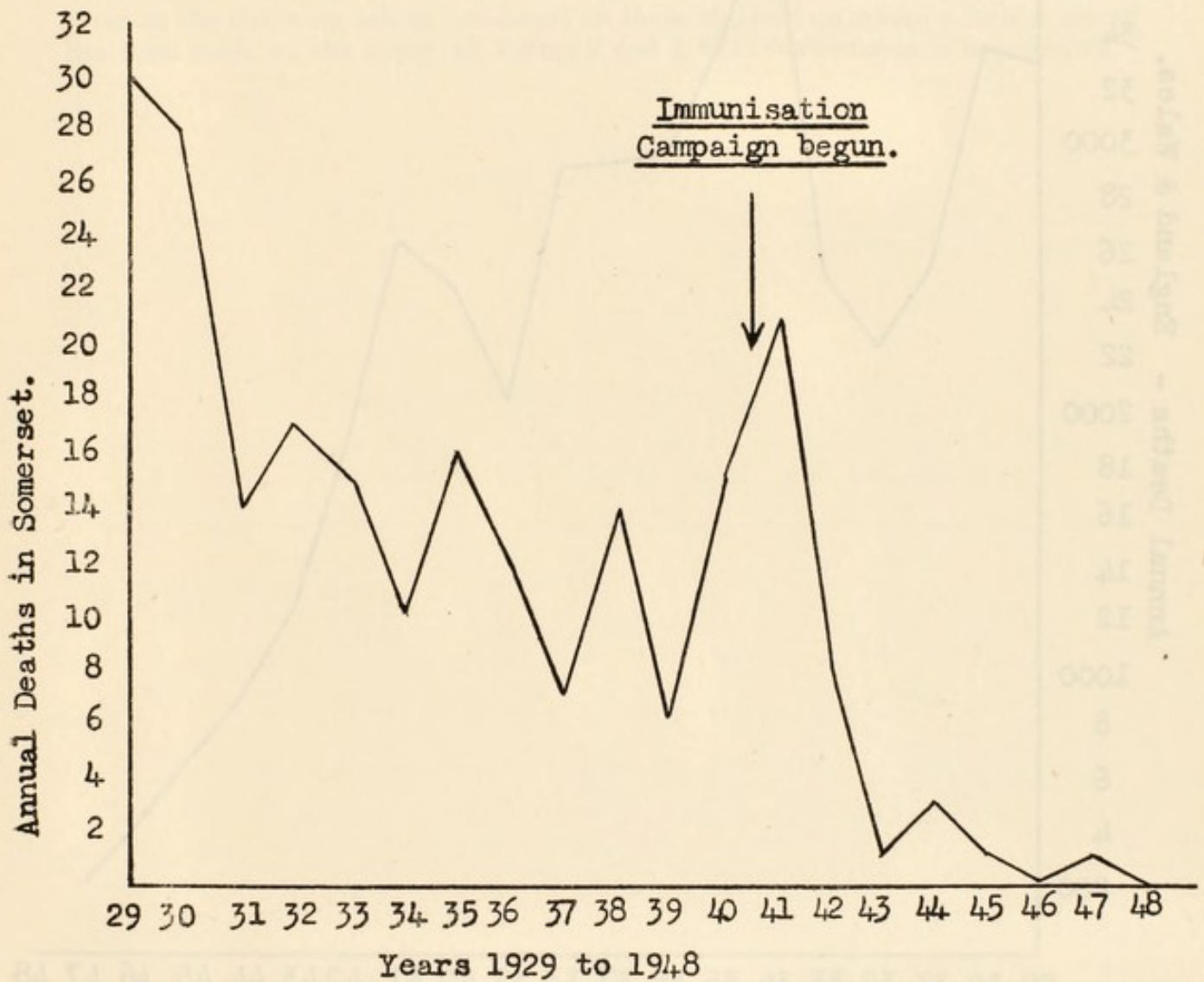
The results obtained by means of immunisation are particularly satisfying because diphtheria has been for many years the chief cause of death among school children, with the single exception of accidental or violent deaths. It must not, however, be thought that other infectious diseases are subject to the same simple method of prevention. This method is peculiarly suited to diphtheria prevention. Other means are being sought to deal with other diseases.

It is interesting to note the effect of this work on the incidence of diphtheria and death rate from this cause. The following graph shows the numbers dying each year from diphtheria for the past twenty years. Practically all these deaths are among children.

Owing to improving social conditions and general public health measures taken to prevent the spread of the disease, there has been a slow decline for many years in the numbers of deaths from diphtheria.

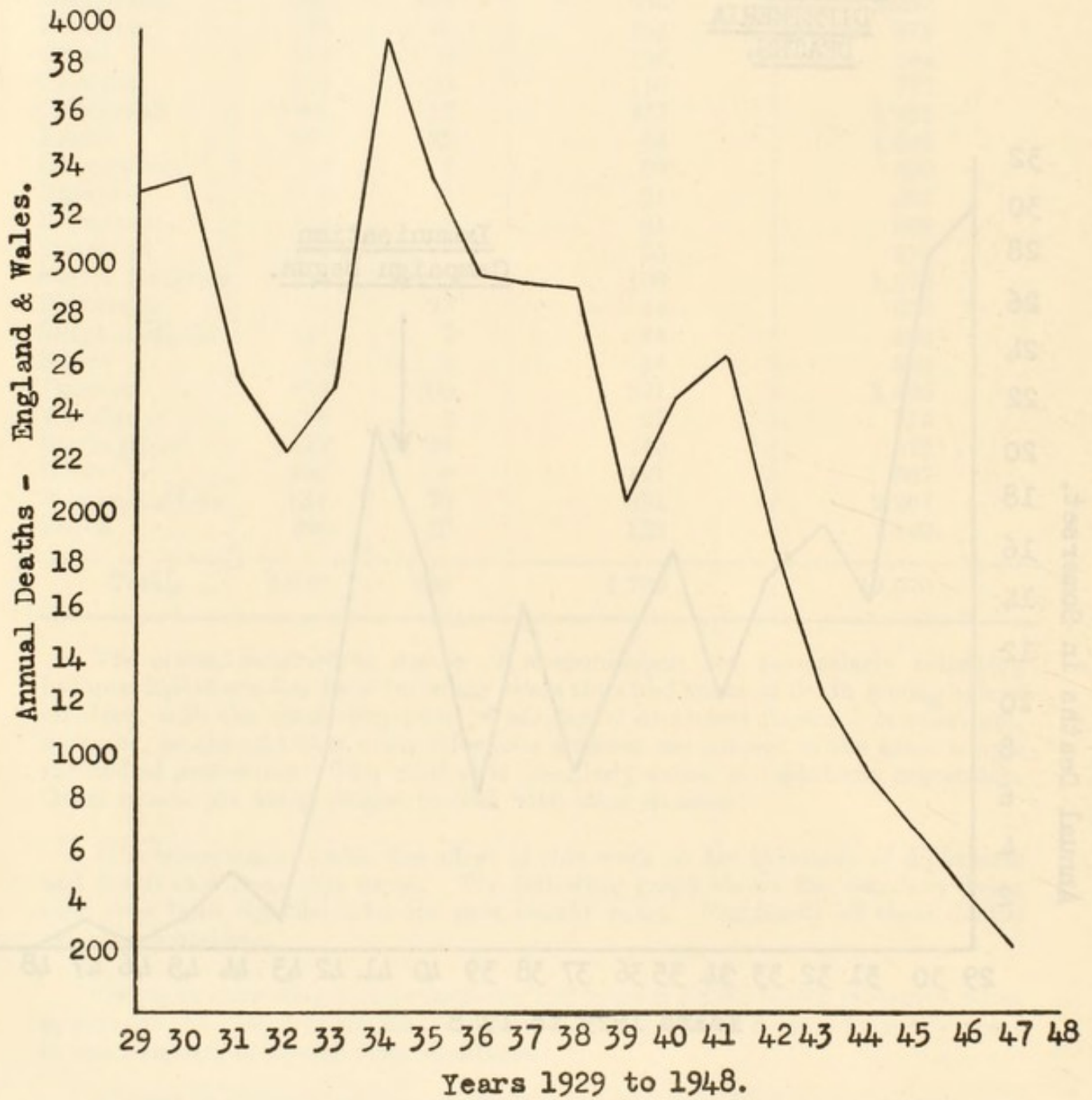
In 1941 the campaign against the disease by means of immunisation was started in Somerset. The result is spectacular and there have been only two deaths from diphtheria in Somerset in the last four years. Figures are shown of the death rate in the country as a whole for the same period, with the exception of 1948, for which figures are not yet available.

SOMERSET  
DIPHTHERIA  
DEATHS.





ENGLAND & WALES  
DIPHTHERIA DEATHS



## HANDICAPPED PUPILS.

There is little change to report in the general position. There are long waiting lists for children of all categories, except the blind and partially sighted.

Conferences between the Authorities in the South-West of England have been held in an effort to provide extra accommodation and to allot to each Authority responsibility for providing a particular type of special school for the benefit of the whole area. Some progress has been made but the difficulty in acquiring suitable premises makes progress painfully slow.

It should be pointed out that the figures relating to Handicapped Children, given in the following tables, are based on those children on whom a formal report has been made on the approved Forms 2 and 4 H.P.—whichever is appropriate.

A.—Pupils in special schools and other institutions.			
Group.	For defective vision (including partial).	For defective hearing.	Total (including pupils in other institutions).
(a)	1,000	1,000	2,000
(b)	1,000	1,000	2,000
(c)	1,000	1,000	2,000
(d)	1,000	1,000	2,000
(e)	1,000	1,000	2,000
(f)	1,000	1,000	2,000
(g)	1,000	1,000	2,000
(h)	1,000	1,000	2,000
(i)	1,000	1,000	2,000
(j)	1,000	1,000	2,000
(k)	1,000	1,000	2,000
(l)	1,000	1,000	2,000
(m)	1,000	1,000	2,000
(n)	1,000	1,000	2,000
(o)	1,000	1,000	2,000
(p)	1,000	1,000	2,000
(q)	1,000	1,000	2,000
(r)	1,000	1,000	2,000
(s)	1,000	1,000	2,000
(t)	1,000	1,000	2,000
(u)	1,000	1,000	2,000
(v)	1,000	1,000	2,000
(w)	1,000	1,000	2,000
(x)	1,000	1,000	2,000
(y)	1,000	1,000	2,000
(z)	1,000	1,000	2,000
(aa)	1,000	1,000	2,000
(ab)	1,000	1,000	2,000
(ac)	1,000	1,000	2,000
(ad)	1,000	1,000	2,000
(ae)	1,000	1,000	2,000
(af)	1,000	1,000	2,000
(ag)	1,000	1,000	2,000
(ah)	1,000	1,000	2,000
(ai)	1,000	1,000	2,000
(aj)	1,000	1,000	2,000
(ak)	1,000	1,000	2,000
(al)	1,000	1,000	2,000
(am)	1,000	1,000	2,000
(an)	1,000	1,000	2,000
(ao)	1,000	1,000	2,000
(ap)	1,000	1,000	2,000
(aq)	1,000	1,000	2,000
(ar)	1,000	1,000	2,000
(as)	1,000	1,000	2,000
(at)	1,000	1,000	2,000
(au)	1,000	1,000	2,000
(av)	1,000	1,000	2,000
(aw)	1,000	1,000	2,000
(ax)	1,000	1,000	2,000
(ay)	1,000	1,000	2,000
(az)	1,000	1,000	2,000
(ba)	1,000	1,000	2,000
(bb)	1,000	1,000	2,000
(bc)	1,000	1,000	2,000
(bd)	1,000	1,000	2,000
(be)	1,000	1,000	2,000
(bf)	1,000	1,000	2,000
(bg)	1,000	1,000	2,000
(bh)	1,000	1,000	2,000
(bi)	1,000	1,000	2,000
(bj)	1,000	1,000	2,000
(bk)	1,000	1,000	2,000
(bl)	1,000	1,000	2,000
(bm)	1,000	1,000	2,000
(bn)	1,000	1,000	2,000
(bo)	1,000	1,000	2,000
(bp)	1,000	1,000	2,000
(bq)	1,000	1,000	2,000
(br)	1,000	1,000	2,000
(bs)	1,000	1,000	2,000
(bt)	1,000	1,000	2,000
(bu)	1,000	1,000	2,000
(bv)	1,000	1,000	2,000
(bw)	1,000	1,000	2,000
(bx)	1,000	1,000	2,000
(by)	1,000	1,000	2,000
(bz)	1,000	1,000	2,000
(ca)	1,000	1,000	2,000
(cb)	1,000	1,000	2,000
(cc)	1,000	1,000	2,000
(cd)	1,000	1,000	2,000
(ce)	1,000	1,000	2,000
(cf)	1,000	1,000	2,000
(cg)	1,000	1,000	2,000
(ch)	1,000	1,000	2,000
(ci)	1,000	1,000	2,000
(cj)	1,000	1,000	2,000
(ck)	1,000	1,000	2,000
(cl)	1,000	1,000	2,000
(cm)	1,000	1,000	2,000
(cn)	1,000	1,000	2,000
(co)	1,000	1,000	2,000
(cp)	1,000	1,000	2,000
(cq)	1,000	1,000	2,000
(cr)	1,000	1,000	2,000
(cs)	1,000	1,000	2,000
(ct)	1,000	1,000	2,000
(cu)	1,000	1,000	2,000
(cv)	1,000	1,000	2,000
(cw)	1,000	1,000	2,000
(cx)	1,000	1,000	2,000
(cy)	1,000	1,000	2,000
(cz)	1,000	1,000	2,000
(da)	1,000	1,000	2,000
(db)	1,000	1,000	2,000
(dc)	1,000	1,000	2,000
(dd)	1,000	1,000	2,000
(de)	1,000	1,000	2,000
(df)	1,000	1,000	2,000
(dg)	1,000	1,000	2,000
(dh)	1,000	1,000	2,000
(di)	1,000	1,000	2,000
(dj)	1,000	1,000	2,000
(dk)	1,000	1,000	2,000
(dl)	1,000	1,000	2,000
(dm)	1,000	1,000	2,000
(dn)	1,000	1,000	2,000
(do)	1,000	1,000	2,000
(dp)	1,000	1,000	2,000
(dq)	1,000	1,000	2,000
(dr)	1,000	1,000	2,000
(ds)	1,000	1,000	2,000
(dt)	1,000	1,000	2,000
(du)	1,000	1,000	2,000
(dv)	1,000	1,000	2,000
(dw)	1,000	1,000	2,000
(dx)	1,000	1,000	2,000
(dy)	1,000	1,000	2,000
(dz)	1,000	1,000	2,000
(ea)	1,000	1,000	2,000
(eb)	1,000	1,000	2,000
(ec)	1,000	1,000	2,000
(ed)	1,000	1,000	2,000
(ee)	1,000	1,000	2,000
(ef)	1,000	1,000	2,000
(eg)	1,000	1,000	2,000
(eh)	1,000	1,000	2,000
(ei)	1,000	1,000	2,000
(ej)	1,000	1,000	2,000
(ek)	1,000	1,000	2,000
(el)	1,000	1,000	2,000
(em)	1,000	1,000	2,000
(en)	1,000	1,000	2,000
(eo)	1,000	1,000	2,000
(ep)	1,000	1,000	2,000
(eq)	1,000	1,000	2,000
(er)	1,000	1,000	2,000
(es)	1,000	1,000	2,000
(et)	1,000	1,000	2,000
(eu)	1,000	1,000	2,000
(ev)	1,000	1,000	2,000
(ew)	1,000	1,000	2,000
(ex)	1,000	1,000	2,000
(ey)	1,000	1,000	2,000
(ez)	1,000	1,000	2,000
(fa)	1,000	1,000	2,000
(fb)	1,000	1,000	2,000
(fc)	1,000	1,000	2,000
(fd)	1,000	1,000	2,000
(fe)	1,000	1,000	2,000
(ff)	1,000	1,000	2,000
(fg)	1,000	1,000	2,000
(fh)	1,000	1,000	2,000
(fi)	1,000	1,000	2,000
(fj)	1,000	1,000	2,000
(fk)	1,000	1,000	2,000
(fl)	1,000	1,000	2,000
(fm)	1,000	1,000	2,000
(fn)	1,000	1,000	2,000
(fo)	1,000	1,000	2,000
(fp)	1,000	1,000	2,000
(fq)	1,000	1,000	2,000
(fr)	1,000	1,000	2,000
(fs)	1,000	1,000	2,000
(ft)	1,000	1,000	2,000
(fu)	1,000	1,000	2,000
(fv)	1,000	1,000	2,000
(fw)	1,000	1,000	2,000
(fx)	1,000	1,000	2,000
(fy)	1,000	1,000	2,000
(fz)	1,000	1,000	2,000
(ga)	1,000	1,000	2,000
(gb)	1,000	1,000	2,000
(gc)	1,000	1,000	2,000
(gd)	1,000	1,000	2,000
(ge)	1,000	1,000	2,000
(gf)	1,000	1,000	2,000
(gg)	1,000	1,000	2,000
(gh)	1,000	1,000	2,000
(gi)	1,000	1,000	2,000
(gj)	1,000	1,000	2,000
(gk)	1,000	1,000	2,000
(gl)	1,000	1,000	2,000
(gm)	1,000	1,000	2,000
(gn)	1,000	1,000	2,000
(go)	1,000	1,000	2,000
(gp)	1,000	1,000	2,000
(gq)	1,000	1,000	2,000
(gr)	1,000	1,000	2,000
(gs)	1,000	1,000	2,000
(gt)	1,000	1,000	2,000
(gu)	1,000	1,000	2,000
(gv)	1,000	1,000	2,000
(gw)	1,000	1,000	2,000
(gx)	1,000	1,000	2,000
(gy)	1,000	1,000	2,000
(gz)	1,000	1,000	2,000
(ha)	1,000	1,000	2,000
(hb)	1,000	1,000	2,000
(hc)	1,000	1,000	2,000
(hd)	1,000	1,000	2,000
(he)	1,000	1,000	2,000
(hf)	1,000	1,000	2,000
(hg)	1,000	1,000	2,000
(hh)	1,000	1,000	2,000
(hi)	1,000	1,000	2,000
(hj)	1,000	1,000	2,000
(hk)	1,000	1,000	2,000
(hl)	1,000	1,000	2,000
(hm)	1,000	1,000	2,000
(hn)	1,000	1,000	2,000
(ho)	1,000	1,000	2,000
(hp)	1,000	1,000	2,000
(hq)	1,000	1,000	2,000
(hr)	1,000	1,000	2,000
(hs)	1,000	1,000	2,000
(ht)	1,000	1,000	2,000
(hu)	1,000	1,000	2,000
(hv)	1,000	1,000	2,000
(hw)	1,000	1,000	2,000
(hx)	1,000	1,000	2,000
(hy)	1,000	1,000	2,000
(hz)	1,000	1,000	2,000
(ia)	1,000	1,000	2,000
(ib)	1,000	1,000	2,000
(ic)	1,000	1,000	2,000
(id)	1,000	1,000	2,000
(ie)	1,000	1,000	2,000
(if)	1,000	1,000	2,000
(ig)	1,000	1,000	2,000
(ih)	1,000	1,000	2,000
(ii)	1,000	1,000	2,000
(ij)	1,000	1,000	2,000
(ik)	1,000	1,000	2,000
(il)	1,000	1,000	2,000
(im)	1,000	1,000	2,000
(in)	1,000	1,000	2,000
(io)	1,000	1,000	2,000
(ip)	1,000	1,000	2,000
(iq)	1,000	1,000	2,000
(ir)	1,000	1,000	2,000
(is)	1,000	1,000	2,000
(it)	1,000	1,000	2,000
(iu)	1,000	1,000	2,000
(iv)	1,000	1,000	2,000
(iw)	1,000	1,000	2,000
(ix)	1,000	1,000	2,000
(iy)	1,000	1,000	2,000
(iz)	1,000	1,000	2,000
(ja)	1,000	1,000	2,000
(jb)	1,000	1,000	2,000
(jc)	1,000	1,000	2,000
(jd)	1,000	1,000	2,000
(je)	1,000	1,000	2,000
(jf)	1,000	1,000	2,000
(jg)	1,000	1,000	2,000
(jh)	1,000	1,000	2,000
(ji)	1,000	1,000	2,000
(jj)	1,000	1,000	2,000
(jk)	1,000	1,000	2,000
(jl)	1,000	1,000	2,000
(jm)	1,000	1,000	2,000
(jn)	1,000	1,000	2,000
(jo)	1,000	1,000	2,000
(jp)	1,000	1,000	2,000
(jq)	1,000	1,000	2,000
(jr)	1,000	1,000	2,000
(js)	1,000	1,000	2,000
(jt)	1,000	1,000	2,000
(ju)	1,000	1,000	2,000
(jv)	1,000	1,000	2,000
(jw)	1,000	1,000	2,000
(jx)	1,000	1,000	



**TABLE 1.**

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED,  
PRIMARY AND SECONDARY SCHOOLS IN 1948.**

**A.—Periodic Medical Inspections.**

Number of Inspections in the prescribed Groups—

Entrants	...	...	...	...	...	...	...	7,534
Second Age Group	...	...	...	...	...	...	...	7,022
Third Age Group	...	...	...	...	...	...	...	3,488
Total								18,044
Number of other Periodic Inspections	...	...	...	...	...	...	...	143
Grand Total								18,187

**B.—Other Inspections.**

Number of Special Inspections	...	...	...	...	...	...	...	9,685
Number of Re-inspections	...	...	...	...	...	...	...	23,698
Total								33,383

**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 ... ..	153	1,563	1,672
Second Age Group ... ..	284	1,051	1,269
Third Age Group ... ..	160	478	611
TOTAL (prescribed Groups)..	597	3,092	3,552
Other Periodic Inspections...	35	99	128
Grand Total ...	632	3,191	3,680

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended  
31st December, 1948.

DEFECT or DISEASE.	Periodic Inspections.		Special Inspections.	
	No. of Defects.		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 ... ..	162	201	995	153
Eyes—(a) Vision ... ..	544	956	958	536
(b) Squint ... ..	173	177	165	153
(c) Other ... ..	136	470	215	164
Ears—(a) Hearing ... ..	44	62	55	66
(b) Otitis Media ... ..	51	107	63	30
(c) Other ... ..	111	264	164	197
Nose or Throat ... ..	585	2,352	971	1,229
Speech ... ..	29	138	82	67
Cervical Glands ... ..	36	863	55	390
Heart and Circulation ... ..	65	286	89	213
Lungs ... ..	129	917	157	544
Developmental—(a) Hernia ... ..	20	75	24	16
(b) Other ... ..	92	243	103	206
Orthopædic—(a) Posture ... ..	182	546	219	318
(b) Flat Foot ... ..	324	451	222	197
(c) Other ... ..	456	747	378	313
Nervous system—(a) Epilepsy ... ..	13	19	17	14
(b) Other ... ..	85	316	133	318
Psychological—(a) Development ... ..	99	409	244	430
(b) Stability ... ..	23	72	15	28
Other ... ..	235	454	671	628

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)	
(1)	(2)	No. (3)	% of col. 2. (4)	No. (5)	% of col. 2. (6)	No. (7)	% of col. 2. (8)
Entrants ... ..	7,534	2,519	33.4	4,847	64.3	168	2.2
Second Age Group ... ..	7,022	1,796	25.6	5,050	71.9	176	2.5
Third Age Group ... ..	3,488	1,221	35.0	2,210	63.4	57	1.6
Other Periodic Inspections ... ..	143	31	21.7	112	80.9	—	—
Total ... ..	18,187	5,567	30.6	12,219	67.2	401	2.2



TABLE III.

## Return of all Handicapped Children in the Area.

<b>BLIND.</b> 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 ...	16 1
<b>PARTIALLY SIGHTED.</b> 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 ...	10 4 2
<b>DOUBLE DEFECT.</b> Blind or partially blind and educationally sub-normal.	At no School ... At Special School ... At Primary and Secondary Schools ...	3 — 1
<b>DEAF.</b> 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 ...	25 6 —
<b>PARTIALLY DEAF.</b> 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 ...	11
<b>DELICATE CHILDREN.</b> 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) ...	20 22 9
<b>DIABETIC CHILDREN.</b> 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 ...	4 —
<b>EDUCATIONALLY SUB-NORMAL CHILDREN.</b> 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 ... At no School ...	97 941 1

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

INEDUCABLE.	At Institutions and Occupa- tion Centres ... ..	109
	At no School ... ..	90
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 ... ..	19
	At no School ... ..	9
	At Special Day Schools ...	1
	At Special Residential Schools	5
EPILEPTIC.	At Primary and Secondary Schools ... ..	16
	At no School ... ..	10
	At Special Day Schools ...	—
	At Special Boarding Schools...	5
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 ...	12
	(ii) Resident in hostels ...	62
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.	At Primary and Secondary Schools ... ..	42
	At Special Schools ... ..	96
	At no School ... ..	5

## 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 ... ..	6
Ringworm—Body ... ..	8
Scabies ... ..	126
Impetigo ... ..	312
Other Skin Diseases ... ..	288
Eye Disease ... ..	275
Ear Defects ... ..	390
Miscellaneous ... ..	2,784
Total ... ..	4,194
(b) Total number of attendances at Minor Ailments Clinics ...	17,694



**Group II.—Defective Vision and Squint.**

					Number of Defects dealt with.
Errors of Refraction (including squint)	...	...	...	...	4,507
Other defects or diseases of the eye	...	...	...	...	72
Total					4,579
					Total number treated.
Number of Pupils for whom spectacles were—					
(a) Prescribed	...	...	...	...	1,756
(b) Obtained (to July 5th only)	...	...	...	...	847

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

Received operative treatment—					
(a) for adenoids and chronic tonsillitis	...	...	...	...	1,729
(b) for other nose and throat conditions	...	...	...	...	63
Received other forms of treatment	...	...	...	...	178
Total					1,970

**Group IV.—Orthopædic and Postural Defects.**

*(a) Number treated as in-patients in hospitals or hospital schools	153
(b) Number treated in clinics	2,142

\*As far as can be ascertained.











