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INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

Somerset County Council.

THE COUNTY EDUCATION COMMITTEE.

Annual Report

OF THE

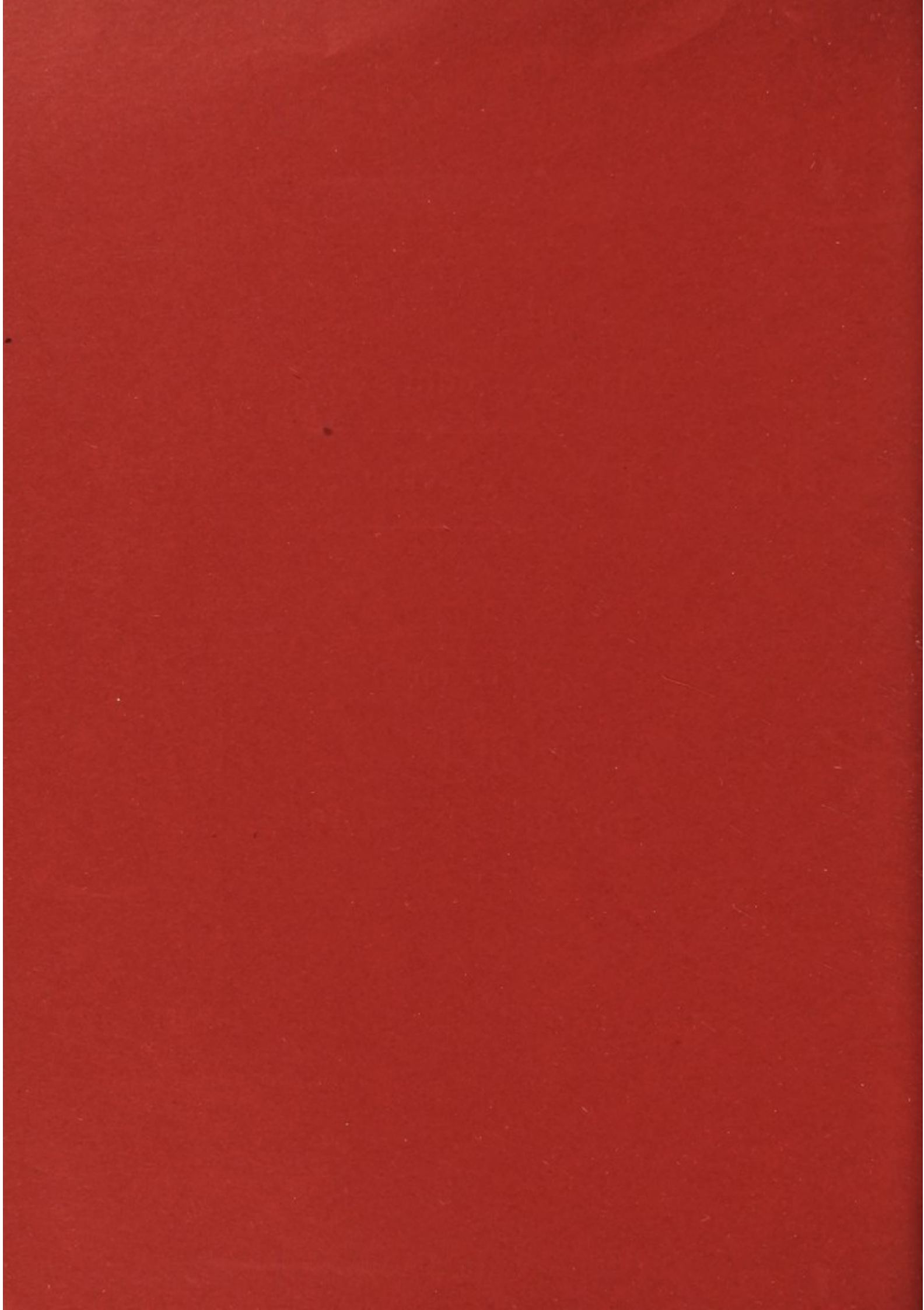
SCHOOL MEDICAL OFFICER

For the Year 1949

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.

Madam Chairman, Ladies and Gentlemen,

I have the honour to submit my Thirteenth Annual Report.

This Report gives a general survey of the work carried out during the year, together with the essential statistical information. In addition there is a short survey concerning work with the Audiometer carried out in the Yeovil area by Dr. M. I. Ross, under the general direction of Dr. P. Fox.

Following the operation of the Health Service Act there have been considerable changes in the arrangements necessary for the adequate working of the School Health Service. In some ways the difficulties of this transitional period have settled but there are still a number of important points yet to be agreed if the benefits of the School Health Services are to continue.

Again, the situation of the School Dental Service is indeed one of great disappointment. Two or three years ago there was in Somerset a dental service which could compare favourably with any in the country. That service is now sorely overstrained and the essential preventive aspect of the work is steadily losing ground.

The mass of work reported upon now has been accomplished with the full co-operation and goodwill of the Head Masters and Head Mistresses in Somerset. I value this assistance very highly indeed and I am most grateful to them for their continued interest and help.

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

I am,

Yours faithfully,

J. F. DAVIDSON.

Health Department,
Somerset County Council.

May, 1950.

ORGANISATION.

STAFF.

County School Medical Officer.

Dr. J. F. DAVIDSON.

Deputy County School Medical Officer.

Dr. L. FAY.

Senior Medical Officer.

Dr. B. M. SMITHIES.

Divisional Medical Officers.

Dr. J. ALLEN	(Taunton).
Dr. P. P. FOX	(Yeovil).
Dr. R. H. WATSON	(Bridgwater).
Dr. M. A. CHARRETT	(Weston-super-Mare). From 1/2/49.

Assistant County Medical Officers.

Dr. M. J. 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. H. M. HALLIDAY	

} Attached to Div. Executive Areas.

County Oculists.

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

Resignations.

Dr. D. M. JONES. 31st July.

Senior Dental Officer.

Mr. F. C. SHENTON.	Left 31st May, 1949.
Mr. QUENTIN DAVIES.	From 1st January, 1950.

Assistant Dental Officers.

Mr. A. J. PERCY.	Mr. Q. A. DAVIES.
Mr. L. E. SCULL.	Mr. A. C. S. BARNARD.
Miss P. RYAN.	Mr. E. R. HEATHCOT.
Mr. W. E. ROE.	Mr. H. J. METCALFE.
Mr. R. B. STILES.	Mr. M. D. SIBSON.
Mr. E. E. JACKSON.	Mr. R. H. COATES
Mr. N. M. POULTER.	(re-appointed 6th Sept., 1949).

Resignations.

Mr. W. H. BAIN.	Left 28th February.
Mr. J. D. MORRIS-WILSON.	„ 31st March.
Mr. J. M. ALLEN.	„ 21st August.
Mr. G. A. FORREST.	„ 30th September.
Mr. G. MORRIS.	„ 30th September.

Child Guidance.

Team under the direction of Dr. FRANK BODMAN.

Visiting Orthopædic Surgeons.

Miss M. FORRESTER BROWN.
Mr. T. PRICE.

Speech Therapists.

Miss ANN CARRUTHERS.
Mrs. M. MOSSMAN (part-time).
Miss W. E. COOKE „

MEDICAL INSPECTION

The number of pupils in attendance is approximately 54,328, attending a total of 479 schools. During the year the School Medical Inspectors carried out 15,224 routine inspections and 33,223 special inspections and re-examinations, making a total of 48,447 examinations. Cases examined by the School Oculist are not included in these numbers.

The figures for 1949 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 1948.

General Condition.

The old classification of "Nutrition" which, in addition to being somewhat narrow, was capable of varying interpretations, has been replaced by "general condition". This should indicate the child's physical fitness, which is not necessarily the same as his physique, as this can be quantitative rather than qualitative.

Until the new classification is thoroughly understood the statistics are likely to be variable, but it is satisfactory to note that only 1.7 per cent. of all the children examined were materially below normal.

Many factors have contributed to this happy result, amongst which may be cited the advice and preventive treatment given by the School Doctors and Nurses, School Meals, a higher standard of physical training, and last but not least, the development by the parent of a higher standard of child health. Of all the health attainments to which material contribution has been made by the School Health Service, this last factor, the education of the parents, is probably the most important.

DIVISIONAL EXECUTIVES.

Divisional Executive Committees in Taunton, Weston-super-Mare, Yeovil and Bridgwater have been responsible for the day to day administration of school health work in their respective areas. The system is on trial and whilst it has certain advantages, *i.e.*, the sustaining of local interest, it is costly and inevitably results in some duplication of clerical work. Moreover it is administratively confusing to have approximately half the County under central control and the other half under local control.

MILK IN SCHOOLS SCHEME.

The position in the County as at the 31st December, 1949, is set out in Table I.

Although "undesignated" milk has not been completely eliminated the number of schools receiving this type has been considerably reduced, *viz.*, from 17 in 1948 to 3 in 1949. The main difficulty with regard to the three schools is

their isolated position in relation to premises where designated milk is produced or processed. Every effort is being made, however, to provide the desired grade of milk and it is hoped that during the ensuing year "undesigned" milk will be eliminated.

Abbreviations.

Past. = Pasteurised.
H.T. = Heat Treated.

T.T. = Tuberculin Tested.
UD. = Undesignated.

Table I.

Types of Schools (including Divisional Executive Areas).	Total No. of each type.	Number of Schools and Types of Milk— With percentages.					
		Past. and H.T.	%	T.T.	%	UD.	%
Primary	414	302	72.9	109	26.3	3	0.7
Secondary Modern ...	35	31	88.6	4	11.4	—	—
„ Grammar ...	18	14	77.8	4	22.2	—	—
„ Technical ...	2	2	100.0	—	—	—	—
Nursery	10	7	70.0	3	30.0	—	—
Totals ...	479	356	74.3	120	25.1	3	0.6

During November, 1949, a survey was made throughout the County to ascertain the number of children taking milk compared with the daily attendance. The information obtained was exceedingly interesting and as will be seen in Table II, of the 54,328 registered pupils, 44,748 or 82.4 per cent. were taking milk. I must emphasise, however, that this percentage is only approximate and refers to one month only.

Table II.

Types of Schools (including Divisional Executive Areas).	No. of Regis- tered Scholars.	Scholars taking milk.		Types of Milk consumed with percentages.					
		No.	%	Past. and H.T.	%	T.T.	%	UD.	%
Primary	38,604	33,959	87.9	27,908	82.2	5,983	17.6	68	0.2
Secondary Modern ...	10,031	7,086	70.6	6,110	86.2	976	13.8	—	—
„ Grammar...	5,059	3,079	60.9	2,444	79.4	635	20.6	—	—
„ Technical...	240	230	95.8	230	100.0	—	—	—	—
Nursery	394	394	100.0	270	68.5	125	31.5	—	—
Totals ...	54,328	44,748	82.4	36,962	82.6	7,719	17.3	68	0.1

The progress made during 1949 to improve the supply of "Pasteurised" or "Tuberculin Tested" milk to schools has been steadily maintained. This has meant much uphill work but the improvement in the figures gives cause for satis-

faction. There now remains only 0.1 per cent. or 80 out of 54,328 registered pupils who receive "undesigned" milk, which means that out of approximately 1,865 gallons of milk supplied to the County schools daily, only 3 gallons is "non-designated"; this milk is boiled before being given to the children.

Samples of milk taken at fortnightly intervals from the schools or school suppliers and submitted to the Public Health Laboratory for test show an improvement over those taken during last year. This can be attributed to the advisory visits paid to dairy premises when samples have not reached the required standard.

PROVISION OF MEALS FOR SCHOOL CHILDREN.

This service makes a valuable contribution to the health of the school child.

The preparation and distribution of communal meals on such a large scale is no mean feat of organisation and moreover there is an ever-present risk of food poisoning which necessitates a ceaseless effort to maintain high standards of hygiene. It is a tribute to the efficiency of the Service, often labouring under difficulties resulting from unsuitable premises and inadequate facilities, that only two outbreaks of food poisoning have occurred since the inception of the Service. Both outbreaks occurred at the Worle self-contained canteen at an interval of some 2 - 3 weeks.

Despite a most thorough investigation, conducted by Dr. Boycott, Director of the County Laboratory, the precise source of infection was not discovered. Nevertheless the occurrence of these two outbreaks resulted in a much closer co-operation between the County Medical Staff and the School Meals Service, a co-operation which was welcomed on both sides.

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

	Year ended 31.12.49.		Year ended 31.12.48.	
	No. of schools.	No. of meals per day.	No. of schools.	No. of meals per day.
Grammar Schools	18	3,200	18	3,435
Modern Schools	35	6,726	32	6,261
Junior Technical Schools ...	2	224	2	218
Primary Schools	413	25,488	420	24,559
Nursery Schools	11	407	10	377
	479	36,045	482	34,850
Number of children on books ...	54,328		53,138	
Percentage of children taking dinners at school	67.50%		65.92%	
Number of grants of free meals current	2,651		2,490	

MEDICAL TREATMENT AND FOLLOWING UP.

The School Nurses attended at 1,943 sessions for School Inspection purposes. In addition 4,666 cases were referred to them for home visits, and 9,260 visits were paid.

Their reports upon the 4,666 cases referred to them for home visits show that in 2,445 cases (53 per cent.) medical treatment was in process of being instituted, and 576 cases (12 per cent.) were under treatment by the nurse; in 409 cases (9 per cent.) no treatment was obtained; 847 cases (18 per cent.) were under supervision; and in the remaining 389 cases (8 per cent.) visits had yet to be made at the time the reports were received.

One of the unsatisfactory results of the National Health Service Act on the School Health Service is that it is no longer possible in many instances to obtain information from the hospitals concerning children who have been advised by the School Medical Officer via the General Practitioner to secure hospital treatment. Before 1948 the Local Education Authority paid for such treatment and consequently there was no delay in obtaining information. We are now informed that it is a ruling of the Regional Board that such information is only available to the General Practitioner and therefore it is impossible to supply the figures on this matter which are requested from us by the Ministry of Education.

Furthermore it reflects adversely on the morale of the School Medical Officers if they are to be denied information of the results of their recommendation.

"Follow up" in respect of visual defects is equally difficult under the new arrangements. Glasses are provided either by Opticians or via the Executive Council. In either case there is no machinery of ascertainment of treatment other than by enquiries from the parent repeated over many months, a task which is beyond the capacity of a depleted nursing staff.

Suspected tuberculosis cases referred to the Tuberculosis Officers were 159 and of these 15 were found to be proved cases of tuberculosis.

VISION AND EYE DEFECTS.

During the year the School Oculists examined 3,947 cases and prescribed glasses for 1,589 school children. In addition to these 229 pre-school children were examined, chiefly for squint. 131 cases were seen under the Blind Persons Act and 8 other cases, making a grand total of 4,315 examinations for the year.

The Orthoptic Clinic at Musgrove Park Hospital, Taunton, started by the Somerset County Council, was taken over on the 5th July, 1948, by the Regional Hospital Board. The Orthoptist employed by the County Council left at the end of September, 1948, and it was not until the middle of 1949 that the Hospital Board was able to obtain the services of another Orthoptist.

The Yeovil and District Hospital Management Committee has also made arrangements to accept cases for Orthoptic treatment. Children discovered by the County Oculists during examination as needing this class of treatment are referred

to the appropriate Hospital and during the year 147 children were referred to the Musgrove Park Hospital, Taunton, and 42 to the Yeovil Hospital. In connection with these cases the following information has been received:—

Taunton Hospital.	Yeovil Hospital.
116 treated.	22 treated.
18 no reports.	17 no reports.
13 did not attend.	3 did not attend.

Children outside the areas covered by the Taunton and Yeovil Hospitals cannot at present be easily dealt with and it is hoped that other Hospital Committees will make arrangements for this class of treatment in the near future.

In addition to the numbers mentioned above, a further 91 children were referred to Eye Hospitals or Eye Departments—75 for opinion as to squint treatment or operation and 16 for other conditions.

As glasses for school children are now provided under the terms of the National Health Service Act it is not possible to give any information as to the number of spectacles obtained. It is known, however, that there is considerable delay in the provision of glasses.

ANNUAL REPORT OF THE ACTING SENIOR DENTAL OFFICER FOR THE YEAR 1949.

It is regretted that little progress in the development of the very promising Dental Scheme provided by the Somerset County Council can be reported. Difficulties caused by the reduction of the dental staff owing to the delay in adjusting remuneration levels as between dental officers working in the Local Authority and General Practitioner Services have become acute. During the course of the year five dental officers have left the County Service to go into private practice, and one who had resigned through ill-health in 1948 was able to return to duty in September, 1949. In addition to these, Mr. F. C. Shenton, the Senior Dental Officer, resigned his appointment, and to maintain the administration of the Scheme Mr. Quentin Davies was appointed Acting Senior Dental Officer with effect from May, 1949.

The reduced staff, however, have maintained a very high standard of dentistry in those areas where the full service has been continued. Certain large areas of the County have become during the year "uncovered areas" in respect of the County Dental Service. These areas, which have a school population of 15,000 out of a total population of 55,000, have no dental service and emergency cases from these areas have to travel to the nearest treatment centre which may be twenty miles or more away. The remainder of the County has a routine dental service, but even so, in some cases, for example, Weston and Yeovil, it is of a very restricted nature.

In those areas where no routine inspection or treatment is given, it cannot be restored until the staff situation is again normal. This means not only that the good work done in the past has largely been cancelled by the lack of simple forms

of treatment to maintain a healthy dental condition, but also that when ultimately treatment is again given, many of the teeth which could now be saved will have to be extracted.

This lack of routine treatment has also had a serious effect on the type of treatment given at our dental clinics. As a result, the number of cases requiring emergency treatment has risen rapidly, and the treatment of these cases falls mostly on the dental clinics, resulting in a serious interruption of the routine treatment which they hope to maintain for their own area. The high figure of 2,783 emergency cases treated in 1949 compares unfavourably with 1,881 for the previous year. It is also seen that it was only possible to inspect the dental condition of less than half of the children attending County maintained schools. This state of affairs will, unfortunately, worsen until a full School Dental Service can be provided, and will inevitably result in adolescents requiring artificial dentures to a degree which could have been prevented.

Fillings done in permanent teeth were 13,043 and the extractions of permanent teeth were 2,489. Thus, the filling/extraction ratio is about 5.2—1. This ratio is some indication of the success or failure of the preventive side of dentistry, and in this case compares with a ratio of 4—1 in the year 1939. The improvement is considerably less than it should have been. A standard which is capable of being attained is a ratio of at least 20—1, and this gives some indication of degree by which our present service falls short.

An interesting development in the Dental Service during the year has been the appointment of Mr. N. M. Poulter as Acting County Orthodontist. Mr. Poulter provides the orthodontic treatment for the more difficult or complicated types of cases at Taunton and Bridgwater, and acts as Consultant for such cases for the whole County. As part of this duty, Mr. Poulter pays periodic visits to other County Clinics.

Treatment of orthodontic cases is extremely popular with children and parents, and the demand for this type of treatment will have to be restricted until we have sufficient staff to maintain a full service in all other respects. The following figures relate to orthodontic treatment:—

Number of Attendances	...	...	...	...	...	3,014
Number of Cases treated	...	...	...	...	...	690
Number of Appliances fitted:						
(a) Removable type	...	...	...	...	...	576
(b) Fixed type	...	...	...	...	...	96
					—	672

Towards the end of the year new types of official forms for use in dental inspection and treatment were introduced. These replace a bigger variety of forms and need less clerical work on the part of school staffs.

The Dental Laboratory has continued to provide the prosthetic requirements of the dental officers, and the exceptionally high standard of its work has been well maintained. The following figures which relate to the output of the Laboratory indicate that in spite of having less dental officers, the demands on the Laboratory have kept its staff fully occupied.

Dentures, full	...	...	...	...	...	...	4
Dentures, partial	...	...	...	...	...	...	154
Orthodontic Appliances	...	...	...	...	...	...	576
Reference Models	...	...	...	...	...	...	1,378
Repairs	...	...	...	...	...	...	54
Jacket Crowns	...	...	...	...	...	...	23
Inlays	...	...	...	...	...	...	23

The following figures relate to dental inspection and treatment:—

Number of children attending primary and secondary schools in the
County 54,328

1. Number of pupils inspected by the Authority's Dental Officers:—

(a) Periodic age groups	...	...	...	...	...	...	24,203
(b) Specials	...	...	...	...	...	...	2,783
(c) TOTAL (Periodic and Specials)	...	...	...	...	...	...	26,986

2. Number found to require treatment 20,290

3. Number actually treated 16,537

4. Attendances made by pupils for treatment 28,659

5. Half-days devoted to:

(a) Inspection	...	...	...	...	...	...	352
(b) Treatment	...	...	...	...	...	...	5,030
Total (a) and (b)	...	...	...	...	...	...	5,382

6. Fillings:

Permanent Teeth	...	...	...	...	...	...	13,043
Temporary Teeth	...	...	...	...	...	...	10,638
Total	...	...	...	...	...	...	23,681

7. Extractions:

Permanent Teeth	...	...	...	...	...	...	2,489
Temporary Teeth	...	...	...	...	...	...	13,653
Total	...	...	...	...	...	...	16,142

8. Administration of general anæsthetics for extraction 2,333

9. Other Operations:

(a) Permanent Teeth	...	...	...	...	...	...	15,230
(b) Temporary Teeth	...	...	...	...	...	...	4,244
Total (a) and (b)	...	...	...	...	...	...	19,474

MINOR AILMENT CLINICS.

There are five Minor Ailment Clinics in the County, i.e. at Taunton, Yeovil, Weston-super-Mare, Bridgwater and Frome. Whilst it is gratifying to note that the number of cases of skin disease treated has dropped from 745 in 1948 to 455 cases in 1949, there has been a drop of 700 in the total number of all cases treated.

It is perhaps too early to assess the permanent effect of the National Health Act, whereby all children may obtain free treatment from their own doctor or the School Health Service, but it is opportune to consider the position.

Minor Ailment Clinics involve the provision of buildings with the necessary services and the attendance of a doctor experienced in pediatrics, one or two highly trained nurses and a clerk.

On the grounds of cost alone it is clearly desirable that full use is made of these facilities. Hospital Out Patients and doctors' surgeries are both overworked and overcrowded.

Surely their burden can be relieved with benefit to all by the School Minor Ailment Clinic. The present scope of treatment at the Minor Ailment Clinic is very approximately defined as stopping short of that which requires a medical prescription, but with the freely given consent and co-operation of the family doctor, it should be possible to widen considerably the therapeutic field of the Minor Ailment Clinic, always provided that it is done in full co-operation with the family doctor. Tentative inquiries in Somerset indicate that this would be forthcoming in the vast majority of cases. It is with this objective in mind that arrangements are being made in Somerset for the school doctors to have the benefit of regular sessions with the consultant Pediatrician at the local hospital in order that the treatment provided may be of the highest possible standard.

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 ...	1	—	—	—	—	—	1	1
External eye diseases ...	1	93	—	—	—	93	94	222
Ear defects:								
Otorrhœa, etc. ...	11	78	—	—	—	78	89	173
Deafness ...	—	—	—	—	—	—	—	—
Ringworm ...	—	3	—	—	—	3	3	10
Impetigo ...	—	56	—	—	—	56	56	205
Scabies ...	—	7	—	—	—	7	7	13
Minor skin injuries and septic sores ...	4	783	—	—	—	783	787	2,143
Other skin diseases ...	4	66	—	—	1	67	71	116
Other conditions ...	30	146	—	—	—	146	176	245
TOTALS ...	51	1,232	—	—	1	1,233	1,284	3,128

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 ...	2	—	—	—	—	—	2	2
Vision testing ...	3	—	—	—	—	—	3	3
External eye diseases ...	—	1	—	—	—	1	1	1
Ear defects:								
Otorrhœa, etc. ...	—	1	—	—	—	1	1	1
Deafness ...	1	1	—	—	—	1	2	3
Ringworm ...	—	—	—	—	—	—	—	—
Impetigo ...	—	1	—	—	—	1	1	1
Scabies ...	—	3	—	—	—	3	3	3
Minor skin injuries and septic sores ...	—	12	1	—	—	13	13	23
Other skin diseases ...	1	—	1	—	—	1	2	8
Other conditions ...	39	1	—	—	—	1	40	45
Verminous conditions ...	—	1	—	—	—	1	1	1
TOTALS ...	46	21	2	—	—	23	69	91

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 ...	3	—	—	—	—	—	3	3
Vision testing ...	17	—	—	—	—	—	17	17
External eye diseases ...	—	26	—	—	2	28	28	374
Ear defects:								
Otorrhœa, etc. ...	—	16	—	—	1	17	17	221
Deafness ...	—	7	—	—	—	7	7	61
Impetigo ...	—	22	—	—	1	23	23	307
Scabies ...	—	5	—	—	—	5	5	45
Minor skin injuries and septic sores ...	—	286	—	—	23	309	309	4,113
Other skin diseases ...	—	30	—	—	6	36	36	468
Other conditions ...	—	104	—	—	4	108	108	1,436
Verminous conditions ...	—	1	—	—	1	2	2	16
Ringworm ...	—	4	—	—	—	4	4	52
TOTALS ...	20	501	—	—	38	539	559	7,113

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 ...	78	—	—	—	—	—	78	118
Vision testing ...	49	—	—	—	—	—	49	50
External eye diseases ...	4	18	—	—	—	18	22	56
Ear defects:								
Otorrhœa, etc. ...	7	25	7	1	1	34	41	323
Deafness ...	6	11	1	1	1	14	20	33
Ringworm ...	2	4	—	—	—	4	6	41
Impetigo ...	—	23	—	—	2	25	25	76
Scabies ...	2	—	—	—	—	—	2	2
Minor skin injuries and septic sores ...	—	170	—	—	2	172	172	769
Other skin diseases ...	5	75	6	2	8	91	96	655
Other conditions ...	179	60	4	—	—	64	243	433
Verminous conditions ...	—	23	—	—	1	24	24	76
TOTALS ...	332	409	18	4	15	446	778	2,632

Total individual children examined or treated—680.

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 ...	51	—	—	—	—	—	51	60
Vision testing ...	60	—	—	—	—	—	60	62
External eye diseases ...	5	23	3	2	—	28	33	71
Ear defects:								
Otorrhœa, etc. ...	10	17	2	2	—	21	31	45
Deafness ...	5	4	—	—	—	4	9	14
Ringworm ...	—	—	—	—	—	—	—	—
Impetigo ...	1	3	1	1	—	5	6	26
Scabies ...	—	6	2	—	—	8	8	22
Minor skin injuries and septic sores ...	19	82	6	—	—	88	107	221
Other skin diseases ...	17	16	8	—	1	25	42	72
Other conditions ...	234	33	8	3	7	51	285	407
Verminous conditions ...	31	232	2	—	—	234	265	591
TOTALS ...	433	416	32	8	8	464	897	1,591

TREATMENT WITH ARTIFICIAL LIGHT.

Centre.	Number of Clinics held.	New cases seen.	Total Attendances.				
			Infant.	Educa-tion.	Tuber-culosis.	From outside areas.	All.
Bridgwater ...	92	37	598	292	19	0	909
Minehead ...	7	2	0	2	0	0	2
Weston-super-Mare..	57	22	225	14	0	0	239
Yeovil ...	40	44	107	443	0	157	707
TOTAL ...	196	105	930	751	19	157	1,857

	Tuber-culosis.	Rickets.	Debility and Malnu-trition.	Glands (not Tuber-culous).	Other.	Total (all cases).
Cured or improved ...	4	0	84	0	20	108
Unaltered ...	0	0	1	0	1	2
Worse ...	0	0	0	0	0	0
Still under treatment	0	0	27	0	3	30
TOTAL ...	4	0	112	0	24	140

SCHOOL AUDIOMETER SURVEY.

A Gramophone Audiometer supplied by the Western Electric Co., Ltd., was received at Yeovil in September, 1949. Testing of school children commenced on 4th October, 1949, and continued, other work permitting, until the end of the Easter term.

A. The advantages of using a Gramophone Audiometer are:—

- (1) It permits of group testing; a maximum of 20 children can be tested at the same time with the apparatus obtained. This, besides being a time-saving factor, also has the advantage of permitting a true comparison to be made of a child's acuity of hearing compared with the other children tested.
- (2) Any loss of hearing acuity can be measured in definite terms, viz., decibels and any subsequent improvement of hearing following treatment can also be measured.
- (3) Hearing acuity of each ear can be measured separately, which facilitates diagnosis and treatment of any defect present.

B. Method adopted for group testing was as follows:—

- (1) All children were given a test and those children who failed to pass were referred for a second examination approximately 4 weeks later. The purpose of a second test was to discover those children who failed to pass the test due to temporary causes, e.g., cold, sore throat, nervousness, etc.
- (2) Children failing the second test were medically examined to exclude minor causes of deafness, e.g., wax in the ears, etc. Arrangements were made for such children to receive appropriate treatment, either through the School Health Service or otherwise, and were then tested for the third time. It is considered that any child who now fails to pass the test should be referred to an Ear, Nose and Throat Specialist for treatment, and arrangements have been made with practically all the general practitioners in the area by which these children are referred by the School Health Department.

No. of children tested ...	...	...	...	2,107
No. of individual tests ...	...	...	...	2,729

C. Analysis of these figures shows that 88 per cent. of children group tested passed the test and that 12 per cent. failed. Failure to pass the audiometer test may be due to a variety of causes. The 12 per cent. of "double failures" (failure to pass two tests) were medically examined by the School Medical Officer. Suitable cases were advised to obtain minor ailment treatment, such as syringing the ears for wax, the treatment of nasal catarrh, etc. Children so treated were re-tested and to date 36 of the 44 children who fall into this category passed after treatment.

In the schools where the survey has been completed (total number of scholars tested 1,188) 94 children were found to have some loss of hearing not amenable to minor ailment treatment. 21 of these children have been referred to the Ear, Nose and Throat Specialist, the remainder being placed on the observation list and the teacher informed.

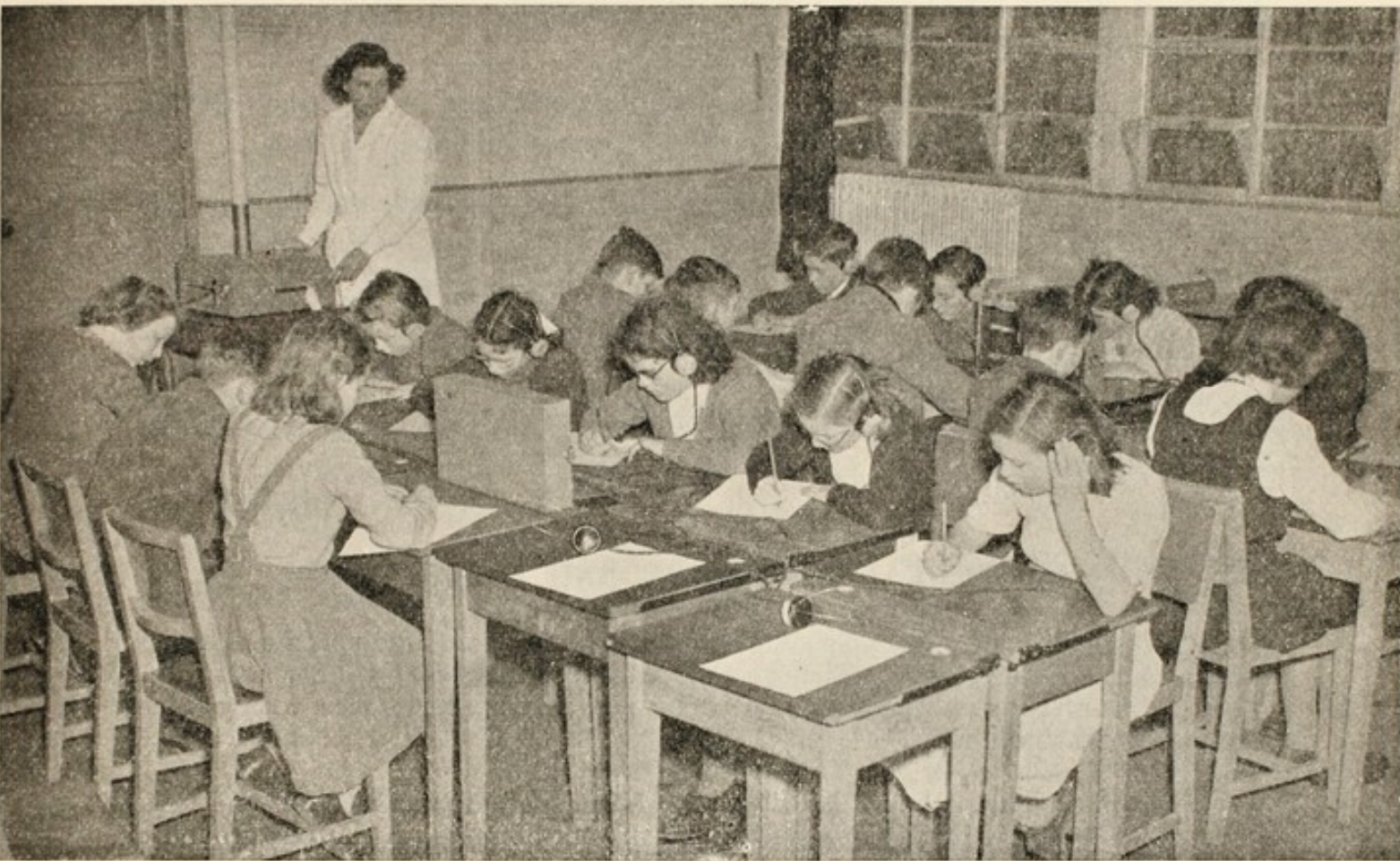
Analysis of these 94 children shows 62 to have partial deafness in one ear and 25 partial deafness in both ears. Of the remainder 5 had total deafness in one ear; 1 total deafness in both ears and one child had total deafness in one ear and partial deafness in the other ear.

Summary.

Group Audiometric examinations were commenced in the South-East Somerset (Yeovil) Divisional Area in October, 1949, and this report covers the period to the 31st March, 1950. A grand total of 2,107 children have been tested, the total number of tests carried out being 2,729. These figures are, from a statistical point of view, small. It is however possible to draw certain conclusions from them and also to record some observations made during the period under review.

Conclusions.

- (1) The apparatus permits of rapid and accurate assessment of hearing acuity in school children, 20 children being examined in approximately 20 minutes. It must be borne in mind that there is extra time spent in arranging examinations, correcting the test papers, treating defects, etc.
- (2) The minimum suitable age at which children can be group tested is 8-9 years, though younger children can be tested using the monitor system.
- (3) The survey has shown that there is considerable partial deafness, otherwise unsuspected, which is amenable to minor ailment treatment carried out by the School Health Service.
- (4) That loss of hearing acuity may be the cause of a child being considered dull and backward. Of the 17 children referred to the Ear, Nose and Throat Specialist on whom education reports had been obtained 5 were very backward, 4 backward and the remaining 8 were considered to be of only average intelligence. It is interesting to note that the percentage of failures in the initial tests is lower amongst pupils attending Grammar Schools and Technical Schools than amongst children attending the Secondary Modern Schools.
- (5) Detection of children who have partial loss of hearing permits of such children being placed in more advantageous positions in the classroom.
- (6) School leavers are tested with the audiometer prior to their final school medical examination. Vocational guidance is given to those children who exhibit a marked degree of deafness, the very severely handicapped being advised to register as Disabled Persons.



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Observations.

It has been observed during the testing that an educable child who has reached the age of 9 years is capable of comprehending the test, if not on the first occasion then at least at the second attempt.

Parental response to the testing has been good. Without exception parents have arranged for the child to obtain any necessary minor treatment and have taken the child to the Ear, Nose and Throat Specialist when advised to do so.

Doctors in this and in nearby districts have sent special cases to be tested. These children have been omitted from the foregoing analysis since they were diagnosed as deaf before being tested. The audiometer was used to confirm the diagnosis and to assess the degree of deafness.

It is fitting to record the helpful co-operation and keen interest shown by the various teaching staffs of the schools visited.

The apparatus has proved satisfactory and has required only one minor adjustment (tightening the needle).

The nearest Hearing Aid Clinic equipped with a Pure Tone Audiometer is in Taunton, 25 miles from Yeovil. It is hoped at a later date to report on the number of children referred to this clinic.

The survey has been carried out by Dr. M. I. Ross, assisted by Miss Rowles, Education Clerk.

PHYSICAL EDUCATION AND POSTURE.

This year has been one of vigour and advancement in all branches of Physical Education and Recreation. The weather has been remarkably fine, sunny and warm, with the result that there has been very little interference with outdoor exercise and swimming.

The schools have taken full advantage of this spell of good weather and many have spent most of the day doing their lessons out-of-doors, in the playground or on grass when possible.

Physical Education Equipment.

A per capita allowance has been made for the purchase of small equipment for the Physical Training and Games lessons. This has provided each school with a good quantity of balls, skipping ropes, hoops, quoits, etc. Climbing and hanging apparatus has been supplied to many schools in the form of low horizontal bars (gymbars) junglegyms and cages. Plimsolls have been provided for all children within the last three years; portable gymnastic equipment such as vaulting horses, balancing benches, landing and agility mats, have been given to primary schools which still retain their children over eleven, and indoor accommodation is sought for these whenever necessary. Many energetic and enthusiastic teachers have been appointed and their presence has made itself felt in the response from the children.

Secondary Schools.

Five of the gymnasia which could not be equipped during the war have this year had wallbars, beams, window ladder and beam saddles supplied. Those Secondary Schools still in old buildings, have, whenever possible, been supplied with a Somerset Cage, a steel-tubing erection which acts as an outdoor gymnasium.

Playing fields throughout the County have increased in number, and the surfaces have had attention, in some cases by groundsmen, in others by the boys and their masters. The outcome from these material improvements has been a general advance in the skills of physical activities and the standard of play in all games.

Games.

It has been possible to concentrate more on Junior games; skittle-ball (a leading-up game to netball and rugby football) and a modified game of Rounders have been taught and much enjoyed by boys and girls 9—11 years. Great strides have been made in Association Football, and more schools are playing Rugby. The coaching schemes which have been provided by both the Football Association and the Rugby Union have brought excellent results. Cricket also is becoming more generally played as more grounds and tackle become available. For girls, netball is the most popular winter game and schools playing hockey are on the increase. The usual summer game is Rounders but an effort is being made to give all girls—and those boys who desire it—a chance to score and learn the game of tennis before they leave school. This is the game which has the most carryover value into post-school life.

Athletics as a major school activity is on the increase. Three big County events now take place annually—

- (1) A Junior Meeting, for children 8 to 11, when short flat races, low hurdles, jumping, throwing a tennis ball, and team games constitute the events.
- (2) A Senior Meeting, which comprises serious athletics, flats, hurdles, jumps, Javelin and Discus throws, Shot-putt and Relays for boys and girls over 11 and under 17.
- (3) A Youth Meeting which follows a similar programme to the Seniors.

Swimming.

It is the aim of the Education Committee that every school child shall have the opportunity to learn to swim. The Baths, four covered, and nine outdoor, are situated in such parts of the County that this ideal cannot be attained. There are spots so remote that transport is out of the question, e.g. Dulverton. As far as is practicable (transport being allowed up to eight miles) all Clevedon children are given the opportunity to have swimming instruction.

Films have played a large part in the training and coaching of various activities. The Physical Education, Association and Rugby Football, Cricket, Athletics and Swimming Films have been shown to many teachers' classes, children and youth groups.

The Somerset County School Games Association has functioned throughout the year in all its branches:—Athletics, Association and Rugby Football, Cricket, Hockey, Netball and Swimming. A representative Athletics team attended the English Schools inter-County Meeting at Carshalton. Inter-County matches have been played in Soccer, Rugger and Cricket.

Further Education.

Teachers' classes have been held as follows:—

Bridgwater	...	Athletics	...	...	four-day residential.
Yeovil	...	"	...	...	one session.
Taunton	...	Hockey	...	...	two days.
Dulverton	...	Junior Games	...	...	two sessions.
Minehead	...	"	...	...	"
Williton	...	"	...	...	"
Bath	...	Hockey	...	...	two days.

Physical Training.

Bath	...	for men and women	...	five sessions.
Bridgwater	...	"	...	four "
Dulverton	...	"	...	two "
Minehead	...	"	...	two "
Watchet	...	"	...	two "
Langport	...	"	...	four "
Bridgwater	...	Infants' teachers	...	four "
Taunton	...	Swimming	...	one "

Leaders' Courses (these have also included teachers) have been held:—

Bridgwater	...	Athletics	...	four-day residential.
Taunton	...	Physical Recreation	...	seven sessions.
Bath	...	Ballroom Dancing	...	four "
Yeovil	...	Swimming	...	twelve "
Weston-s.-Mare	...	Tennis	...	twelve "

Physical Activities have taken a fuller share in the programmes of the Evening Institutes during 1949. Co-operation with the Voluntary Organisations, particularly the Central Council of Physical Recreation, has made possible a wide range of health-giving exercise in the form of Archery, Athletics, Boxing, Fencing, Football, Dancing, Hockey, Swimming, Netball, Tennis, Canoeing and Youth Hostelling.

Posture.

Throughout the year the value of good posture is emphasised and the methods of maintaining and improving are stressed in all branches of Physical Education, especially in Classes for Teachers and at school visits. Much attention is given to the care and exercising of the feet.

Organisers have spent occasional days with the orthopædic surgeons in the clinics; much help and knowledge are gained at these visits. All cases of bad posture and/or physical defect notified by the School Medical Officer have been followed up in the schools by the Organisers. Especial help has been given at the Compton Bishop Home.

Posture exercises have been given daily by the teachers to all the children at the Sandhill Park Special School with very beneficial results. These children are now playing football and netball matches against other schools very successfully and happily.

(Signed) M. A. SMITH.

G. J. G. FITZGERALD.

Chief Organisers of Physical Education.

CHILD GUIDANCE.

The following is the return for the year ended 31st December, 1949:—

Cases referred	...	...	...	...	...	...	490
Cases investigated by Psychiatrists	...	...	...	...	...	...	433
Cases seen by Psychologists	...	...	...	...	...	...	413
School and Hostel Visits paid by Psychologists	...	...	...	...	...	...	396
Home Visits and Clinic interviews by P.S.W.s	...	...	...	...	...	...	1,338
Hostel Visits by P.S.W.s	...	...	...	...	...	...	87
School Visits by P.S.W.s	...	...	...	...	...	...	85

Treatment.

Psycho-therapy by Psychiatrists	...	...	...	...	...	96
Drug-therapy	..	..	...	...	...	128
Play-therapy by Psychologists	...	...	...	...	...	10
Remedial Coaching by Psychologists	...	...	...	...	...	2

There has been an increase in the number of cases referred and a large increase in the number of School and Hostel visits by the Psychologists. The strength of the team was increased by the appointment of three Psychologists last September.

The decrease in home visits and interviews by the Psychiatric Social Worker reflects the reduction in the Staff when Miss Hasler resigned at the end of July.

The volume of work carried out by the remaining Social Worker single-handed for the last five months of the year is remarkable, but naturally it is impossible for her to cover all the families involved, and, in particular, the treatment of mal-adjusted children suffers in the absence of sufficient trained Staff to advise the parents.

About a quarter of the cases referred are recommended for individual psychological treatment. A half do not need psycho-therapy, but respond to adjustments in the School regime, or in alterations in their management by the parents or guardians, under the guidance of the Social Worker. About the other quarter of the cases referred are recommended for treatment by medicine. This includes a large group of enuretics and a considerable number of epileptics, and other children suffering from abnormal cerebral rhythms, whose treatment by drugs needs specialist supervision.

Here, the part played by the Electro-encephalographic Department is very valuable, and a separate note has been prepared by Dr. Sessions Hodge.

Hostels.

Hostel placement for the maladjusted child is proving of great value in Child Guidance work in the County, and the frequent requests for placement from other Authorities is an indication of the need for a wider recognition of this form of in-patient treatment, which avoids the hospital atmosphere while giving the necessary individual care, observation and supervision by the Clinic team.

The following table shows the number of children treated during 1949, and the disposal of those leaving the hostels:—

	Halcon House (Girls).	Southfields (Boys).
Total number of cases treated	30	31
Discharged to parents	15	14
do. foster homes	2	3
do. children's homes	2	5
do. boarding schools	3	1
do. work	—	—
Total number discharged ..	22	23

It should be noted, with reference to the above table, that throughout the child's stay in the Hostel close contact with the parents 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, and their response to treatment:—

Reasons for Referral.	Halcon House.		Southfields.	
	No. of Cases.	Improved.	No. of Cases.	Improved.
Enuresis and Soiling ...	3	2	8	5
Sex difficulties	2	2	2	2
Temper tantrums	9	8	3	2
Stealing	2	1	7	5
Anxiety and Fears	5	4	3	2
Psychopathic behaviour...	3	1	0	0
Beyond control	6	4	5	4
Psycho-somatic disorders.	0	0	3	3

Electro-Encephalographic Department.

Dr. Sessions Hodge reports as follows:—

The Electro-encephalographic Department at Musgrove Park Hospital has played its full part in the diagnosis and treatment of cases sent to the Child Guidance Clinics.

New cases examined in 1949 total 130—repeat cases total 139—making 269 children examined for this Clinic.

One of the most useful applications of this method of investigation—the electrical recording of the activity of brain cells taken continuously on a moving strip of paper while the subject reclines on a couch—is in the checking at appropriate intervals of the patient's response to treatment.

In no case is this more important than in the treatment of severely epileptic children. The situation of a child liable to sudden attacks of clouding or loss of consciousness, with or without a convulsive seizure, must give rise to anxiety. The effect upon home surroundings, school surroundings and risk to life can readily be imagined, the anxiety of parents easily understood.

The use of modern anti-convulsant drugs has vastly improved our control of the epilepsies and the use of electro-encephalography has greatly aided in our appreciation of the mode of application of these drugs. But they call for careful and understanding administration and we are grateful for the co-operation of the general practitioners who deal with these cases. Further development of this group of drugs is expected.

The E.E.G. enables us to check not only the response as reported to us, but the actual degree of control of the brain cells' activity from week to week. In some cases a "clinical improvement" is reported which is not paralleled in the E.E.G., but in most cases improvement can be shown in the actual electrical recording. It is perhaps worth mentioning that in three severe cases all attacks have been adequately controlled—both to observation and to E.E.G. finding, and one case having a history of a fit approximately every three minutes has had no attack at all for over two years.

"No improvement" is reported in two cases where an unco-operative home environment has precluded the adequate use of drugs.

Lack of Clinic time and of sufficient apparatus has prevented the proper "follow-up" of seventeen cases and at present the same lack makes sufficiently frequent re-examination impossible. An additional Clinical Session is suggested to meet this need and we have applied for additional apparatus.

In all 44 cases have been examined and reported upon for the Juvenile Courts at this Clinic alone. It is not possible to follow up the progress of these cases.

"Photic stimulation"—a method of intensive investigation of brain cell activity—is employed in all cases. The use of further methods is in process of elaboration and all such research is carried out in close collaboration with the Burden Neurological Institute.

The appended tables summarise the activity of this E.E.G. Department vis-à-vis the Child Guidance Clinic.

Electro-encephalographic Department.

1949.						
New cases	...	...	...	...	...	130
Retests	...	...	...	...	...	139
Total						269
No. of cases reported on for the Juvenile Courts						44

Numbers of epileptics.

Diagnosis on clinical examination alone.	Diagnosis on E.E.G. findings.	Diagnosis on clinical and E.E.G. findings.
7	23	7
Total		37

Abnormal records (not epileptic).

Spontaneous.	On photic stimulation.	Total.
71	17	88
Normal records—5.		

Cases on drug treatment.

Hydantocate treatment.	Other drugs.	Total.
13	58	71

Response of Epileptics to Drug Treatment.

Clinically improved	...	13 (including improved on retest by E.E.G., 10)
Not improved	...	3
Not yet examined by E.E.G.		17
Epileptics not receiving drugs		4

Electro-Encephalographic Investigation.

130 new cases were referred in order to confirm or exclude a diagnosis of epilepsy.

139 cases were also re-examined in order to check progress.

A diagnosis of epilepsy was made in 37 cases, in 30 of these cases the diagnosis was based on the E.E.G. findings.

13 cases were treated by the modern drug therapy, *i.e.* the hydantoinate group of drugs, which in selected cases, gives infinitely better results than barbiturate and/or bromide therapy.

88 cases, although found to be not epileptic, showed other forms of brain disturbance and were given appropriate drug therapy.

Of the 37 cases of true epilepsy, the results of drug treatment were that 13 were reported to have had no further fits, and in 10 of the 13, the E.G.G. findings, which may be more sensitive even than the clinical results, showed parallel improvement.

17 cases were still awaiting re-examination at the end of the year.

From consideration of the severity of the 13 cases whose fits had entirely ceased, it is a reasonable inference that had they not been so treated they would inevitably have become institution cases.

The medical, social, and financial implications of the preceding sentence merit deep consideration by all who carry the responsibility for these difficult cases.

The research into treatment of enuresis has been steadily prosecuted and the completed paper should be ready for presentation in 1950.

The following papers have been read to appropriate Societies or published:—

Report on the Düss Projection Test.

Dr. Frank Bodman and Dr. R. Sessions Hodge.

Hormone Treatment of the Sexual Offender.

Prof. F. L. Golla and Dr. R. Sessions Hodge.

The following Conferences have been attended and at each some contribution has been made:—

Royal Medico-Psychological Association.

Inter-Clinic (National and South-West Region).

International E.E.G. Congress (in Paris).

S.E.P.E.G. Conference, Bâle, Switzerland.

The Inter-Clinic Conference (South-West Region) was held at Musgrove Park Hospital for two days in October.

SPEECH THERAPY.

Due to the shortage of trained Speech Therapists, this service is still far from complete although the appointment in 1949 of a second part-time officer in addition to the one full-time officer, giving a total of three, has contributed to an increase in the total attendances from 1,336 to 3,815. Nevertheless far too many applications for treatment have to be refused.

Speech defect is often merely one feature of a clinical or social background out of harmony and therefore our Speech Therapists have very wisely insisted upon working in close co-operation with the parent, the family doctor, the school doctor, the health visitor, the teacher and last but not least the Child Guidance team.

It is difficult to give statistical evidence of the good results obtained but the informal reports received from all quarters leave one in no doubt as to the value of this service.

In view of the foregoing it is even more disappointing to note that the enthusiasm of the parents shows a marked cooling off in the school holidays as is shown by the reduced attendances.

Clinics are held at Taunton, Bridgwater, Weston-super-Mare, Frome, Glastonbury, Radstock, Shepton Mallet, Clevedon and Bath.

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

No. of clinics held in North Somerset Area	...	...	425
„ „ South Somerset Area	...	...	133
„ „ North-West Somerset Area	...	...	25

	Taunton.	Bridgwater.	North Somerset Area.	North-West Somerset Area.	Total.
Children under treatment on Jan. 1st, 1949	16	10	56	0	82
Fresh cases treated	41	25	47	18	131
Discharged	33	22	35	0	90
Remaining under treatment Dec. 31st, 1949	24	13	68	18	123
Total attendances	1,156	689	1,883	87	3,815

Types of cases treated:—

	North Area.	South Area.	North-West Somerset Area.	Total.
Stammers	29	30	3	62
Dyslalias (Disordered Speech)	63	37	15	130
Sigmatisms (Lisps)	7	15	0	16
Cleft Palate	4	9	0	5
Spastics	4	1	0	5
	103	92	18	213

MASS RADIOGRAPHY UNIT.

In December, 1949, the Mass Radiography Unit visited Yeovil. The parents of all school children who were due to leave Secondary Modern Schools within 12 months, and of pupils 15 years and upwards attending Grammar Schools and the Technical School, were circularised and advised to have their children examined.

Appointments were arranged for 228 children (250 were examined in 1948). As a result of the examination two children, one boy and one girl, were found to be active cases of pulmonary tuberculosis and two girls were found to have inactive primary lesions.

With regard to the girl with the active lesion, arrangements were made for her immediate admission to a Sanatorium and she is now progressing satisfactorily. It is interesting to note that an elder sister also had pulmonary tuberculosis but she was not notified until after the younger sister was diagnosed.

ORTHOPÆDIC SERVICE.

Since July 5th, 1948, this service has become the responsibility of the Regional Hospital Board who are responsible for the whole of the cost.

The County Council, however, at the request of the Board, have continued to run the service acting as agents of the Board, and there appears to be no immediate likelihood of any change in this position.

The statistics for the purpose of this report are presented in a somewhat different manner as they are confined to children of school age and therefore the numbers are smaller than in previous years.

The outbreak of poliomyelitis in Somerset in 1947 had immediate repercussions on the Orthopædic Service as is illustrated by the following statistical statement:—

Total number of school children notified	...	...	...	...	...	24
„ admitted to Fever or other Hospitals	...	...	...	...	...	21
„ seen at Orthopædic Clinic only	...	...	...	...	...	2
„ treated at home only	...	...	...	...	...	1
Number transferred to Bath Orthopædic Hospital	...	...	...	...	...	9
„ subsequently discharged for Clinic supervision and treatment	...	...	...	...	...	6
„ still in hospital	...	...	...	...	...	3
„ of deaths	...	...	...	...	...	1
„ discharged from Fever Hospitals for Clinic treatment	...	...	...	...	...	4
„ discharged from Fever Hospitals not requiring further treatment	...	...	...	...	...	10

Miss Forrester Brown in an interesting commentary on the Poliomyelitis outbreak makes a strong plea for the admission of such cases direct into Orthopædic Hospitals rather than into Fever Hospitals.

She points out that if wards could be provided with barrier nursing technique during the first three weeks from onset as is done at Bath where no secondary cases have ever occurred, then the cases could receive more experienced nursing and management. Bath Orthopædic Hospital has not had a fatal case from those admitted within the first week. Furthermore, the very severe cases would only have one ambulance journey and that when they are best able to stand the journey. The orthopædic surgeon on whom falls the main responsibility for treatment would be in direct charge of the case from admission to hospital until final discharge from the Out-patient Clinic.

Further to Miss Forrester Brown's argument it should be pointed out that as a special arrangement all the polio cases admitted to Taunton Isolation Hospital were given daily supervision and treatment by Orthopædic Surgeons and Sisters who willingly gave up their time for this extra work.

A further very important point on this question is that at the time of an outbreak a very large proportion of the cases sent to hospital are doubtful cases which subsequently prove to be non-polio. Such cases if sent direct to an orthopædic hospital would undoubtedly prove a serious embarrassment at a time when the shortage of barrier nursed beds is bound to be acute.

Mr. Price notes a decline in surgical tuberculosis and that less than 10 per cent. now are due to the bovine *T. Bacillus* which is a tribute to the work done in improving milk supplies.

Frank rickets is completely absent, but there are a lot of bow legs probably due to early walking by heavy babies.

The co-ordination of treatment for spastics still appears defective, Special Centres for them being the probable solution. Mr. Price concludes by emphasizing the large number of postural deformities, which, he thinks, may be due to overcrowding in the schools and general fatigue of school children produced by overcrowding and the difficulties of post-war home conditions.

School Children, New Cases in 1949.

Tuberculosis of bones and joints	...	...	...	...	...	...	5
Infantile paralysis (poliomyelitis)	...	...	...	...	...	...	21
Other paralytic conditions	...	...	...	...	...	...	4
Osteomyelitis	...	...	...	...	...	...	1
Dislocation of hip, congenital	...	...	...	...	...	...	4
Club foot	...	...	...	...	...	...	4
Torticollis	...	...	...	...	...	...	7
Other congenital deformities	...	...	...	...	...	...	54
Deformities of spine, Kyphos and Scoliosis	...	...	...	...	...	...	41
Flat feet (with or without other postural deformities), Hallux Valgus,							
Claw toes	...	...	...	...	...	...	57
Knock knees	...	...	...	...	...	...	38
Bow legs	...	...	...	...	...	...	9
General defects in posture	...	...	...	...	...	...	48
Injuries and accidents	...	...	...	...	...	...	4
Other defects and deformities, including arthritis	...	...	...	...	...	...	42
Spastics	...	...	...	...	...	...	8
Total							347

INFECTIOUS DISEASES.

In 1949 39 schools or departments were closed for outbreaks of infectious diseases. The particular diseases for which closure was advised were Measles 2, Measles, Scabies and Influenza 1, Whooping Cough and Bronchitis 1, Whooping Cough 3, Scarlet Fever 1, Mumps 1, Influenza 1, Poliomyelitis 29.

DIPHTHERIA IMMUNISATION.

The good results of this scheme continue to be reflected in the vital statistics of the County, there being only 2 cases of diphtheria notified in 1949, neither of which were immunised.

The tables show that only 604 school children received primary injections, but this is largely due to the fact that two out of every three children are immunised prior to entering school. No less than 5,823 school children received reinforcement injections, this work being carried out almost entirely by the school medical officers.

The general practitioners immunise some 45 per cent. of the pre-school children immunised.

Urban Areas.

District.	Total Live Births, 1948.	1st and 2nd injections given during the year.		3rd injections given during the year ending 31st December, 1949.
		Under 5.	5 - 14.	
Bridgwater ...	451	221	5	128
Burnham ...	164	83	9	38
Chard ...	95	72	0	18
Clevedon ...	128	81	1	44
Crewkerne ...	67	54	3	26
Frome ...	179	166	10	27
Glastonbury ...	74	70	15	35
Ilminster ...	54	14	6	101
Keynsham ...	106	20	2	124
Minehead ...	86	87	12	46
Norton Radstock	199	105	33	209
Portishead ...	78	20	21	31
Shepton Mallet	99	79	10	53
Street ...	115	119	6	108
Taunton ...	535	374	29	450
Watchet ...	52	33	0	29
Wellington ...	93	73	0	64
Wells ...	81	61	10	124
Weston-s.-Mare	622	312	84	416
Yeovil ...	384	417	71	444
Totals ...	3,692	2,461	327	2,515
Totals Adminis- trative County	7,878	5,190	604	5,823

Rural Areas.

District.	Total Live Births, 1948.	1st and 2nd injections given during the year.		3rd injections given during the year ending 31st December, 1949.
		Under 5.	5 - 14.	
Axbridge ...	446	340	62	339
Bathavon ...	375	193	21	499
Bridgwater ...	355	180	15	215
Chard ...	215	126	17	243
Clutton ...	320	226	10	38
Dulverton ...	83	71	2	45
Frome ...	180	114	2	34
Langport ...	221	141	6	211
Long Ashton ...	419	199	46	188
Shepton Mallet ...	201	99	7	133
Taunton ...	298	187	0	201
Wellington ...	122	82	1	58
Wells ...	169	79	37	198
Williton ...	183	143	13	170
Wincanton ...	275	210	8	179
Yeovil ...	324	339	30	557
Totals ...	4,186	2,729	277	3,308

SCHOOL HYGIENE.

The following table indicates that less than 50 per cent. of the schools have modern water closet facilities although 80 per cent. have a piped water supply.

This unsatisfactory state of affairs is due to several factors amongst which are:—

- (1) Cessation of all improvements during and immediately after the war.
- (2) The position whereby some 25 schools per year are now becoming the sole responsibility of the Local Education Authority for the first time.
- (3) The existing general economic difficulties.

In the last two years only five schools have had their offices converted although in some 12 others the tender stage has been reached. It is clear that this rate of progress is seriously inadequate, and it is suggested that more time and money be allocated to converting at least the more primitive offices to modern water closets.

Sanitary Conditions.

			No. of Schools.		Piped water supply.		Modern water closets.	
					With.	Without.	With.	Without.
County	...	...	277		200	77	83	194
Weston-super-Mare			49		49	—	43	6
Taunton	...	...	59		44	15	39	20
Yeovil	...	...	43		43	—	23	20
Bridgwater	...		51		51	—	36	15
			479		387	92	224	255

Dust on School Floors.

Health and cleanliness both demand that dust on school floors needs effective control. Following experimental investigation it was found that proprietary preparations are far superior to wet sawdust, etc., and in May, 1949, all schools were informed of the Education Committee's decision that a proprietary preparation could be used. 176 schools asked for supplies and commenced to use the compound in September, 1949.

Organised Swimming Instruction—Swimming Pools.

The cleanliness of swimming pool waters was kept under observation by routine visits and laboratory examination during the period of organised swimming instruction. This was, in the main, carried out by District Sanitary Inspectors.

The use of three baths was stopped for a short period until a satisfactory standard was reached when they were brought into re-use.

HANDICAPPED PUPILS.

The problem of finding suitable accommodation for Handicapped Pupils in Special Schools is as acute as ever as far as the Educationally Subnormal Category is concerned. Residential accommodation for these children is woefully inadequate. The vacancies that occur are allotted to the most pressing cases but there are still children in Children's Homes and children living under very undesirable conditions with their own parents, who would derive not only educational but considerable social advantage by placement in a Special Residential School. Quite apart from these there are a number of children with good home backgrounds who would become all the better citizens for having had a schooling specially planned to develop their mental capacities to the full.

The waiting lists for entrance to Special Schools for Physically Handicapped Pupils are still long. The delay in getting a child into a Deaf School or a Colony for Epileptics is still about a year.

Three cases of spastic paralysis were admitted to the new school opened at Ivybridge in October but the high cost precludes any but very carefully selected cases with average intelligence being offered admission. The most difficult type of handicapped child to place is that with a double defect, particularly the one that has epilepsy combined with mental retardation to any degree or maladjustment.

**Handicapped Pupils requiring Education at Special Schools
or Boarding in Boarding Homes.
Year ending Dec. 31st, 1949.**

	(1) Blind.	(2) Partially Sighted.	(3) Deaf.	(4) Partially Deaf.	(5) Delicate.	(6) Physically Handicapped.	(7) Educationally sub-normal.	(8) Maladjusted.	(9) Epileptic.	TOTAL 1—9.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
In the calendar year :—										
A. Handicapped Pupils <i>newly placed</i> in Special Schools or Homes.	5	2	3	—	—	7	31	2	1	51
B. Handicapped Pupils <i>newly ascertained</i> as requiring education at Special Schools or boarding in Homes.	—	—	3	1	11	19	148	3	1	186
On or about December 31st :—										
C. Number of Handicapped Pupils from the area—										
(1) attending Special Schools as—										
Day pupils	—	—	—	—	—	—	—	—	—	—
Boarding pupils ...	20	3	22	—	2	11	108	2	7	175
(2) Boarded in Homes ...	—	—	—	—	2	—	—	—	—	2
(3) attending assisted schools (under approved arrangements)	—	—	—	—	—	—	2	2	—	4
(4) requiring special education in a Progress Class of an ordinary school	—	—	—	—	—	—	733	—	—	733
Total (C)	20	3	22	—	4	11	843	4	7	914
D. Number of Handicapped Pupils from the area requiring places in special schools or Homes but remaining unplaced.	2	2	10	2	21	41	338	5	10	431
E. Number of Handicapped Pupils receiving home tuition (including those also returned in D).	—	—	—	—	—	1	—	—	—	1

Number of children reported as ineducable during the Calendar Year under
Section 57 (3) of the Education Act, 1944—53.

TABLE 1.

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED,
PRIMARY AND SECONDARY SCHOOLS IN 1949.**

A.—Periodic Medical Inspections.

Number of Inspections in the prescribed Groups—

Entrants	...	...	...	...	...	...	...	...	6,152
Second Age Group	...	...	...	...	...	...	...	...	5,337
Third Age Group	...	...	...	...	...	...	...	...	3,532
Total									15,021

Number of other Periodic Inspections 203

Grand Total ... **15,224**

B.—Other Inspections.

Number of Special Inspections	...	...	...	...	...	...	7,283
Number of Re-inspections	...	...	...	...	...	...	25,940
Total							33,223

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	102	1,231	1,264
Second Age Group	262	747	929
Third Age Group	147	340	451
TOTAL (prescribed Groups)..	511	2,318	2,644
Other Periodic Inspections...	63	92	152
Grand Total ...	574	2,410	2,796

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended
31st December, 1949.

DEFECT or DISEASE. (1)	Periodic Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment. (2)	Requiring to be kept under observation, but not requiring treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation, but not requiring treatment. (5)
Skin	120	197	535	141
Eyes—(a) Vision	574	844	980	774
(b) Squint	120	183	150	147
(c) Other	91	531	178	140
Ears—(a) Hearing	12	92	50	64
(b) Otitis Media	27	132	32	38
(c) Other	98	225	105	163
Nose or Throat	492	2,250	843	1,199
Speech	43	162	75	117
Cervical Glands	24	836	41	478
Heart and Circulation	71	309	113	208
Lungs	162	970	247	660
Developmental—(a) Hernia	23	64	30	24
(b) Other	74	266	76	124
Orthopædic—(a) Posture	267	663	270	476
(b) Flat Foot	278	415	362	205
(c) Other	454	874	464	474
Nervous system—(a) Epilepsy	12	18	9	26
(b) Other	58	332	101	285
Psychological—(a) Development	72	323	190	340
(b) Stability	18	102	25	44
Other	143	407	385	539

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

Age Groups. (1)	Number of Pupils Inspected (2)	A. (Good)		B. (Fair)		C. (Poor)	
		No. (3)	% of col. 2. (4)	No. (5)	% of col. 2. (6)	No. (7)	% of col. 2. (8)
Entrants	6,152	3,178	51.6	2,861	46.5	113	1.8
Second Age Group	5,337	1,806	33.8	3,428	64.2	103	1.9
Third Age Group	3,532	1,557	44.1	1,936	54.8	39	1.1
Other Periodic Inspections ..	203	66	32.5	136	67.0	1	0.5
Total	15,224	6,607	43.4	8,361	54.9	256	1.7

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							3
(ii) Other treatment							2
Ringworm—Body							15
Scabies							33
Impetigo							135
Other Skin Diseases							269
Eye Disease							225
Ear Defects							267
Miscellaneous							2,550
Total							3,499

(b) Total number of attendances at Minor Ailments Clinics ... 14,553

Group II.—Defective Vision and Squint.

							Number of Defects dealt with.
Errors of Refraction (including squint)							3,947
Other defects or diseases of the eye							55
Total							4,002
							Total number treated.
Number of Pupils for whom spectacles were—							
(a) Prescribed							1,589
(b) Obtained							(information not available).

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

Received operative treatment—							
(a) for adenoids and chronic tonsillitis							...
(b) for other nose and throat conditions							...
Received other forms of treatment							...
Total							...

(Results of reference not ascertainable.)

Group IV.—Orthopædic and Postural Defects.

*(a) Number treated as in-patients in hospitals or hospital schools							120
(b) Number treated in clinics							2,942

*As far as can be ascertained.

