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**Contributors**

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# Torquay Education Authority.

**YEAR 1926.**

NINETEENTH

# Annual Report

ON THE

MEDICAL INSPECTION AND TREATMENT

OF

## Elementary School Children

ALSO

NINTH ANNUAL REPORT

ON THE

MEDICAL INSPECTION OF SCHOLARS

IN THE

## Torquay Secondary School

TOGETHER WITH THE

ANNUAL REPORT OF THE CHILDREN'S CARE COMMITTEE.

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BRITISH NATURAL HISTORY MUSEUM
66
OCT

# Torquay Education Authority.

**YEAR 1926.**

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# STAFF.

*School Medical Officer:*
T. DUNLOP, M.B., D.P.H.

*Assistant School Medical Officer:*
J. V. A. SIMPSON, M.D., D.P.H.

*Ophthalmic Surgeon:*
D. WILSON, M.B., B.S.

*Dental Surgeon:*
L. STRANGWAYS, L.D.S.
*(Resigned 31st May, 1926).*

MISS W. M. HUNT, L.D.S.
*(Appointed 1st Sept., 1926).*

*School Nurse:*
MISS F. M. HUGHES.

*Clerk:*
MISS E. VYLE.

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## BOROUGH OF TORQUAY.

| | |
|---|---|
| AREA OF BOROUGH (in acres) ... ... | 3,858 |
| POPULATION (1921 Census) ... ... ... | 39,432 |
| NUMBER OF SCHOOLS ... ... ... | 14 |
| NUMBER OF DEPARTMENTS ... ... ... | 23 |
| SPECIAL SCHOOL FOR PHYSICALLY DEFECTIVE ... | 1 |
| AVERAGE ATTENDANCE ... ... ... | 3,297 |
| AVERAGE ATTENDANCE AT SPECIAL SCHOOL ... | 74 |
| AVERAGE NUMBER ON THE SCHOOL REGISTERS ... | 3,775 |

BRITISH MUSEUM 66

*To the Chairman and Members of the Torquay Education Authority.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Nineteenth Annual Report on the Medical Inspection and Treatment of Scholars attending the Elementary and Secondary Schools of the Borough.

CHANGES IN THE STAFF.—I regret to record the resignation of Mr. L. Strangways, who had been part-time Dental Surgeon for 14 years. During this period the work had increased ninefold. He has the satisfaction of knowing that his efforts have established this branch of treatment on a sound basis. Further, he was always actuated by the desire to educate both the parents and the children into the value of preservation of the teeth. Taking into consideration the great increase in the work, it was felt that the time had arrived when it was necessary to appoint a whole-time Dental Surgeon. This was emphasised by a request from the Maternity and Infant Welfare Committee for the services of the Dental Surgeon on one half-day a week, thus making it possible for dental treatment to be carried out both before and during the children's school life, and complying with the Board of Education's suggested co-operation between the two Committees. Miss W. M. Hunt, L.D.S., was appointed, and took up her duties at the end of the summer holidays. Her report appears for the last term of 1926.

The Report this year contains a full record by Dr. Simpson on the work carried out in the Elementary and Secondary Schools. As desired by the Board, he has continued his series of investigations into the ventilation of schoolrooms as indicated by the Kata-thermometer. He also shows that certain schools which have improved their ventilation not only satisfy the conditions for good readings by the Kata-thermometer, but the teachers are appreciative of the better working conditons and the alertness of their pupils.

The results obtained by the use of the Open-Air School proves how invaluable this establishment is in the education of delicate children. It seems difficult to understand how we managed before its introduction.

The report of the Ophthalmic Surgeon, Dr. Wilson, is highly satisfactory. It is a matter for congratulation that there is no child in attendance at our schools with defective vision who has not received treatment, also practically every child for whom spectacles are prescribed obtains them, and furthermore uses them. The results obtained by the treatment of children under school age is now very apparent, many of those suffering from decided squints being quite cured.

The treatment of tonsils and adenoids by Mr. Fenton at the Torbay Hospital continues to show very satisfactory results; the benefits to the patients being remarkable, not only in their personal health but also in their brightened intelligence.

The line adopted by your Committee in sending crippled children to the Bristol Orthopœdic Hospital has been of immense value to the children concerned. We cannot speak too highly of benefits of the operative treatment carried out there, so that patients are enabled to attend school and take full advantage of their education.

I desire again to record my thanks to the Education Committee for the help and sympathy freely extended to this branch of their work, and to all the members of the staff for the conscientious way in which their duties have been carried out.

We have also received ready co-operation from teachers and outside agencies, and to them our thanks are due.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

T. DUNLOP.

# MEDICAL INSPECTION & TREATMENT
## OF THE
# ELEMENTARY SCHOOL CHILDREN
# 1926.

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*The School Medical Officer,*
*Torquay.*

SIR,

I have the honour to submit the NINETEENTH ANNUAL REPORT on the Medical Inspection and Treatment of the Elementary School Children.

## I. Staff.

During the early months of the year Mr. Ludlow Strangways, L.D.S., resigned his appointment to retire from active work: and he left the Staff on 31st May after 14 years of part-time service. Miss W. M. Hunt, L.D.S., was appointed on September 1st as a whole-time officer, and a small part of her services (approximately one session a week) is to be given to Maternity and Child Welfare work under sanction of the Ministry of Health.

Otherwise the staff which is detailed at the beginning of the Report has remained unaltered during the year.

## II. Co-ordination.

The arrangements for the co-ordination of the work of the School Medical Service with that of the Health Department are very complete, and considerable advantages accrue from such a satisfactory state. The same Medical Officer who carries out the routine school work attends the Maternity and Child Welfare Centres, and it is found that this is very useful, for the one doctor supervises the health of the children from birth right through to school leaving age. By getting to know

more thoroughly the parents, who often have children at school as well as infants attending the Welfare Centres, it is frequently easy to get incipient defects remedied in the child of pre-school age so that he may start school without any handicap: and this is especially important where the children are not sent to school until five years of age. Mothers sometimes get to appreciate the early signs of defects, for example, of enlarged tonsils and adenoids, and come to the Welfare for advice because the elder brother or sister at school has been successfully treated.

All the clinic and other treatment facilities are available for the pre-school child. In 1926, four tonsil and adenoid cases were thus treated by operation in children not at school under five; 22 early squint and other eye cases were referred to the school clinic for treatment which was satisfactorily obtained, glasses being ordered in eight of these; 12 otorrhœa cases were cured at the clinic, and nine children with rickets and seven with slight talipes and infantile paralysis referred for treatment. Three crippled cases were sent to Bristol for expert operative treatment and the provision of appliances where necessary. Many minor ailment cases were treated at the clinic and in all 195 babies and young children made 567 attendances.

Further, the extension is now available of the facilities of the school dental service to include the inspection and treatment of the pre-school child, and this will be of considerable benefit. It is hoped to try and get each case attending the infant welfares to come to the dental surgeon for inspection, and treatment, if necessary, as early as possible in the child's life; and to return for periodical re-examination before reaching school age. This should prove invaluable in attacking at its beginnings the problem of dental disease.

In addition, the Health Visitor gives most valuable information about many cases, especially those which do not come to an Infant Welfare, as they approach school age; and as she attends the Welfares each week at the same time as the Medical Officer, he is kept in constant touch with a very large number of pre-school children, especially the defective cases.

It is through the kind co-operation of the Education and the Maternity and Child Welfare Committees that this is possible, and I am convinced that it affords a striking testimony to the efficacy of co-ordinated effort—such as is by no means always attained—with obvious benefit to the child.

## III. The School Medical Service in relation to Public Elementary Schools.

Several improvements in the school buildings have been effected during the past year.

Very satisfactory alterations have been carried out in the drainage systems at Torwood, Abbey Road and Tor Schools. At Ilsham School improvements have been made in the ventilation, and in Ellacombe Girls' School structural alterations were effected; while at St. James' School the windows have been considerably improved by the installation of hopper types and of more windows that can be opened.

At St. Marychurch Boys' School radical structural improvements are in progress which will bring most of the building up to modern requirements; while the new school at Westhill is approaching completion and will be occupied, it is anticipated, early in 1927, when the condemned schools of St. Marychurch Girls', St. Marychurch Infants' and Hele will be discontinued.

Further reference may be made to the report on Ventilation (Appendix A), which I have continued from the two previous years. It is gratifying to notice the satisfactory ventilation at the three schools, Ilsham, Ellacombe Girls' and Ellacombe Boys': and the full details of the experiments with the Kata-Thermometer, and of the alterations carried out to the buildings, are given in the appendix mentioned. The improvements to the windows in St. James' School were not carried out until late in the year, and I was not able to repeat the experiments there: but further Kata-Thermometer readings are now being taken and they will be submitted on a subsequent occasion.

It may be urged that some of these are minor matters of little consequence, but the reverse is manifestly the case, and I cannot too strongly impress on the Authorities that the hygiene of the school building is of the most far-reaching and deep significance: for not only does it react so sharply on the health of the individual, but it should be in itself an education for the pupils, making for better conditions in the homes, which these children are, after all, one day destined to control.

MEALS.—Arrangements for warming up meals brought to school by the children and the service of meals are in satisfactory operation at Upton, which is the only school where a number of children (mainly coming from Lawes Bridge and Shiphay district) stay for dinner. About 15—20 children remain each mid-day, and the warming up of the food, etc., is carried out on a gas stove: individual tables are laid and advantage is taken by those teachers who also remain to supervise the children and so ensure a proper regulation of the whole meal, so as to make it of definite educative value.

## IV. Medical Inspection.

Routine medical inspection and the inspection of special children brought forward by the Head Teachers is carried out in the school premises, and owing to limited accommodation in certain schools, at the St. Marychurch Town Hall and at the school clinic. An inspection clinic is held on four mornings at the school clinic, and to this the children are referred by the school nurse, teachers, attendance officers and parents.

(*a*). *Age Groups.*

Three groups of children were inspected during the year, viz.:—entrants, children between eight and ten years of age, together with children between twelve and thirteen years of age and all who had not been examined after reaching the age of twelve. A number at other ages who were presented for various reasons were also examined as 'codes.'

The total number of children examined during the past year was 1379, as compared with 1321 in the previous year.

(The statistical particulars are to be found in Table I. at the end of the report.)

(*b*). *Extent to which the Board's schedule of Medical Inspection has not been followed and the reasons for such departure.*

The Board's schedule of Medical Inspection has been followed.

(*c*). *Steps taken to secure the early ascertainment of crippling defects.*

All children who are suffering from chronic illness or who are away from school for three months are examined by the Medical Officer at the Inspection Clinic at least once a year and many of these children are seen each month. A record is kept of their defects from which a list of all crippled children not in attendance at school was made.

The total number of crippled children in Torquay is 47. Of these, five were due to tuberculosis, 12 to infantile paralysis, four to rickets, 12 to congenital deformity and trauma, eight to cardiac disease, five to epilepsy, and one to diabetes. It should be understood that only very severe cases of cardiac disease are counted as cripples.

Of the 47 cases, 31 were in attendance at the open-air school or the ordinary elementary schools, and 16 were considered to be unfit for school at present.

(*d*). *Statement showing the extent to which disturbance of school arrangements was involved by the inspections.*

Each child when inspected is withdrawn from school for about half-an-hour, and when reinspected for not more than a few minutes.

## V. Findings of Medical Inspection.

(*a*) *Uncleanliness.*

Definite cases of uncleanliness of the head numbered 66 (4.8%), and 45 children (3.3%) showed evidence of flea bites.

This is very satisfactory, and is due to the persistent work of the school nurse in following up resistant cases; many parents have been advised to buy one of the special

combs for nits, and the result in every case has been most gratifying. The general cleanliness is very good ; in certain schools cleanliness parades are held, and on one morning finger nails are seen, on another boots, and so on, and each is a surprise inspection, so that the children do not know which is coming. And it must be gratifying for the teachers (who are a most important factor in ensuring these better standards of cleanliness) to notice the improvement, which has doubtless been brought about during the present century.

Unfortunately, in one special inspection case of verminous condition and uncleanliness, it was found necessary to prosecute the parent under the School Attendance Bye-laws, and a conviction was obtained.

(*b*) *Clothing.*

The clothing is on the whole good, both in quality and in repair ; one child had defective footgear.

It is gratifying to notice that at many of the schools the tone of the children has markedly improved ; and the wearing of caps and school colours has tended to make them take a much keener interest in their personal appearance. Many of the girls wear the gymnastic tunic, etc., such as the Secondary School pupils wear, and for these admirable innovations the teachers are to be highly congratulated.

(*c*) *Nutrition.*

Of the 1,379 children examined, 166 (12.1%) were more or less below normal ; and of the latter, 13 required to be referred for treatment. Six specials suffering from malnutrition were also referred for treatment. In the majority of these cases, the children are sent to the Open-Air School. where the effect of the treatment on their nutrition is magnificent.

(*d*) *Minor Ailments.*

Minor ailments of skin, eye, ear, etc., are included under the appropriate headings.

(*e*) *Tonsils and Adenoids.*

On routine inspection 36 children were found to have slight defect of the nose and throat, but these were not sufficiently serious to warrant treatment. In addition, there were 59 cases that were referred for treatment. There were also 70 cases referred for treatment who were discovered at the inspection clinic or amongst the special children; and 115 cases of tonsillitis, etc., were referred for treatment as specials.

(*f*) *Tuberculosis.*

Two cases of pulmonary tuberculosis were found on routine inspection, and 19 cases of suspected phthisis discovered. There was one case of non-pulmonary tuberculosis.

(*g*) *Skin Disease.*

There were 11 cases of skin disease found on routine inspection, all of which were referred for treatment. In addition, 215 special cases were referred for treatment.

(*h*) *External Eye Disease*

Fifteen cases of external eye disease were found on routine inspection. Ten of these and 76 special cases were referred for treatment.

(*i*) *Vision.*

Of the routine cases 48 were referred for treatment and 12 kept under observation. In addition, 72 special cases were referred for treatment.

(*j*) *Ear Disease and Hearing.*

Five cases of ear disease and 13 of defective hearing were discovered on routine inspection; of these 14 were referred for treatment and four kept under observation. There were also 94 special cases referred for treatment.

(*k*) *Dental Defects.*

In the course of routine inspection 615 children (44.6%) were found with from one to four carious teeth, and 106 (7.7%) had more than five teeth defective. Of these, 11 were referred for immediate treatment, together with 20 specials.

Further details of the dental defects are found in the Report of the Dental Surgeon on p. 37.

(*l*) *Crippling Defects.*

One case of congenital defect was found ; but in all 38 children were found with pigeon chests, slight spinal curvature and other postural defects. In 34 of these was treatment necessary, while four were kept under observation.

*Special Note on the Condition of the Entrant.*

In the recent Annual Report of the Board of Education, attention was especially directed towards the co-operation of the Maternity and Child Welfare service and the conditions of the entrant child. The reference made in a previous section to the co-operation with the Maternity and Child Welfare work will have shown that this is satisfactorily attained in Torquay.

The comparison of the conditions of the child entering school to-day and of the child of 10 or 15 years ago, is not easy to make in an area with small numbers ; but the findings of the analysis detailed in Appendix B are interesting and may be referred to here. The average heights and weights of Torquay children aged 3, 4, 5, 6 years are given for the years 1914 (the last pre-war year), for 1920 (an immediate post-war year), and for 1926 (a more distant post-war year). In addition, the expected average weights for each age and height are included, together with the number of pounds per inch of body height.

It is seen that there is a tendency for each group to show a slight drop after the war in 1920, from which there is a recovery in 1926, but it would seem doubtful if they are quite restored to pre-war level so far as every group is concerned. With the " control " groups, " intermediates," and " leavers," the recovery tends to be more complete and in parts exceeds the pre-war level.

It is very unwise to attempt to read too much into the figures, as the numbers in this area are very small; and, moreover, heights and weights are but an imperfect way of assessing nutrition and physique. The findings are given more in the nature of tentative suggestions than of dogmatic statements. But it would seem that in this area, if there is no striking improvement in the averages of the present entrant, there is no marked deterioration when compared with the pre-war child.

The Board of Education ask for any points to be mentioned bearing on the pre-school child and the condition of the entrant. Apart from the question of individual defects and their causation, there are, from my experience in infant welfare work, three factors which stand out as militating against the general health and physique of the child after his first year: firstly, irregular feeding, associated with that almost constant nibbling of "bits" of food more or less all day; secondly, irregular sleep and lack of sleep; and thirdly, the common infectious diseases—measles and whooping cough. A baby may be a good infant up to the first 12 or 18 months; and then one or more of these three causes seem to start to handicap the general physique of the child.

It is not uncommon to see the causes of irregular feeding and lack of sleep play havoc in the "toddler stage," while measles and whooping cough have always been regarded as dangerous, and frequently, even if proving not fatal, cause a severe set-back to normal growth and development. Moreover, the irregular and improper feeding and lack of sleep are often continued into school life, and are responsible for much disability and subnormal nutrition.

The work of infant welfares should go far to remove these and other factors inimical to the child's well-being. But it can only come about by degrees. For to inculcate the hygienic way of life into others is not easy, and to see that the practice of it is attained and retained is vastly more difficult.

## VI. Infectious Disease.

With a view to the earliest possible recognition of infectious diseases the teachers are asked to report to the Medical Officer when any suspicious case is found. The teachers are now becoming well acquainted with the initial symptoms and prodroma of the commoner illnesses of childhood, and consequently are very prompt in sending word to the Health Department. All cases of sore throat are sent to the clinic and many suspicious throats are swabbed: and 116 such cases were seen at the clinic.

Measles was epidemic in the early months of the year; Tor Infants' School was close in March for a fortnight, and Torwood School was closed for one week in the same month. Later a sharp outbreak occurred in Ellacombe and the Infants' Department was closed for three weeks in July.

During the year there were 25 cases of Scarlet Fever, with no deaths, and two cases of Diphtheria with no deaths.

*Vaccination.* In view of the continued prevalence of small-pox in other areas of the country, a careful record was made of all children showing evidence of successful vaccination; of the 1379 children examined 372 (27%) had satisfactory marks. This is a serious state and calls for consideration. We often hear it said that if we only knew of an absolute prevention or cure for a dread disease like cancer, how much benefit would be bestowed on the community; Jenner many years ago gave us the absolute preventive measure for another dread disease, small-pox, and yet the majority of parents despise and reject it. And the cynic might rightly ask if we deserve any further great discoveries.

## VII. Following-Up.

*Review of the arrangements for the following-up of children suffering from physical defects, including a summary of the work undertaken by the Nurse.*

Children who are found to be suffering from defects requiring treatment are notified to the parents at the time of inspection, and all cases, whether for treatment or observation are entered on special defect cards and so automatically come

up for re-examination at the next visit of the Medical Officer. In addition, defective children are re-examined by the Medical Officer one month and three months after the original examination. If no treatment has been carried out, the second notice is sent and the nurse visits the parents and impresses on them the importance of securing treatment. This is usually sufficient, and few cases escape the proper therapeutic or remedial measures.

Frequently if the parent is not present at the first examination, the nurse visits the home immediately afterwards to explain the treatment, as it is found that a few explanatory words will secure what the forms (to many parents a mere unconvincing statement of facts) fail to do.

In addition the school nurse attends school medical inspections, approximately four sessions a week, and minor ailment clinics six half days: and she is present with the ophthalmic surgeon at the eye clinic on Thursday afternoons.

During 1926, the School Nurse paid 102 visits to schools, and examined 5278 children, finding 100 unclean; and she also paid 752 visits to homes.

## VIII. Medical Treatment.

The treatment of minor ailments (External Eye Disease, Skin Diseases, Otorrhœa, Septic Sores, Cuts and Burns), is carried out at the School Clinic at 15 Castle Road. The Medical Department is open for treatment on Tuesday, Wednesday, Thursday and Saturday mornings, and on Monday and Friday afternoons (when the nurse only attends).

No charge is made for treatment, but in some cases where the parents are able to pay, a modified charge is made for the supply of medicine or medical stores; and a box for voluntary contributions is placed in the waiting room. The total sum collected in this box at the Clinic during 1926 was £1 14 8d.

In certain cases where parents are unable to provide the necessary treatment, assistance was given by the provision of Cod Liver Oil Emulsion, or Malt, etc. 31 cases received this free of cost, while 49 paid part or whole cost, in all £9 17 10d.

The following are the clinic totals for the year :—

| | No. of cases. | No. of attendances. |
|---|---|---|
| Medical Examinations | 1487 | 2800 |
| Dressings, treatments, etc. | 1829 | 6947 |

(*a*). *Minor Ailments and Injuries.*

694 children were treated for septic sores, cuts, chilblains and similar things. It is true that many of the defects are comparatively slight, but adequate treatment is none the less necessary to prevent more serious complications; and this goes far to reduce absences at school by treating the *early* stages of the trouble.

(*b*). *Tonsils and Adenoids.*

All children unable to obtain private treatment and requiring the removal of enlarged or diseased tonsils and adenoids are referred to the Throat and Nose Department of the Torbay Hospital. The majority of the necessary "recommends" are obtained through the auspices of the King Edward Cot League, to which the children themselves are the subscribers. Over and above these, a small number is provided by the Authority at a nominal charge of 5s. each.

During 1926, 122 cases were thus referred for treatment and of these 85 have been operated on at the Torbay Hospital, and one has been operated on privately.

The operations at the Torbay Hospital are done by the Honorary Aural Surgeon, Mr. T. G. Fenton, F.R.C.S.; and to him and the staff must acknowledgment here be made for the very great interest which is taken in all the school children. No case referred to the Hospital has been refused operation, and in one or two instances the operations have been most kindly expedited, where for various reasons this was desirable. This has gone far to take away any undue fear of operation by the parents: and the extremely good results obtained have done much to convince parents that the operation is removing a severe handicap from the child—restoring for nasal obstruction clear air passages, for narrow and pigeon chests, full lung expansion, for a mucus-laden stomach a keen and healthy appetite, for general debility some fuller measure of well-balanced physique.

But there is one point to which it is my duty to refer, and that is the desirability (and, in some children, urgent necessity), of keeping cases overnight in an institution. The operation of tonsils and adenoids is not free from dangers, and there is a large raw area left, to which organisms have free access: and though rare, secondary hæmorrhage and other untoward complications are not unknown sequelae.

Moreover, a hospital is, as it were a surgeon's work-place, and operation cases are taken as an everyday occurrence: but this is far from being the same to the mother, to whom the operation is a portentous anxious event, and to whom a child after the operation is far from being in every case a matter free from alarm. It is not always within the ability of the busy mother to care for correctly the post-operative vomiting or other unpleasantness: while the return of a child a few hours after the operation to a crowded, frequently unhygienic dwelling is most undesirable.

I am therefore most emphatically of opinion that no Authority can be satisfied that any arrangements are ideal which do not allow for the provision in all cases of the very best institutional after-care for at least 24 hours. Possibly this may be secured when the new hospital is erected.

After operation all cases are seen by the Medical Officer, and instructions given for breathing exercises and other necessary points; and some other cases are kept under continual observation until the anæmic and debilitated condition, brought about by the tonsils and adenoids before removal, is quite restored to normal.

(*c*). *Tuberculosis.*

All cases of definite or suspected tuberculosis are referred to the County Tuberculosis Officer for his opinion, advice and subsequent observation, if required.

The Tuberculosis Officer supplies the names of all children found to be living in houses where there is a recognised case of phthisis, and all such children are entered on special cards for observation: 92 children in this category were examined from time to time during the year.

(*d*). *Skin Disease.*

222 cases of skin disease, as compared with 280 last year, were treated at the clinic.

Ringworm cases numbered 31 and in eight of these the scalp was affected; all these children were treated by drugs as apart from X-Rays, but arrangements are made with the Honorary Radiologist at the Torbay Hospital to supply this latter treatment if necessary. All cases of any doubt are confirmed by microscopic examination of the hairs, and observation is continued for some weeks after all trace of the fungus has disappeared. Children with ringworm are allowed to attend school, but wear washable caps or bonnets provided by the Authority; and this arrangement does not seem in any way to cause the slightest spread of the disease, although the children continue their education uninterrupted.

Scabies cases remain fortunately few, and only seven were treated.

(*e.*) *External Eye Disease.*

46 cases of blepharitis and conjunctivitis received Clinic treatment during the year, compared with 57 last year. Two other cases received private treatment.

(*f*). *Vision.*

132 cases were refracted during the year at the clinic and 99 have obtained glasses out of 114 for whom spectacles were prescribed; some who are counted as having not yet obtained glasses were of course refracted late in the year and have not yet been examined again by the Medical Officer. Two cases received private treatment and obtained glasses. Twenty-five other defects were dealt with at the Eye Clinic and five were treated at hospital and elsewhere; while during the year five cases were submitted to operation.

During the year an endeavour has been made to keep all cases of defective vision under continuous observation, and re-examinations of such children were frequently made.

For further details, reference may be made to the report of the School Ophthalmic Surgeon on page 35.

(*g*). *Ear Disease and Hearing.*

The number of ear defects treated was 90, of which 62 were cases of otorrhœa (discharging ears) and 28 deafness without discharge. Four others received private treatment.

(*h*). *Dental Defects.*

For the treatment of these defects, reference may be made to the report by the School Dental Surgeon on page 37.

(*i*). *Crippling Defects.*

All crippled children are kept under careful supervision. Many of these children must wear special boots and supporting irons, and the provision, repair and renewal of these entail a very considerable expenditure throughout life. During the year seven crippled children were supplied with new surgical boots or appliances, and in each case the parents contributed in part towards the cost.

Eight children were sent to Bristol for expert orthopœdic treatment and operation, and several others are awaiting such treatment. A full and comprehensive orthopœdic scheme is at present under contemplation in the County of Devon, and the Torquay Authority welcome the opportunity to co-operate fully in any such essential and much-needed endeavour.

(*j*). *Dull and Backward Children.*

No definite provision is made for these children, and the institution of some special difficulty classes is urgently needed. The general education scheme must fail in a few exceptions and certainly these misfits need some consideration: special and individual tuition will do a great deal towards fitting the dull and backward child for filling some place in the broad scheme of life. Each individual cannot have ten talents and be a brilliant academic scholar, a worthy return financially for the money expended on his education: but it should be possible—and it is a definite duty—to see that each individual gets a chance to do what best lies in his capacity. The claims of the dull and backward should need no eloquent advocate to plead before those who are more fortunately endowed: and it is urgently recommended that in schemes of future development, these classes will be favourably considered.

## SUMMARY OF WORK AT SCHOOL CLINIC DURING 1926.

| Disease or Defect. | Medical Exams. | | Dressings, etc. | |
|---|---|---|---|---|
| | Individual cases. | Visits. | Individual cases. | Visits. |
| Uncleanliness—Head ... ... | 5 | 7 | 14 | 44 |
| Skin—Ringworm ... ... ... | 31 | 94 | 34 | 90 |
| Scabies ... ... ... | 7 | 21 | 2 | 2 |
| Impetigo ... ... ... | 92 | 136 | 290 | 981 |
| Others (non-tuberculous) ... | 92 | 201 | 105 | 299 |
| External Eye Diseases ... ... | 76 | 120 | 100 | 457 |
| Defective Hearing ... ... ... | 28 | 57 | 32 | 45 |
| Otitis Media ... ... ... ... | 62 | 138 | 87 | 620 |
| Enlarged Tonsils and Adenoids ... | 67 | 93 | 1 | 1 |
| Tonsillitis, etc. ... ... ... | 116 | 228 | 58 | 68 |
| Enlarged Cervical Glands ... ... | 36 | 88 | 15 | 29 |
| Heart Disease and Anæmia ... | 35 | 107 | — | — |
| Lungs—Bronchitis ... ... ... | 33 | 78 | — | — |
| Others (non-tuberculous)... | 2 | 4 | — | — |
| Tuberculosis—Pulmonary | | | | |
| Definite ... ... | 3 | 5 | — | — |
| Suspected ... ... | 14 | 38 | — | — |
| Non-Pulmonary ... | — | — | — | — |
| Nervous System ... ... ... | 14 | 20 | . . | — |
| Rickets ... ... ... ... | 9 | 12 | — | — |
| Deformities ... ... ... ... | 17 | 28 | — | — |
| Minor Injuries and Septic Sores ... | 359 | 566 | 973 | 3747 |
| Infectious Diseases ... ... ... | 75 | 129 | 24 | 24 |
| Miscellaneous ... ... ... | 314 | 630 | 56 | 66 |
| Amblyoscope Exercises ... ... | — | — | 8 | 348 |
| Preparation for Refraction... ... | — | — | 30 | 126 |
| Total ... ... | 1487 | 2800 | 1829 | 6947 |

## IX. Open-Air Education.

The year at the Open-Air School has been one of steady and satisfactory work. There have been changes in staff consequent on Miss M. Kellow (now Mrs. Lewis) resigning in July the appointment of Head Teacher in order to get married. Miss Kellow had been in the school since its inauguration six years ago, and for the past two years has been Head Teacher. She was exceptionally capable and very enthusiastic, and both as a teacher and as head, with the many accompanying administrative and other duties, she had proved excellent in every way.

Miss E. Laycock, the senior assistant, was promoted Head Teacher, and Miss M. Walton, from Warwickshire Memorial Sanatorium Open-Air School, appointed to the staff.

Nearly every child does extremely well at the school. But excellent as are the results, marked as is the improvement of each case, splendid as are the benefits derived from a stay at this school, there is still a danger that the full value may be lost in certain cases; for unless and until the full co-operation of the parent and child is obtained, the result may not be lasting, the improvement only temporary, the benefit but evanescent. There is still in a few minds an opinion that this institution is a sort of infirmary, a kind of permanent pleasing abode for children who cannot progress satisfactorily at the ordinary school. And it cannot be emphasised too much that the object is not merely to give the child a special chance to *get* well, but—more important still—to teach him how to *keep* well by the observance and practice of a hygienic way of life.

Every six months, a kind of "Parents' Day" is held at the school, and some attempt is made to show the parents the régime of the institution and the type of work carried out; in addition, on each of these occasions I give a short address on the different aims and objectives of open-air education, with special reference to the co-operation needed. The school can never take the place of a parent, and each must play a

part in trying to instil into the child how to live a healthy life, how to make the best use of the opportunity when at the Open-Air School. And, after all, opportunity once past has a bare back.

It is pleasing to record that between 100 and 120 parents and friends attended these functions, and it is to be hoped that the work will gradually become correctly understood, properly valued and utilised; for then, and not till then, will the maximum efficiency be obtained. And reference may again be made to a brief survey of the nature and aims of this institution.

"It is necessary to mention that the method of the Open-Air School is of the nature of a process. It is not merely a school in the open air. It comprises a way of life and a system both of education and medical treatment." So wrote Sir George Newman, and in this comprehensive system the following are the characteristic features :—

(*a*). *Fresh Air and Sunshine.*

Here the Torquay children are most fortunate in that the equable climate allows them to be out in the actual open air (as distinct from the class rooms) on many more occasions than in other towns. The high cooling powers stimulate metabolism and increase the general tone and well-being of the body. Further, the large amount of sunshine, with its ultra-violet rays, the all but complete absence of mist and no fog are most beneficial to health. It is interesting to notice that no artificial heat has been required in any of the class-rooms or rest sheds in the 6½ years during which the school has been in existence.

(*b*). *A Proper and Sufficient Diet.*

The food at the school is carefully supervised and the diet was drawn up in strict accordance with the requirements of the growing child; and it is to be noticed that the milk supplied is all Grade A (Tuberculosis free)—a most important factor in the case of delicate children. It is found that the diet is most suitable, and many children who according to their mothers "only picked at their food," who only ate this

or that as it pleased them, after a short stay are found to take with enjoyment and relish everything as it comes (and it is merely necessary to be present at their meals to appreciate this fact).

(*c*). *Rest.*

"Rest is the necessary antecedent to the healthy accomplishment of both repair and growth": so wrote John Hilton in 1860, and at the Open-Air School a definite period of 1½ hours (one hour in Winter owing to earlier dusk) is spent in the recumbent position in the middle of the day. Nearly every child sleeps throughout that time.

(*d*). *The Hygienic Way of Life.*

An attempt is made to teach the *practice* of personal and general hygiene as part of the daily rule: one ounce of practice is worth a pound of precept, and the benefits this confers are indeed far-reaching. This section includes attention to general nutrition, rest, cleanliness, exercise—the latter comprising physical training, games and recreative exercises; and can anything be more important than the *practice* of a healthy way of living?

(*e*). *Individual Attention.*

This is secured for both body and mind, and it is obvious that delicate children frequently need a modified curriculum in not only physical, but also mental education. The drawback of many educational methods is the fact that a system treats all pupils alike, but the open-air school is laid out and planned especially to treat and consider *individual* children.

(*f*). *Medical Treatment.*

The Medical Officer visits this school every week, and major and minor defects are sought for and treated where possible. The endeavour is on every occasion to remove some of the handicap—whether it be adenoids, carious teeth, bad eyesight, overstrain, or anæmia, etc.—which is operating against the satisfactory progress of the child.

(*g*). *Special Educational Methods.*

At an open-air school the aim is to make education more objective, more manual, more the individual expression of the child's capacity for doing and making. Ordinary elementary subjects are worked out and developed on motor and sensory lines, and a prominent place is given to physical training, nature study, gardening, and handicraft classes.

The children in attendance are suffering from the following diseases or conditions :—

i. General debility, anæmia, insufficient or incorrect feeding, etc.

ii. " Pretuberculous " ; contacts of phthisical cases.

iii. Surgical tuberculosis (quiescent).

iv. Crippling conditions (non-tuberculous) ; old infantile paralysis.

v. Heart disease, chorea.

*Rheumatic Heart Disease.*

Special mention may here be made of rheumatic infection in children, as the attempt is made to give all such cases the benefits of open-air education in this mild climate.

In accordance with the suggestion of the Board of Education a register of all these children is kept, and each case is studied individually and placed under strict observation ; this is very conveniently done at the Open-Air School. Further, all the parents of such children have been seen and advised as to the kind of life these cases should lead, with special reference to sleep, rest, diet, regulated exercise, fresh air and the early symptoms of any further trouble. On very wet days the children are kept at home (although this is fortunately not often necessary), and on the first manifestation of any active recrudescence of the disease, rest and medical treatment are strongly advised. Appropriate treatment for any focal infection in the tonsils or teeth is obtained whenever possible.

The diet—with its abundance of milk, etc.—at the open-air school must help to combat wrong feeding and the accompanying predisposition: while the rest and regulated exercise teach the patient how to regulate the work to the damaged heart, as well as tending to avoid overstrain and its unfortunate results.

The number of cases in Torquay is very small, too small to give any definite conclusions: but while the matter must be held *sub judice* the results so far are certainly good, and in all cases definite improvements are seen. The paucity of numbers may not have chanced to include very serious cases which would thoroughly test the effect of open-air education on these children: but such a school can teach much of real value—how to try and avoid fresh infection, to prevent further damage, and to show the patient how best to carry on even with the disability, how to conserve and maintain general efficient health.

## X. Physical Training.

There is no organiser of physical training in the elementary schools, and the teachers themselves carry out the work according to the usual syllabus. Approximately one hour a week in school is devoted to this section of the curriculum, and a varying amount of outdoor games played in addition. As year succeeds year, there is an apparent movement and desire to take a wider view of this subject and, as a Memorandum on Physical Education put it, "to encourage the development of a new orientation of the school towards the physical side of child life."

The teachers are enthusiastic and in addition to the league games for cricket, football, netball and the like, efforts are very worthily made to encourage those who are not the picked representatives of their school. The object should be not the production of expert cricketers or footballers, but to give all pupils something of the tremendous advantages of games. This work would be made more possible if the provision of suitable playing fields were obtained: and there should be no shortage of sites in various parts of the town, for this is a widespread borough, and it is impossible to expect children from every point to go to one playing field. It is a pressing

problem, for an unkind critic might observe that a town with so many acres of beautiful parks, gardens and open spaces for resident and visitor alike could not wish to send its own children empty away in the matter of good adequate playing fields.

It is satisfactory to record that the provision of new playing fields for the elementary school children is now receiving the consideration of the Local Authority.

During the year, rowing has been continued satisfactorily. In 1925 the Board of Education sanctioned rowing out-of-school hours under conditions the chief of which are :—

1. The boys must be carefully selected, so as to ensure that they are physically fit for the exercise.
2. Each boy must be able to swim. Mere ability to keep afloat will not be sufficient, but the test must include swimming strongly with the breast stroke for some distance.
3. No serious racing or speed tests must be allowed for the boys.

The boys attended on three evenings a week, under the instruction of members of the Rowing Club, and three new boats were obtained, the Education Authority bearing half the expenditure.

The selection and medical supervision were carried out by me; and some 67 boys were examined and kept under observation. Time has not permitted the repetition of the empirical tests (the Air Force Tests of Martin Flack modified for schoolboys by J. G. Woolham), which were recorded last year; but the clinical tests showed that no harm was done by the rowing, but rather that physical fitness was increased by it.

Certainly the boys enjoyed it, and, besides being an additional incentive to learn to swim, it affords more seriously, a very practical example of unselfish co-operation and esprit-de-corps. In no other sport is it more true than in rowing that no member of a crew can be brilliant at the expense of

his fellows and that each must do his fair and full share unselfishly. And those who have, at school or university, handled an oar, however imperfectly, will know the value of such training, moral as well as physical, as, for example, the Cam or the Isis can give.

## XI. Provision of Meals.

Meals are supplied, as has been described, at the open-air school (at a varying nominal cost according to the circumstances of the case), but no further provision has been required.

## XII. School Baths.

A set of four warm spray baths is available for the children at the Open-Air School, and the bath is looked upon as a definite part of the routine, being greatly appreciated. During the summer months swimming is taught at the Municipal Baths, and during 1926, 67 children obtained certificates, having been instructed by the Torquay Leander Swimming and Life Saving Society. It is hoped that this number will gradually increase, for swimming is a definite part of physical education, and in a seaside resort especially, should ultimately find a prominent place in the broad scheme which must eventually be practised.

## XIII. Co-operation of Parents.

Parents are specially requested to be present at the examination of their children, and in the past year 648 (47%) of the scholars examined were attended by parent or guardian. Nearly every case coming to the clinic is attended by a parent: and where a parent is unable to come, it is by no means infrequent to find a neighbour coming so as to take back to the parent all the necessary information. This is very gratifying, and many of the parents value the work done, often remarking that they wished it had been available in their school days, because they find it such a benefit to their child.

Further, several parents, knowing that their children had been absent during the routine examination of the school, have brought them to the clinic and asked if the child might be

examined as a "routine" case: this request is always complied with and helps considerably to stop the leakage of missed routine examinations. Altogether it is self-evident that parents are now taking a real interest in *preventing* disease and establishing good health in their children.

## XIV, XV, XVI. Co-operation of Teachers, School Attendance Officers and Voluntary Bodies.

The co-operation of all three sections is greatly appreciated by the Medical Department: the help of the teachers is a great assistance to the successful work of the School Medical Service, and the extra time and labour involved by the inspection and treatment of the children is most willingly undertaken. And I have to express my indebtedness to many of the teachers who have so kindly afforded me every possible facility in the experiments which I have been carrying out, or on the other investigations in which I have been engaged.

Many cases of prolonged absence due to illness are reported by school attendance officers to the medical department and this is frequently the means of ensuring early and adequate treatment. The N.S.P.C.C. gives most valuable help through the local inspector (Mr. K. C. Brooks), who calls at the clinic every week, and is always ready to investigate and supervise any cases of neglect or ill-treatment. In 1926, eight cases were investigated in this way.

In October, Inspector Richards who had been the local officer of the N.S.P.C.C. for 15 years left to take charge of another area: and it is fitting here to acknowledge his invaluable assistance and unsparing service which he has always placed at the disposal of the School Medical Department. It is but rarely that there is found an officer so capable, so efficient and so helpful, and there are many children in this area who have derived benefit by his vigilance and his careful supervision. The School Medical Service owes him a debt of gratitude.

The Children's Care Committee arranges to supply spectacles, clothing and boots in necessitous cases—a most invaluable help to numerous children: and full details of this work are given on page 60.

## XVII. Blind, Deaf, Defective and Epileptic Children.

(*a*). *Review of the methods adopted for ascertaining and dealing with children who are defective within the meaning of Part V. of the Education Act, 1921, and of the adequacy of such methods.*

The Head Teachers, School Attendance Officers, School Nurse, parents, and voluntary bodies bring to the notice of the Medical Officer any cases thought to be specially defective under this heading, while the Health Visitor brings information of children under school age, so that they can be dealt with at the earliest opportunity.

(*b*). *Statement of the arrangements made for the supervision of mentally defective children not in Special Schools.*

Every effort is made to try and get each mentally defective child to a special school: in the cases where the parents refuse, the home is visited by the school nurse every two months, and, after they pass out of the school medical survey, the local voluntary association for the care of mentally defectives supervise the cases. The few children not in special schools at present are in good homes and very well cared for.

(*c*). *General review of the work of the Authority's Special Schools during the year, including a statement of the arrangements made for after-care, and a summary of the records of the after-careers of the children.*

There are no special schools in Torquay for blind, deaf and epileptic children. In those cases which have been at special schools elsewhere every effort is made to try and persuade parents to obtain whatever occupation is specially suitable for the individual; and, if home conditions are poor, institutional occupation is strongly advised. No child has left this year; but one epileptic case died at Maghull Institution, and three cases of feeble-minded children have been notified to the Local Control Authority during the year.

## XXII. Special Inquiries.

During the last few months of 1925 and during 1926, assistance has been given to the concerted line of research organised as the Anthropometric Investigation by the Board of Education ; and in approximately 50% of the " code " cases the full details of the Board's special schedule have been completed and returned.

Further work carried out by me on the Ventilation of Schools is reported in Appendix A.

## XXIII. Miscellaneous.

### L.C.C. Cols Road, Peckham (Myopic) School Journey.

In February, 1925, the Local Education Authority were approached with a view to finding accommodation for a party of two teachers and twenty myopic children from London who contemplated making a school journey to Torquay for a fortnight in June. It was suggested, and finally agreed upon, that they should be accommodated at the Open-Air School, where it was found possible to equip separate dormitories for the children, bedrooms for the teachers, and a dining room in the main house : the grounds were then available for playing in, if required, and the huts utilised in the evening or in wet weather.

The School Journey in 1925 was so successful that it was repeated in 1926 from the Cols Road, Peckham, School for the Partially Blind. And in spite of the unsettled conditions due to the protracted labour disputes, the party of two teachers and nineteen children came to stay from 28th June to 12th July.

Happily, it was again most successful, and no interference was caused to the local children. The Torquay Open-Air School teachers were most helpful in their co-operation ; while the domestic arrangements under the very capable management of Miss Pearce, the housekeeper, left nothing to be desired. Most of the credit for the visitors' comfort is

due to the exceptional ability and industry of Miss Pearce, who is to be greatly commended for her unselfish co-operation and unstinted support.

It may be mentioned that the school journeys are arranged voluntarily, and the parents paid to the best of their ability, while the London County Council made a grant towards the funds; voluntary subscriptions and funds are arranged to help the expenses. From the Torquay point of view, the journey was entirely self-supporting, and the agreed charges just covered the expenses, no cost falling on the Local Authority.

The aims of such a journey are to enable the children to enjoy the pleasure of a seaside holiday, particularly those who have not previously been out of London, to foster feelings of generosity, sympathy, and friendship, and to cultivate habits of order, refinement and responsibility; to improve the health and physical well-being of the children, and to give such instruction as is beyond the scope of the class-room lesson.

The days were spent in alternate beach and ramble trips: and the children saw something of the thousand-and-one things (rocks, coloured pebbles, cliffs, flowers, sea anemones) which every shore can disclose. Nature lessons there were in abundance, visits were paid to potteries and quarries, and local harbours with the various cargoes seen—Brixham, the "Mother" of the trawl industry, its fish market being especially interesting: while the fringe of Dartmoor was also visited. The children obtained some idea of the associations of South Devon with the great Elizabethan Sea Captains, with such men as Coleridge, Charles Kingsley—and Henry Francis Lyte, whose house and church at Brixham they will link to those immortal lines which have thrilled thousands. Such are a few points in their stay: small wonder that the teachers state that on their return they found the children "more alert, attentive and quicker at lessons."

To those of us who from earliest memories have gone year by year for seaside holidays, or to those of us who have had the privilege of living in a pleasant seaside resort, it is

difficult to imagine the great and profound effect that must be produced on the minds of these children visiting a town like Torquay for the first time away from the Metropolis. Certainly the Education Committee are to be congratulated on sanctioning the scheme: and they have the satisfaction of having brought into the lives of those severely handicapped children some charm and happiness, and made their way more comfortable.

I have the honour to be,

Sir,

Your obedient Servant,

J. V. A. SIMPSON,

*Assistant Medical Officer.*

# REPORT OF THE OPHTHALMIC SURGEON.

*The School Medical Officer,*
*Torquay.*

SIR,

The general arrangements which were detailed in my last Annual Report remain unaltered, as they appear to be entirely satisfactory and are working well.

During the year the following cases were treated :—

| | |
|---|---|
| Total number of individual children | 252 |
| Total number of attendances | 645 |

I think there is evidence of an increasing desire on the part of most parents to realise the full value of caring properly for their children's eyesight : and it is gratifying to notice that the great majority of cases obtain their glasses without delay and persist in wearing them as directed. In 1926, in the elementary schools out of 114 children ordered glasses, 99 have obtained the glasses and are wearing them ; while of the remainder, a number were refracted towards the end of the year and have not yet had time to get the glasses and have them checked. In the secondary schools all the 26 cases in which glasses were prescribed have obtained them.

It is also encouraging to report that the very full co-operation between the Maternity and Child Welfare Centres and the School Medical Department is bearing good results : 22 cases of eye defect and early squints in children below school age were seen and in eight of these glasses were prescribed and obtained. This early treatment is most satisfactory and in several of the squinting cases the eyes are now straight.

As stated in my last report, more attention is being paid, in the case of squints, to fusion training by means of the amblyoscope ; these exercises are carried out by the children on regular days under the supervision of the nurse at the clinic. In 1926, eight of these cases made 348 attendances.

During the year operative treatment was carried out by me at the Torbay Hospital in five cases; of these, one was strabismus, one ptosis, one a fibroma, and the remaining two were cysts.

Further three cases of congenital syphilis were sent to the Exeter clinic for specialist treatment.

I have the honour to be,

Sir,

Your obedient Servant,

December, 1926. DAVID WILSON.

# DENTAL INSPECTION AND TREATMENT DURING THE YEAR 1926.

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*The School Medical Officer,*
*Torquay.*

SIR,

There is a saying "A clean tooth does not decay," but of course this is not strictly correct, as decalcification of enamel occurs in a clean mouth, thus paving the way for bacteria; but a great deal of caries could be avoided if more children were in possession of tooth brushes and used them regularly. Very few children know the correct method of use, so instruction is frequently given.

I find that there is a good deal of gum disease, varying in degree from the mild Gingivitis, which responds readily to treatment, to the obstinate Pyorrhœa, for which we have not yet found a cure.

The number of genuine objectors is low, and I am pleased to see that several children, who have refused treatment for years, have now consented. In all cases of objection, I insist on receiving from the parent an explanatory note, so that it is not possible for the child to object without the parents' knowledge. I have to thank the heads of departments for passing these notes to me, and for their help and interest, upon which one is so necessarily dependent.

Children are inspected between the ages of 6 and 14 years; there is great need for treatment at the earlier ages, but with the extension of the dental section of the child welfare work, the defects among children entering school should tend to decrease.

I have tried to interest several mothers in the question of dental caries and calcium deficiency. I feel sure that if I can persuade them to supply this deficiency in their children while the permanent teeth are developing, there will be an improvement in the structure of these teeth, so that they will be more prepared to resist bacteria than were their temporary predecessors.

## Work Done.

INSPECTIONS :

Routine, 1,099. Casual, 240.

The following schools have been inspected since the 1st September :—Tor, St. Mary-Church (Girls and Infants), Priory, Babbacombe, Open-Air, Ilsham, Victoria Park, Hele, and Abbey Road. For satisfactory results each school should be inspected at a fixed time every year.

EXTRACTIONS :

Permanent, 76. Temporary, 860.

Several of these permanent teeth were extracted for purpose of regulation. A mouth wash is given for use at home in all cases where very septic or abscessed teeth have been removed.

FILLINGS :

Permanent, 818. Temporary, 92.

I am endeavouring to save as many temporary teeth as possible, so that their too early loss will not permit of crowding of the permanents. The child becomes accustomed to the dental engine, and when later, permanent fillings are necessary, has not the same dread of it as an older brother or sister, who has heard fantastic tales about the "dreadful machine." The number of cavities in permanent teeth, however, is so overwhelming that I find it hard to fill anything like as many temporary ones as are required. In the permanent dentition the proportion of carious anterior teeth is small.

OTHER OPERATIONS :

Permanent, 370. Temporary, 442.

Among these, one includes scaling, gum treatment, dressings for relief of pain in saveable teeth, and the painting of those others with silver nitrate which do not justify extraction but are unsuitable for filling. This applies to the temporary and permanent dentitions alike.

### Attendances: 1,103.

In routine cases, fillings are always done at the first visit, and if extraction is also required, a second appointment is made.

### Advice to Parents: 291.

Whenever possible I make a point of talking to the parents who accompany children for treatment, and if they appear to have wrong ideas on any point, I try to explain things to them. This of course takes up time, but I am sure it is often well spent.

### Infant Welfare.

One afternoon a week is now set apart for cases which are referred to me by Dr. Simpson. Several mothers have already taken advantage of the fact for themselves and their little ones, the result of which is relief of suffering for both.

I have honour to be,

Sir,

Your obedient Servant,

WINIFRED M. HUNT,

*Dental Officer.*

# XXIV. STATISTICAL TABLES.

## ELEMENTARY SCHOOLS.

### TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTION.

| | |
|---|---|
| Number of Code Group Inspections— | |
| Entrants ... ... ... ... | 512 |
| Intermediates ... ... ... | 332 |
| Leavers ... ... ... ... | 430 |
| Total ... | 1274 |
| Number of other Routine Inspections ... ... | 105 |

B.—OTHER INSPECTIONS.

| | |
|---|---|
| Number of Special Inspections ... ... | 1623 |
| Number of Re-inspections ... ... ... | 3887 |
| Total ... | 5510 |

## TABLE II.

### A—Return of Defects found by Medical Inspection in the Year ended 31st December, 1926.

| Defect or Disease. | | Routine Inspections: No. of Defects. | | Specials 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) |
| | Malnutrition, etc. .. .. | 13 | — | 6 | — |
| | Uncleanliness— *(see Table IV., Group V.)* | | | | |
| | Head .. .. | 4 | 1 | 4 | — |
| | Body .. .. | — | — | 1 | — |
| Skin .. | Ringworm— | | | | |
| | Scalp .. .. | — | — | 8 | — |
| | Body .. .. | 1 | — | 23 | — |
| | Scabies .. .. | — | — | 7 | — |
| | Impetigo .. .. | 5 | — | 89 | — |
| | Other Diseases (Non-Tuberculous) | 5 | — | 88 | — |
| Eye .. | Blepharitis .. .. | 2 | 3 | 18 | — |
| | Conjunctivitis .. .. | 2 | 1 | 35 | — |
| | Keratitis .. .. .. | 1 | — | — | — |
| | Corneal Opacities .. .. | — | 1 | — | — |
| | Defective Vision (excluding Squint) .. .. | 37 | 6 | 47 | — |
| | Squint .. .. .. | 11 | 6 | 25 | — |
| | Other Conditions .. .. | 5 | — | 23 | 3 |
| Ear .. | Defective Hearing .. .. | 9 | 4 | 21 | 2 |
| | Otitis Media .. .. | 5 | — | 62 | — |
| | Other Ear Diseases .. .. | — | — | 11 | — |
| Nose and Throat | Enlarged Tonsils only .. | 26 | 25 | 34 | 4 |
| | Adenoids only .. .. | 9 | 4 | 13 | 1 |
| | Enlarged Tonsils and Adenoids | 17 | 4 | 23 | 1 |
| | Other Conditions .. .. | 7 | 3 | 115 | 1 |
| Enlarged Cervical Glands (Non-Tuberculous) | | 3 | 1 | 37 | — |
| Defective Speech .. .. .. | | 2 | — | — | 1 |

TABLE II.—*continued.*

| (1) | | (2) | (3) | (4) | (5) |
|---|---|---|---|---|---|
| TEETH | Dental Diseases (*see Table IV., Group IV.* | 11 | — | 20 | 1 |
| HEART AND CIRCULATION | Heart Disease— | | | | |
| | Organic .. .. .. | 3 | 2 | 2 | 3 |
| | Functional .. .. | — | 7 | 1 | — |
| | Anæmia .. .. | 29 | 17 | 26 | 4 |
| LUNGS .. | Bronchitis .. .. | 16 | 9 | 33 | — |
| | Other Non-Tuberculous Diseases | 3 | — | 2 | — |
| TUBERCULOSIS | Pulmonary— | | | | |
| | Definite .. .. | 1 | 1 | 2 | 1 |
| | Suspected .. .. | 8 | 11 | 12 | 3 |
| | Non-Pulmonary— | | | | |
| | Glands .. .. | — | — | 1 | — |
| | Spine .. .. | — | — | — | — |
| | Hip .. .. .. | — | — | — | — |
| | Other Bones and Joints .. | — | 1 | — | — |
| | Skin .. .. | 1 | — | — | — |
| | Other Forms .. .. | — | — | — | — |
| NERVOUS SYSTEM | Epilepsy .. .. .. | — | 1 | 2 | 1 |
| | Chorea .. .. | 2 | 3 | 4 | 1 |
| | Other Conditions .. .. | 5 | 4 | 5 | 2 |
| DEFORMITIES | Rickets .. .. | 2 | — | 9 | — |
| | Spinal Curvature .. .. | — | — | 1 | — |
| | Other Forms .. .. | 32 | 4 | 17 | 1 |
| Other Defects and Diseases .. .. | | 35 | 21 | 705 | 38 |

B—NUMBER OF *individual children* FOUND AT *Routine* MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

| Group. | Number of Children. | | Percentage of Children found to require treatment. |
|---|---|---|---|
| | Inspected. | Found to require treatment. | |
| (1) | (2) | (3) | (4) |
| CODE GROUPS : | | | |
| Entrants .. .. | 512 | 91 | 17.8 |
| Intermediates .. .. | 332 | 69 | 20.8 |
| Leavers .. .. | 430 | 82 | 19.1 |
| Total (code groups) .. .. | 1274 | 242 | 19.0 |
| Other routine inspections .. | 105 | 31 | 29.5 |

## TABLE III.

### Return of all Exceptional Children in the Area.

| | | | Boys | Girls | Total |
|---|---|---|---|---|---|
| Blind (including partially blind) | (*i.*) Suitable for training in a School or Class for the totally blind. | Attending Certified Schools or Classes for the Blind .. .. .. .. | — | — | — |
| | | Attending Public Elementary Schools .. | — | — | — |
| | | At other Institutions .. .. .. | — | — | — |
| | | At no School or Institution .. .. | — | — | — |
| | (*ii.*) Suitable for training in a School or Class for the partially blind. | Attending Certified Schools or Classes for the Blind .. .. .. .. | 1 | — | 1 |
| | | Attending Public Elementary Schools .. | — | 1 | 1 |
| | | At other Institutions .. .. .. | — | — | — |
| | | At no School or Institution .. .. | — | — | — |
| Deaf (including deaf and dumb and partially deaf) | (*i.*) Suitable for training in a School or Class for the totally deaf or deaf and dumb. | Attending Certified Schools or Classes for the Deaf .. .. .. .. | 2 | 2 | 4 |
| | | Attending Public Elementary Schools .. | — | 1 | 1 |
| | | At other Institutions .. .. .. | — | — | — |
| | | At no School or Institution .. .. | — | — | — |
| | (*ii.*) Suitable for training in a School or Class for the partially deaf. | Attending Certified Schools or Classes for the Deaf .. .. .. .. | — | — | — |
| | | Attending Public Elementary Schools .. | — | — | — |
| | | At other Institutions .. .. .. | — | — | — |
| | | At no School or Institution .. .. | — | — | — |
| Mentally Defective | Feeble-minded (cases not notifiable to the Local Control Authority.) | Attending Certified Schools for Mentally Defective Children .. .. | 4 | 3 | 7 |
| | | Attending Public Elementary Schools .. | — | — | — |
| | | Attending an Uncertified School for Mentally Defective Children .. .. .. | 1 | — | 1 |
| | | At no School or Institution .. .. | 4 | 3 | 7 |
| | Notified to the Local Control Authority *during the year.* | Feebleminded .. .. .. | 1 | 2 | 3 |
| | | Imbeciles .. .. .. .. | — | — | — |
| | | Idiots .. .. .. .. | — | — | — |

TABLE III.—*continued.*

| | | | Boys | Girls | Total |
|---|---|---|---|---|---|
| Epileptics | Suffering from severe epilepsy | Attending Certified Special Schools for Epileptics .. .. .. | — | 1 | 1 |
| | | In Institutions other than Certified Special Schools .. .. .. .. | — | — | — |
| | | Attending Public Elementary Schools .. | — | — | — |
| | | At no School or Institution .. .. | — | 4 | 4 |
| | Suffering from epilepsy which is not severe. | Attending Public Elementary Schools .. | 1 | — | 1 |
| | | At no School or Institution .. .. | — | — | — |
| Physically Defective. | Infectious pulmonary and glandular tuberculosis | At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. | — | — | — |
| | | At other Institutions .. .. .. | — | — | — |
| | | At no School or Institution .. .. | 1 | — | 1 |
| | Non-infectious but active pulmonary and glandular tuberculosis | At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. | — | — | — |
| | | At Certified Residential Open-Air Schools . | — | — | — |
| | | At Certified Day Open-Air Schools .. | — | — | — |
| | | At Public Elementary Schools (quiescent) .. | — | — | — |
| | | At other Institutions .. .. .. | 1 | — | 1 |
| | | At no School or Institution .. .. | — | 1 | 1 |
| | Delicate children, (*e.g.*, pre or latent tuberculosis, malnutrition, debility, anæmia, etc.) | At Certified Residential Open-Air Schools .. | — | — | — |
| | | At Certified Day Open-Air Schools .. | 41 | 44 | 85 |
| | | At Public Elementary Schools .. .. | 9 | 10 | 19 |
| | | At other Institutions .. .. .. | — | — | — |
| | | At no School or Institution .. .. | 1 | 1 | 2 |

TABLE III.—*continued.*

| | | | Boys | Girls | Total |
|---|---|---|---|---|---|
| Physically Defective | Active non-pulmonary tuberculosis | At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .. | — | 1 | 1 |
| | | At Public Elementary Schools (quiescent) .. | — | — | — |
| | | At other Institutions .. .. .. | 1 | — | 1 |
| | | At no School or Institution .. .. | — | — | — |
| | Crippled children (other than those with active tuberculosis disease), *e.g.*, children suffering from paralysis, etc., and including those with severe heart disease. | At Certified Hospital Schools .. .. | — | 1 | 1 |
| | | At Certified Residential Cripple Schools .. | — | — | — |
| | | At Certified Day Cripple Schools .. | — | — | — |
| | | At Public Elementary Schools .. .. | 14 | 10 | 24 |
| | | At other Institutions .. .. .. | 3 | 2 | 5 |
| | | At no School or Institution .. .. | 3 | 2 | 5 |

## TABLE IV.

*Return of Defects treated during the Year ended 31st December, 1926.*

### Treatment Table.

*Group I.—Minor Ailments* (excluding Uncleanliness, for which see Group V.)

| Disease or Defect. | Number of Defects treated, or under treatment during the year. | | |
|---|---|---|---|
| | Under the Authority's Scheme. | Otherwise. | Total. |
| (1) | (2) | (3) | (4) |
| *Skin*— | | | |
| Ringworm—Scalp ... ... | 8 | — | 8 |
| Ringworm—Body ... ... | 23 | 1 | 24 |
| Scabies ... ... ... | 7 | — | 7 |
| Impetigo ... ... ... | 92 | 2 | 94 |
| Other Skin Diseases ... | 92 | 1 | 93 |
| *Minor Eye Defects*— (External and other, but excluding cases falling in Group II.) | 46 | 2 | 48 |
| *Minor Ear Defects* ... ... | 90 | 4 | 94 |
| *Miscellaneous*— (*e.g.*, minor injuries, bruises, sores, chilblains, etc.) ... | 694 | 11 | 705 |
| Total ... | 1052 | 21 | 1073 |

TABLE IV.—*continued.*

*Group II.—Defective Vision and Squint* (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

| Defect or Disease. | Number of Defects dealt with. | | | |
|---|---|---|---|---|
| | Under the Authority's Scheme. | Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. | Otherwise. | Total. |
| (1) | (2) | (3) | (4) | (5) |
| Errors of Refraction (including Squint) ... | 132 | 2 | — | 134 |
| Other Defect or Disease of the eyes (excluding those recorded in Group I.) ... | 25 | 5 | — | 30 |
| Total ... | 157 | 7 | — | 164 |

Total number of children for whom spectacles were prescribed :

(*a*) Under the Authority's Scheme ... 114
(*b*) Otherwise ... ... ... 2

Total number of children who obtained or received spectacles :

(*a*) Under the Authority's Scheme ... 99
(*b*) Otherwise ... ... ... 2

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

| Number of Defects. | | | | |
|---|---|---|---|---|
| Received Operative Treatment | | | Received other forms of Treatment. | Total number treated. |
| Under the Authority's Scheme, in Clinic or Hospital. | By Private Practitioner or Hospital, apart from the Authority's Scheme. | Total. | | |
| (1) | (2) | (3) | (4) | (5) |
| 85 | 1 | 86 | — | 86 |

*Group IV.—Dental Defects.*

(1) Number of Children who were :—

(*a*) Inspected by the Dentist :

Aged :

| | | | |
|---|---|---|---|
| Routine Age Groups | 5 ... | 10 | Total ... 1906 |
| | 6 ... | 343 | |
| | 7 ... | 238 | |
| | 8 ... | 183 | |
| | 9 ... | 223 | |
| | 10 ... | 209 | |
| | 11 ... | 247 | |
| | 12 ... | 220 | |
| | 13 ... | 191 | |
| | 14 ... | 42 | |
| | Specials ... | | ... 240 |
| | Grand Total | | 2146 |

(*b*) Found to require treatment ... ... ... 1846

(*c*) Actually treated ... ... ... ... 1346

(*d*) Re-treated during the year as the result of periodical examination ... ... ... 427

(2) Half-days devoted to ... { Inspection ... 30 / Treatment ... 205 } Total ... 235

(3) Attendances made by children for treatment ... ... 2016

(4) Fillings ... ... { Permanent teeth 1018 / Temporary teeth 101 } Total ... 1119

(5) Extractions ... ... { Permanent teeth 103 / Temporary teeth 1717 } Total ... 1820

(6) Administrations of general anæsthetics for extractions Total ... Nil

(7) Other operations ... { Permanent teeth 487 / Temporary teeth 442 } Total ... 929

*Group V.—Uncleanliness and verminous conditions.*

(i) Average number of visits per school made during the year by the School Nurses ... ... ... 6.0

(ii) Total number of examinations of children in the schools by School Nurses ... ... ... 5,278

(iii) Number of individual children found unclean... ... 100

(iv) Number of children cleansed under arrangements made by the Local Education Authority ... ... Nil

(v) Number of cases in which legal proceedings were taken :

(*a*) Under the Education Act, 1921 ... ... Nil

(*b*) Under the School Attendance Bye-laws ...

*Appendix A.*

# SCHOOLS AND THEIR VENTILATION.

By

J. V. A. SIMPSON, M.D. Lond., D.P.H. Camb.

In Appendix B of the Annual Report for 1924, a full and comprehensive description was given of the importance of ventilation and some account was included of the various tests used in assessing this character. Special detailed consideration was given to the most recent work of Professor Leonard Hill; and his kata-thermometer described at length, as this is the instrument which has been used in the Torquay investigations. Reference may be made to the Appendix mentioned for the full details, but suffice it to say that the whole question of ventilation depends on the amount of movement of air of suitable temperature and humidity. The Kata-thermometer measures comparatively and approximately the rate of heat loss of the body under varying conditions. By this it has been possible, from empirical experiments, to lay down definite standards, and Professor Leonard Hill asserts that the absolute minima should be 6 for the Dry Kata reading and 18 for the Wet Kata. In schools, it is preferable that these figures should be 7 and 20 respectively, as children need an atmosphere with not less but a greater cooling power.

In 1925, a further series of experiments was carried out and again in 1926, I have continued the readings in three schools of the Borough—Ilsham, Ellacombe Girls' and Ellacombe Boys' Schools.

At Ilsham much attention has been given to the ventilation; in the Baby Room there is ample window space and hopper fittings have been provided in addition to sliding sashes. In the centre room some re-construction has been done and two new windows have been installed; and in the other two rooms there is satisfactory window space. The results of the experiments are detailed in the table below, where it is seen that the readings were very satisfactory indeed: not only were

many of the readings over 6 for Dry Kata but frequently as high as 7, which is eminently good. The Managers of the school are to be congratulated on the alterations, and they may justly feel gratified at the satisfactory results of the experiments, which were taken under varying conditions of weather. In only one room and on a solitary occasion was the reading below the minimum (expt. 3), but it does not seem that even in the warmer times of the year much stagnation of air will result in this room. Even if it does, it can quickly be remedied by making to open one or two more of the windows in that room, where at present, this cannot be done.

At Ellacombe Girls' School, some very useful reconstruction has been carried out and one room considerably improved, while an additional classroom has been provided. Experiments Nos. 37 to 67 represent the Kata readings taken in these rooms and in the main long classroom of the school: and on the whole the results are quite good. At times on days when the atmosphere is still, it is sometimes found that the reading of the Dry Kata is below 6, but these occasions are certainly infrequent. By opening the doors and windows between lessons and at playtime, the stagnation is quickly removed. The alterations are a vast improvement and are mainly due to the great enthusiasm of Miss Phillips, the Head Teacher, who is to be greatly commended on her interest in the welfare of the children.

In Ellacombe Boys' School, the readings (Nos. 68 to 101) were generally very satisfactory. Only on two occasions were the results of the Dry Kata below 6: and this was explained by a couple of windows being temporarily jammed. The staff there show excellent judgment in looking after the ventilation, and at playtime and after school all windows and doors are open to assist the natural ventilation of the buildings.

At St. James' School, extensive alterations have been made to the windows, but they were not completed in time to allow me to take further Kata readings. It is hoped to take another series of readings there in the coming year, when it is to be expected that very much improved results will be obtained to those recorded in 1925.

It is far from being pretended that all these various buildings are ideal from every point of view, but the Katathermometer readings certainly show that the ventilation is more or less satisfactory. In Torquay, with its mild winter, the lack of severe weather certainly helps the ventilation in these older types of buildings: for it allows windows being opened more freely, while at the same time there is less difficulty in keeping up the temperature of the rooms to about 60 deg. F. It seems evident that this climatic advantage has something to do with the satisfactory readings; and for the most part of the year, with the mild temperature and sunshine, windows (and if necessary doors) can be kept opened much more than otherwise so as to assist the natural ventilation. It is of course a corollary to the fact that the open-air school here can keep on throughout the winter without any artificial heat, while in the north of England this is not possible.

# KATA-THERMOMETER READINGS.

| No. | School | Date | Time Approx. | Room | No. Children | Accommo-dation | Temperature Deg. Fahr. | Dry Kata | Wet Kata | Weather | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
| 1 | Ilsham | 13-10-26 | 2.55 p.m. | Baby | 27 | 40 | 67 | 6.0 | 16.4 | Fine; warm | Modern construction |
| 2 | ,, | ,, | 3.10 ,, | 7 | 38 | 38 | 63 | 6.9 | 19.8 | ,, | Reconstructed room |
| 3 | ,, | ,, | 3.20 ,, | 3 | 39 | 40 | 65 | 5.5 | 18.0 | ,, | |
| 4 | ,, | ,, | 3.30 ,, | 4 | 33 | 36 | 66 | 6.1 | 18.1 | ,, | |
| 5 | ,, | 27-10-26 | 11.10 a.m. | Baby | 30 | 40 | 62 | 6.6 | 19.2 | Fine; breeze | Room has open fi |
| 6 | ,, | ,, | 11.25 ,, | 7 | 28 | 38 | 58 | 7.3 | 19.8 | ,, | ,, ,, |
| 7 | ,, | ,, | 11.40 ,, | 3 | 37 | 40 | 59 | 7.4 | 20.2 | ,, | No fire |
| 8 | ,, | ,, | 11.55 ,, | 4 | 31 | 36 | 59 | 6.8 | 19.8 | ,, | Open fire |
| 9 | ,, | 10-11-26 | 3.25 p.m. | Baby | 25 | 40 | 59 | 7.4 | 18.4 | Fair; squally | |
| 10 | ,, | ,, | 3.35 ,, | 7 | 23 | 38 | 58 | 7.3 | 18.4 | ,, | |
| 11 | ,, | ,, | 3.45 ,, | 3 | 39 | 40 | 58 | 7.0 | 18.6 | ,, | |
| 12 | ,, | ,, | 4. 0 ,, | 4 | 28 | 36 | 57 | 7.8 | 19.2 | ,, | Room facing prevailing wind |
| 13 | ,, | 17-11-26 | 2.10 ,, | Baby | 22 | 32 | 57 | 6.6 | 17.2 | Mild; calm | |
| 14 | ,, | ,, | 2.25 ,, | 7 | 35 | 38 | 58 | 6.8 | 17.0 | ,, | |
| 15 | ,, | ,, | 2.40 ,, | 3 | 28 | 40 | 58 | 6.4 | 17.3 | ,, | |
| 16 | ,, | ,, | 3. 0 ,, | 4 | 30 | 36 | 59 | 6.4 | 17.2 | ,, | |
| 17 | ,, | 26-11-26 | 10. 0 a.m. | Baby | 27 | 32 | 58 | 6.8 | 18.4 | Fine; wind | |
| 18 | ,, | ,, | 10.15 ,, | 3 | 40 | 40 | 56 | 7.5 | 19.3 | ,, | |
| 19 | ,, | ,, | 10.30 ,, | 7 | 22 | 38 | 54 | 7.8 | 19.3 | ,, | |
| 20 | ,, | ,, | 10.40 ,, | 4 | 30 | 36 | 53 | 7.9 | 20.4 | ,, | |
| 21 | ,, | 29-11-26 | 10.30 ,, | Baby | 23 | 32 | 55 | 7.5 | 18.0 | Cold and wet | |
| 22 | ,, | ,, | 10.40 ,, | 3 | 38 | 40 | 51 | 8.8 | 20.2 | ,, | |
| 23 | ,, | ,, | 10 50 ,, | 7 | 28 | 38 | 50 | 8.9 | 20.4 | ,, | |
| 24 | ,, | ,, | 11. 0 ,, | 4 | 30 | 36 | 53 | 8.3 | 18.7 | ,, | |
| 25 | ,, | 3-12-26 | 10.10 ,, | Baby | 26 | 32 | 55 | 6.8 | 17.2 | Fine | |

KATA-THERMOMETER READINGS—*continued.*

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 26 | Ilsham, *cont.* | 3-12-26 | 10.20 a.m. | 3 | 41 | 40 | 54 | 7.5 | 19.5 | Fine | |
| 27 | ,, | ,, | 10.30 ,, | 7 | 21 | 38 | 53 | 8.2 | 18.5 | ,, | |
| 28 | ,, | ,, | 10.40 ,, | 4 | 30 | 36 | 53 | 7.7 | 20.1 | ,, | |
| 29 | ,, | 10-12-26 | 10. 0 ,, | Baby | 31 | 32 | 56 | 6.7 | 17.7 | Dull; still atmosphere | |
| 30 | ,, | ,, | 10.10 ,, | 3 | 35 | 40 | 54 | 7.4 | 19.0 | ,, | |
| 31 | ,, | ,, | 10.25 ,, | 7 | 19 | 38 | 53 | 7.9 | 19.3 | ,, | |
| 32 | ,, | ,, | 10.40 ,, | 4 | 32 | 36 | 57 | 6.8 | 17.7 | ,, | |
| 33 | ,, | 13-12-26 | 10.30 ,, | Baby | 17 | 32 | 57 | 7.0 | 18.1 | Dull; still | |
| 34 | ,, | ,, | 10.40 ,, | 3 | 35 | 40 | 56 | 7.4 | 19.0 | ,, | |
| 35 | ,, | ,, | 10.50 ,, | 7 | Play time | 38 | 53 | 8.4 | 19 2 | ,, | |
| 36 | ,, | ,, | 11. 0 ,, | 4 | ,, | 36 | 53 | 7.4 | 17.8 | ,, | |
| 37 | Ellacombe G. | 13-10-26 | 11. 0 ,, | 3 | 34 | 32 | 68 | 5.3 | 17.6 | Fine; warm | Reconstructed room |
| 38 | ,, | ,, | 11.30 ,, | 1 | 53 | 56 | 61 | 6.3 | 18.8 | ,, | ,, ,, Has open fire |
| 39 | ,, | ,, | 11.45 ,, | 5 | — | 40 | 62 | 6.8 | 18.4 | ,, | Main room |
| 40 | ,, | 14-10-26 | 11.20 ,, | 3 | 35 | 32 | 65 | 6.1 | 17.3 | Mild; humid | |
| 41 | ,, | ,, | 11.35 ,, | 1 | 53 | 56 | 63 | 5.8<br>7.4 | 15.8<br>17.1 | | End away from window<br>End near window |
| 42 | ,, | ,, | 11.50 ,, | 5 | 38 | 40 | 61 | 7.5 | 18.5 | | |
| 43 | ,, | 26-10-26 | 11.30 ,, | 3 | 34 | 32 | 60 | 9.2 | 20.2 | Fine; breeze | Door open |
| 44 | ,, | ,, | 11.50 ,, | 3 | 34 | 32 | 61 | 6.2 | 19.8 | ,, ,, | Door shut |
| 45 | ,, | 10-11-26 | 11.30 ,, | 3 | 22 | 32 | 63 | 6.6 | 19.2 | Fair; squally | |
| 46 | ,, | ,, | 11.45 ,, | 1 | 35 | 56 | 58 | 7.4<br>5.9 | 18.3<br>17.5 | ,, ,, | End near window<br>Opposite end |
| 47 | ,, | 12-11-26 | 2.10 p.m. | 3 | 34 | 32 | 61 | 7.0 | 19.3 | Fine; breeze | Door open |
| 48 | ,, | ,, | 2.25 ,, | 1 | 36 | 56 | 56 | 7.6 | 19.4 | ,, ,, | |
| 49 | ,, | ,, | 2.40 ,, | 5 | 35 | 40 | 58 | 7.9 | 21.6 | ,, ,, | |
| 50 | ,, | 17-11-26 | 11.30 a.m. | 3 | 27 | 32 | 57 | 7.9 | 19.0 | Mild; calm | Door and windows wide open |
| 51 | ,, | ,, | 11.55 ,, | 1 | 47 | 56 | 60 | 5.5 | 16.7 | ,, ,, | |
| 52 | ,, | ,, | 11.45 ,, | 5 | — | 40 | 59 | 5.9 | 15.6 | ,, ,, | |
| 53 | ,, | 18-11-26 | 11.10 ,, | 3 | 30 | 32 | 62 | 6.9 | 18.3 | S.W. squalls | |
| 54 | ,, | ,, | 11.25 ,, | 1 | 53 | 56 | 60 | 6.7 | 17.6 | ,, | |

KATA-THERMOMETER READINGS—*continued.*

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 55 | Ellacombe G. | 19-11-26 | 11.15 a.m. | 3 | 34 | 32 | 58 | 6.8 | 18.8 | Fine; breeze | |
| 56 | ,, | ,, | 11.25 ,, | 1 | 51 | 56 | 57 | 6.7 | 18.4 | ,, ,, | |
| 57 | ,, | 26-11-26 | 11. 0 ,, | 3 | 34 | 32 | 60 | 6.5 | 18.3 | ,, ,, | Just after play-tin |
| 58 | ,, | ,, | 11.10 ,, | 1 | 48 | 56 | 58 | 5.9 | 15.8 | ,, ,, | |
| 59 | ,, | 2-12-26 | 11.30 ,, | 3 | 33 | 32 | 56 | 7.2 | 18.0 | Fine; cold | |
| 60 | ,, | ,, | 11.50 ,, | 1 | 48 | 56 | 56 | 6.8 | 18.0 | ,, ,, | |
| 61 | ,, | 8-12-26 | 11.30 ,, | 3 | 31 | 32 | 62 | 6.7 | 17.7 | Fine | |
| 62 | ,, | ,, | 11.40 ,, | 1 | 45 | 56 | 59 | 6.5 | 18.1 | ,, | |
| 63 | ,, | ,, | 11.55 ,, | 5 | — | 40 | 55 | 8.1 | 19.8 | ,, | |
| 64 | ,, | 10-12-26 | 10.55 ,, | 3 | 31 | 32 | 58 | 7.2 | 19.1 | Dull; still atmosphere | After play-time |
| 65 | ,, | ,, | 11. 5 ,, | 1 | 46 | 56 | 56 | 7.5 | 19.3 | ,, | |
| 66 | ,, | 20-12-26 | 2. 5 p.m. | 3 | 30 | 32 | 57 | 6.7 | 17.8 | Fine | |
| 67 | ,, | ,, | 2.10 ,, | 1 | 36 | 56 | 55 | 6.9 | 17.1 | ,, | |
| 68 | Ellacombe B. | 18-11-26 | 11.35 a.m. | 7 | 46 | 45 | 59 | 5.8 | 16.4 | S.W. squalls | |
| 69 | ,, | ,, | 11.45 ,, | 5 | 43 | 45 | 59 | 6.2 | 16.7 | ,, | |
| 70 | ,, | ,, | 11.55 ,, | 4 | 37 | 40 | 57 | 7.7 | 19.7 | ,, | |
| 71 | ,, | 19-11-26 | 11.35 ,, | 5 | 48 | 45 | 56 | 6.9 | 19.0 | Fine; wind | Door open |
| 72 | ,, | ,, | 11.45 ,, | 7 | 42 | 45 | 57 | 7.6 | 20.4 | ,, ,, | Facing prevailing wind |
| 73 | ,, | ,, | 11.55 ,, | 4 | 36 | 40 | 57 | 6.7 | 17.9 | ,, ,, | |
| 74 | ,, | 22-11-26 | 2.10 p.m. | 5 | 44 | 45 | 59 | 6.0 | 16.6 | Mild | |
| 75 | ,, | ,, | 2.25 ,, | 7 | 42 | 45 | 59 | 5.9 | 16.4 | ,, | Windows shut: cord broken |
| 76 | ,, | ,, | 2.35 ,, | 4 | 34 | 45 | 57 | 8.3 | 20.0 | ,, | |
| 77 | ,, | ,, | 2.45 ,, | 3 | 34 | 40 | 56 | 7.8 | 19.8 | ,, | |
| 78 | ,, | ,, | 2.55 ,, | 2 | 51 | 48 | 56 | 8.7 | 21.8 | ,, | |
| 79 | ,, | 23-11-26 | 11.25 a.m. | 4 | 37 | 45 | 54 | 8.1 | 19.1 | Fine; wind | |
| 80 | ,, | ,, | 11.40 ,, | 7 | 44 | 45 | 55 | 7.4 | 18.0 | ,, ,, | |
| 81 | ,, | ,, | 11.55 ,, | 5 | 31 | 45 | 54 | 7.3 | 18.4 | ,, ,, | Door open |
| 82 | ,, | 26-11-26 | 11.15 ,, | 5 | 42 | 45 | 54 | 7.5 | 19.1 | ,, ,, | Room has open fire |
| 83 | ,, | ,, | 11.25 ,, | 7 | 44 | 45 | 53 | 7.9 | 19.8 | ,, ,, | ,, ,, |

KATA-THERMOMETER READINGS—*continued.*

| (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|
| Ellacombe B. | 26-11-26 | 11.35 a.m. | 4 | 33 | 45 | 53 | 8.1 | 19.9 | Fine; wind | |
| ,, | ,, | 11.45 ,, | 3 | 34 | 40 | 53 | 8.2 | 19.9 | ,, ,, | Room has open fire |
| ,, | ,, | 11.55 ,, | 2 | 39 | 48 | 53 | 8.4 | 19.9 | ,, ,, | ,, ,, |
| ,, | 3-12-26 | 11.10 ,, | 5 | 40 | 45 | 55 | 7.6 | 18.0 | Fine | |
| ,, | ,, | 11.20 ,, | 7 | 44 | 45 | 56 | 7.7 | 18.5 | ,, | |
| ,, | ,, | 11.30 ,, | 4 | 32 | 45 | 57 | 7.4 | 17.7 | ,, | |
| ,, | ,, | 11.40 ,, | 3 | 37 | 40 | 55 | 8.7 | 19.6 | ,, | |
| ,, | ,, | 11.50 ,, | 2 | 37 | 48 | 56 | 8.3 | 19.0 | ,, | |
| ,, | 10-12-26 | 11.15 ,, | 5 | 40 | 45 | 54 | 7.2 | 18.5 | Dull; still atmosphere | |
| ,, | ,, | 11.25 ,, | 7 | 34 | 45 | 56 | 6.8 | 17.8 | ,, | |
| ,, | ,, | 11.35 ,, | 4 | 43 | 45 | 55 | 8.0 | 19.1 | ,, | |
| ,, | ,, | 11.45 ,, | 3 | 33 | 40 | 54 | 7.3 | 17.9 | ,, | |
| ,, | ,, | 11.55 ,, | 2 | 37 | 48 | 53 | 8.1 | 18.8 | ,, | |
| ,, | 20-12-26 | 2.40 p.m. | 5 | 44 | 45 | 54 | 7.6 | 18.4 | Fine | |
| ,, | ,, | 2.55 ,, | 7 | 44 | 45 | 54 | 8.4 | 19.2 | ,, | |
| ,, | ,, | 3.10 ,, | 4 | 31 | 45 | 57 | 7.0 | 18.3 | ,, | |
| ,, | ,, | 3.25 ,, | 3 | 33 | 40 | 54 | 8.3 | 19.2 | ,, | |
| ,, | ,, | 3.40 ,, | 2 | 35 | 48 | 54 | 7.9 | 18.4 | ,, | |

*Appendix B.*

## COMPARISONS OF HEIGHTS AND WEIGHTS.

In this analysis, the average heights and weights of the Torquay children have been tabulated (boys and girls separately) for 1914, 1920, 1926. The 1914 figures represent the last year before the war could have had any effect, 1920 represents an immediate post-war year, and 1926 is the year of the present report: and between these years are equal six-yearly intervals. In addition, the expected average weight for age, sex and height are given from the Baldwin-Wood-Woodbury weight-height-age tables for boys and girls of school age: and the percentage differences of the Torquay average weights from the expected average weights are included. The use of these weight-height-age tables may or may not be of value to assess nutrition in a definite way; but for purposes of comparison the application of the same standards throughout is reasonable.

The number of pounds divided by inches (pounds per inch of body height) is a definite help for making comparisons, because weights without any relation to heights are only partial indications of the physique of the individuals concerned. In addition to the entrants, the "intermediates" and "leavers" have been added as control groups.

In most of the groups there is seen from 1914 to 1920 a definite decrease in the percentage difference between average weights and the expected average weights, and also in the numbers of pounds per inch of body height. The age group four years is to some extent an exception to this, but the averages of these children are taken on small numbers, which may account for an abnormal variation.

Further, from 1920 to 1926 there is a recovery in most of the groups to pre-war level. Nearly all the entrant groups show this, but it is doubtful if they all reach or exceed the 1914 level: certainly in about half the group this occurs, but in the remainder, the average falls short. The recovery is more complete in the intermediate and leaver groups, especially if taken on pounds per inch of body height.

The analysis is open to several criticisms—especially paucity of data, and the fact that heights and weights alone are not definitely absolute criteria of nutrition. But so far as it goes, it looks as if the average entrant from the point of view of heights and weights is neither markedly better nor markedly worse than his pre-war predecessor. In certain cases it seems that the slight falling off during and after the war has not yet been completely regained: and it will be interesting to see the effect of the next few years when the comparison of the entrant child with the entrant of pre-war days may show more marked differences.

| | | AGE 3. | | | |
|---|---|---|---|---|---|
| | | 1914 | 1920 | 1926 | |
| Average Height (inches) | Boys | 36.5 | 37.5 | 37.4 | |
| | Girls | 36.5 | 36.9 | 36.6 | |
| Average Weight (pounds) | Boys | 35.1 | 34.7 | 34.1 | |
| | Girls | 32.6 | 32.0 | 32.5 | |
| Expected Average Weight (according to age, sex and height) | Boys | 31.5 | 32.5 | 32.4 | |
| | Girls | 30.5 | 30.9 | 30.6 | |
| Percentage of average above or below expected average weight | Boys | +11.4 | +6.8 | +5.3 | |
| | Girls | +6.9 | +3.5 | +6.2 | |
| | | | | | Average for England & Wales |
| Pounds per inch of body height | Boys | 0.96 | 0.92 | 0.91 | 0.94 |
| | Girls | 0.89 | 0.87 | 0.89 | 0.87 |

| | | AGE 4. | | | |
|---|---|---|---|---|---|
| | | 1914 | 1920 | 1926 | |
| Average Height (inches) | Boys | 39.8 | 39.5 | 39.6 | |
| | Girls | 41.8 | 39.1 | 39.6 | |
| Average Weight (pounds) | Boys | 36.6 | 36.5 | 36.7 | |
| | Girls | 38.3 | 35.9 | 36.8 | |
| Expected Average Weight (according to age, sex and height) | Boys | 35.8 | 35.5 | 35.6 | |
| | Girls | 38.6 | 34.2 | 35.2 | |
| Percentage of average above or below expected average weight | Boys | +2.2 | +2.8 | +3.1 | |
| | Girls | −0.8 | +5.0 | +4.5 | |
| | | | | | Average for England & Wales |
| Pounds per inch of body height | Boys | 0.92 | 0.92 | 0.93 | 0.97 |
| | Girls | 0.92 | 0.92 | 0.93 | 0.94 |

AGE 5.

| | | 1914 | 1920 | 1926 | |
|---|---|---|---|---|---|
| Average Height (inches) | Boys | 41.2 | 41.8 | 42.6 | |
| | Girls | 40.4 | 41.7 | 41.5 | |
| Average Weight (pounds) | Boys | 41.3 | 38.4 | 41.0 | |
| | Girls | 39.7 | 39.1 | 39.0 | |
| Expected Average Weight (according to age, sex and height) | Boys | 38.2 | 38.8 | 40.2 | |
| | Girls | 36.4 | 38.4 | 38.0 | |
| Percentage of average above or below expected average weight | Boys | +8.1 | —1.0 | +2.0 | |
| | Girls | +9.1 | +1.8 | +2.6 | |
| | | | | | Average for England & Wales |
| Pounds per inch of body height | Boys | 1.00 | 0.92 | 0.96 | 0.98 |
| | Girls | 0.98 | 0.94 | 0.94 | 0.97 |

AGE 6.

| | | 1914 | 1920 | 1926 | |
|---|---|---|---|---|---|
| Average Height (inches) | Boys | 43.7 | 43.6 | 44.4 | |
| | Girls | 42.6 | 43.9 | 43.7 | |
| Average Weight (pounds) | Boys | 43.4 | 42.9 | 44.1 | |
| | Girls | 41.1 | 42.4 | 43.7 | |
| Expected Average Weight (according to age, sex and height) | Boys | 43.1 | 42.8 | 44.8 | |
| | Girls | 40.2 | 41.9 | 41.7 | |
| Percentage of average above or below expected average weight | Boys | +0.7 | +0.23 | —1.6 | |
| | Girls | +2.2 | +1.2 | +4.8 | |
| | | | | | Average for England & Wales |
| Pounds per inch of body height | Boys | 1.01 | 0.98 | 0.99 | 1.01 |
| | Girls | 0.97 | 0.96 | 1.00 | 0.98 |

AGE 8.

| | | 1914 | 1920 | 1926 |
|---|---|---|---|---|
| Average Height (inches) | Boys | 47.6 | 48.0 | 48.9 |
| | Girls | 47.5 | 47.9 | 48.4 |
| Average Weight (pounds) | Boys | 52.7 | 52.1 | 54.9 |
| | Girls | 51.3 | 51.2 | 52.6 |
| Expected Average Weight (according to age, sex and height) | Boys | 51.2 | 53.0 | 54.8 |
| | Girls | 51.0 | 51.8 | 53.2 |

AGE 8—*continued.*

| | | | | | |
|---|---|---|---|---|---|
| Percentage of average above or below expected average weight | Boys | +2.9 | −1.7 | +0.2 | |
| | Girls | +0.6 | −1.2 | −1.1 | |
| | | | | | Average for England & Wales |
| Pounds per inch of body height | Boys | 1.10 | 1.07 | 1.12 | 1.12 |
| | Girls | 1.08 | 1.07 | 1.09 | 1.10 |

AGE 12.

| | | 1914 | 1920 | 1926 | |
|---|---|---|---|---|---|
| Average Height (inches) | Boys | 56.4 | 55.5 | 55.7 | |
| | Girls | 57.2 | 55.7 | 57.1 | |
| Average Weight (pounds) | Boys | 77.7 | 74.7 | 75·8 | |
| | Girls | 76.4 | 72.8 | 83.4 | |
| Expected Average Weight (according to age, sex and height | Boys | 78.6 | 75.5 | 76.1 | |
| | Girls | 82.8 | 77.8 | 82.4 | |
| Percentage of average above or below expected average weight | Boys | −1.1 | −1.1 | −0.4 | |
| | Girls | −7.7 | −6.4 | +1.2 | |
| | | | | | Average for England & Wales |
| Pounds per inch of body height | Boys | 1.38 | 1.34 | 1.36 | 1.38 |
| | Girls | 1.34 | 1.30 | 1.45 | 1.37 |

# TORQUAY CHILDREN'S CARE COMMITTEE.

## REPORT FOR THE YEAR 1926.

Twenty-four cases were dealt with during the year, and assistance was given as follows:—

| | 1923 pairs | 1924 pairs | 1925 pairs | 1926 pairs |
|---|---|---|---|---|
| Boots given free .. .. | 5 | 4 | 8 | 5 |
| Boots, part payment to be made by parents .. .. | 13 | 6 | 1 | 6 |
| Boots, full cost to be repaid by parents .. .. | 4 | 2 | 5 | 4 |
| Boots provided from Clothing Store | 5 | — | — | — |
| | 27 | 12 | 14 | 15 |
| | Cases | Cases | Cases | Cases |
| Milk supplied free .. .. | 1 | 1 | 5 | 9 |
| Special Surgical Boot, Splints, &c. | — | 1 | — | — |
| Clothing supplied from Store .. | 2 | — | — | — |

### Boots.

The average cost per pair was practically the same as in 1925:

| | | | | | |
|---|---|---|---|---|---|
| In 1919 | .. | 49 pairs purchased | .. | Average cost, | 14s. 0d. |
| 1920 | .. | 68 do. | .. | do. | 15s. 10d. |
| 1921 | .. | 39 do. | .. | do. | 14s. 11d. |
| 1922 | .. | 42 do. | .. | do. | 12s. 5d. |
| 1923 | .. | 22 do. | .. | do. | 10s. 6d. |
| 1924 | .. | 12 do. | .. | do. | 11s. 6d. |
| 1925 | .. | 14 do. | .. | do. | 9s. 10d. |
| 1926 | .. | 15 do. | .. | do. | 10s. 0d. |

The proportion of cost repaid by parents in 1926 was also very similar to that of the previous year:—

| | | Total spent on boots | Repaid by parents | |
|---|---|---|---|---|
| 1919 | .. | £37 1 4 | £22 19 4 | = 61 per cent. |
| 1920 | .. | 55 9 10 | 31 12 0 | = 57 per cent. |
| 1921 | .. | 29 8 3 | 19 15 7 | = 67 per cent. |
| 1922 | .. | 26 0 9 | 10 14 5 | = 41 per cent. |
| 1923 | .. | 12 19 4 | 6 17 2 | = 53 per cent. |
| 1924 | .. | 9 19 5 | 4 2 8 | = 41 per cent. |
| 1925 | .. | 6 8 4 | 2 5 2 | = 35 per cent. |
| 1926 | .. | 8 5 6 | 2 12 4 | = 32 per ceut. |

### Eyesight.

Of the 57 cases dealt with, the parents were required to pay the whole cost of the necessary spectacles in five instances; in 35 the cost was borne partly by the parent and partly by the Fund; and in 12 a free grant was made. There were five cases of repairs.

The cost fell to a more normal figure:—

| | | | |
|---|---|---|---|
| 1923 | .. | .. | £9 15 0 |
| 1924 | .. | .. | 16 9 6 |
| 1925 | .. | .. | 18 11 9 |
| 1926 | .. | .. | 11 0 5 |

## FINANCE.

The year 1926 closed with a credit balance of £1 17s. 1d. on the spectacles account, and one of £6 8s. 4d. on the fund for boots, milk, etc.. If the Torquay Education Authority will again grant £20, for 1927, for the eyesight portion of the work, it will place that fund in a satisfactory position.

NINTH

# ANNUAL REPORT

ON THE

## Medical Inspection and Treatment

OF

# Torquay Secondary School Children

1926.

# MEDICAL INSPECTION.
# TORQUAY SECONDARY SCHOOL, 1926.

---

*The School Medical Officer,*
*Torquay.*

SIR,

I have the honour to submit the Ninth Annual Report on the Medical Inspection and Treatment of the pupils at the Torquay Secondary School.

## I. Introduction. School Buildings.

The Senior School is situated at the junction of Barton Road with Newton Road, and comprises a main block of buildings, used by the Boys' and Girls' Departments, with three sets of huts and rooms in a house on the grounds of the premises. The main block is of modern construction, with efficient lighting, heating and ventilation ; but the conditions of working in the huts leave much to be desired, as the series of experiments carried out in 1924 and 1925 showed conclusively. And in addition to this defective heating and ventilation, the lighting is at times inadequate.

These huts are admittedly temporary, but it is urgently recommended that as soon as circumstances allow, the further extension of the main school will be carried out, when the whole number of pupils would be always under the best conditions for their work.

The Junior School is situated at Gainsborough House, near Torre Station, and this too is a temporary arrangement.

The placing of this school in better premises at the first opportunity is a very necessary recommendation. There are now over 100 pupils in this junior department, a very considerable and gratifying increase ; and if the work is to progress well, it is imperative that premises should be constructed for the purpose, when adequate and efficient buildings could be designed. The school at present is

considerably handicapped in the matters of an assembly room, of playground space and of accommodation for the many children who stay to dinner. It is satisfactory to record that this question of other premises is receiving the consideration of the Authorities. For the Junior School after all plays a most important part in every respect in preparing the children to benefit more effectively by the course through which they are to pass in the Senior Department.

The general cleanliness and tidiness of all the premises have been, on the many occasions on which I have visited the school, very good and entirely satisfactory.

## II. Medical Inspection.

The arrangements for the examination of the pupils at this school are similar to those described for the elementary schools: each department (Boys', Girls' and Junior), was visited several times during the year and routine and special cases seen on each occasion. As was the case in 1925, an endeavour was made to examine all the pupils in actual attendance, and of about 620 on the roll, 579 were examined as routine cases, compared with 567 inspected in 1925, and 478 in 1924. This ensures that nearly every child is seen each year, and must be considered a highly satisfactory arrangement; 56 special cases were examined at the request of parents and teachers.

Every attempt is made to secure the correct and adequate treatment for each defect, and the defective cases are frequently re-examined with this end in view: and during 1926, 312 re-examinations were made.

Excluding dental disease, 90 individual pupils had defects requiring treatment—*i.e.*, 15.6%, as compared with 10.8% in 1925, and 12.8% in 1924. The increased percentage of defects in 1926 is probably due to the higher numbers of "entrant" children: for example, of the children aged 4 to 14 years (inclusive) the percentage of defective individual pupils requiring treatment is 16.4, while of those 15 to 18 years (inclusive) only 12.6% were in need of treatment.

## III. Findings of Medical Inspection.

(*a*). *Uncleanliness.* The standard of general cleanliness is quite good, and no case of uncleanliness was found in examination of pupils. The general tone of the school and the personal appearance of the pupils are most satisfactory, and there is evidently a strong desire on the part of the scholars to avoid anything in their appearance or behaviour which would be detrimental to their school.

The *clothing* and footgear were without exception satisfactory in every way, and the uniformity of the type of clothes in both Boys' and Girls' Departments is doing much to foster the high tone which prevails.

(*b*). *Nutrition.* 555 children were of normal and good nutrition, and 24 were more or less below normal; but of the latter no cases were so unsatisfactory as to require supervision.

(*c*). *Tonsils and Adenoids.* Seven pupils were found to have markedly enlarged tonsils or adenoids; four were referred for treatment, and three for palliative measures and continued observation. In addition, four special cases of nose and throat defect were referred for treatment. During the year three cases were operated on at the Torbay Hospital and one was done privately.

(*d*). *Tuberculosis.* Four suspected cases were discovered, two being referred for treatment and two kept under observation. Another case of old tuberculous hip was kept under observation.

(*e*). *Vision and External Eye Disease.* The pupils are all carefully tested, both for distant and near vision, and for evidence of colour blindness. 18 cases were found to have defective vision in one or both eyes; these and 13 specials were referred for treatment, while five routine cases were kept under observation. 23 pupils attended the Clinic and were submitted to refraction; and glasses were prescribed and obtained in 23 cases. Six others were treated privately and obtained the necessary glasses.

All cases having defective vision are kept under close observation throughout their school lives in an attempt to ensure that glasses are properly worn and changed when required.

Two cases of external eye disease were discovered on routine inspection: one of these was kept under observation, while the other, together with one special, received treatment.

(*f*). *Ear Disease and Hearing.* Two children were suffering from ear disease and deafness, and were referred for treatment, and three specials were treated at the Clinic.

(*g*). *Dental Defects.* 459 pupils (79%), had clean mouths, and 112 (21%) minor defects of one kind or another; eight had bad mouths with more than five decayed teeth, and seven were referred for immediate treatment.

The separate Report of the Dental Surgeon is found on page 74.

(*h*). *Heart Disease and Anæmia.* Six children were found to have heart defects, three being organic and the remainder functional.

There were in all 19 cases of anæmia.

(*i*). *Lung Disease (Non-Tuberculous).* Three cases of bronchitis were discovered, two being referred for treatment, one for observation.

(*j*). *Crippling Defects.* Thirty-five children had narrow or pigeon chests, six showed evidence of slight spinal curvature, and four were flat-footed. There were two cases of torticollis, one of which was referred for treatment.

Four crippled cases were examined; of these one is non-pulmonary tuberculosis (quiescent), one the result of accident, one infantile paralysis, and one congenital deformity.

(*k*). *Other Defects.* Twenty other defects were discovered, seven being referred for treatment and thirteen being kept under observation. These include cases of slightly enlarged thyroid gland, inguinal hernia, synovitis, etc.

## IV. Infectious Disease.

No outbreaks of infectious disease have occurred during 1926, and the school has been free from many cases of serious illness. The freedom from serious outbreaks of epidemics may be due to the fact that many of the pupils have acquired immunity to the school epidemic diseases earlier in childhood.

## V. Following-Up.

Every attempt is made to secure adequate and correct treatment for defective cases on the lines described for elementary school children: and an endeavour is made to explain in many cases personally to the parents, on some occasions the School Nurse visiting the homes for this purpose. By this and by frequent re-examinations, the defects are almost without exception remedied, and the general work of following-up is not difficult, as both parents and pupils realise the necessity of proper treatment.

## VI. Clinic Work.

The number of pupils attending the Clinic is not large, as every effort is made to refer to their private doctor cases in which the financial condition of the parents will allow. A small number of children (46) attended the Clinic for treatment, the number of attendances being 103.

## VII. Physical Training.

The physical training is very well carried out at these schools, in accordance with the existing syllabus, and it is fortunate that this subject is in the hands of such able exponents as the instructors there; the difference in the physique, as the time during which the pupil has been at the school increases, is in many instances, very marked. But there are still a few cases where the pupils' physique is not what it might be, and we want to make the conditions such that *all* the scholars will be (when they leave school), first class in health as well as in the School Certificate or other examination.

The staff are very enthusiastic to do whatever is best for the individual pupil, to try to increase physical fitness in the less robust, to avoid overstrain in the more healthy. It is realised that it is most essential to search for and find a proper adjustment of the phases of physical and mental activity, the effective accomplishment of which would be to increase efficiency in both directions.

## VIII. Provision of Meals.

A most valuable part of the general school régime is the provision of dining halls, one for the Boys' and one for the Girls' Department, Here every day a hot dinner is served for the sum of 9d.; and in addition, arrangements are made so that those pupils who wish to bring their own dinners may have their food warmed up and any extras supplied as required. On an average about 35 boys and 35 girls stay each day for dinner.

Through the courtesy of Miss Jackson, Head Mistress of the Girls' School. I personally have been present at dinner at this school, and I cannot speak too highly of the general arrangements. The menu, which includes meat and two vegetables, and a sweet, is varied each day, and the catering is excellent (it is of course entirely self-supporting), and the milk supplied is all Grade A—Tuberculin Tested. Judging from the numbers of pupils present, it must be of inestimable benefit to parents and scholars alike; for not only is it essential to those who come in daily by train, but it obviates a large amount of fatigue for those pupils who have a long distance to go to and from school in the 1½ hours allowed. After dinner, pupils may read, walk about the grounds, or play some form of organised games, if time allows.

In the Junior Secondary School, the arrangements are most ably made, in spite of the lack of accommodation (to which reference has previously been made); and some 30 and often 40 or 45 children stay to dinner. The hot dinners (meat and two vegetables and pudding) are 9d.; while for those who bring their own dinner, which can be warmed at the school, there is a service fee of ½d. a day or 2/6 a term. Hot milk can also be obtained at 11 a.m. After dinner, a rest

is taken daily (lying down for those who need it); and through the unlimited enthusiasm of the Head Teacher, Miss Wyatt, there is nothing left undone in the many great and small ways and means of helping the pupils.

An army, it is said, marches on its stomach, and a school must necessarily progress in a somewhat similar way; and those who are responsible for the general arrangements and catering in the Torquay School are to be highly congratulated, for the provision of meals is closely interwoven with the maintenance of efficient health.

## IX. Co-operation of Teachers.

Every facility is afforded the Medical Officer in his visits to the schools, and the smooth and harmonious way in which the inspection is done, must necessarily be the result of much care, forethought and extra work on the part of the Heads of the three schools. The weighing and measuring of each pupil is done in advance, and ample good accommodation provided for the inspection itself; and the care shown by the staff in individual cases, especially the defective pupils, is all that can be desired. Perhaps much more satisfying than the gratitude which the School Medical Service obviously owes for such courtesies, the Staff at these schools can certainly feel that it is their co-operation which is, to a very large extent, ensuring the fullest possible measure of results.

Further than this, much interest has been shown in the syllabus on "The Practice of Health," of the Headmasters' Conference, 1924; and this, I feel sure, augurs well for a future widening of the term "Hygiene." For it will result, in the long run, in abolishing much of what has been regarded as the dry and uninteresting part of this subject, and substitute a more comprehensive way of ensuring what is most important—the *Practice* of Health.

A school with such a staff may well be considered fortunate; and the three departments are in such a happy category.

## X. Co-operation of Parents.

More parents were present at the routine examinations, 77 attending in 1926 (compared with 69 in 1925). The difficulties of coming in from surrounding places, the fact that some of the pupils have been examined at the elementary schools, or the fact that all except "entrants" have been examined previously at the Secondary School, may account in part for the absence of the majority of the parents. But in any case there is never any difficulty in obtaining treatment for any defect, and the absence of parents would not seem to indicate indifference or lack of interest.

## XI. Conclusion.

This is an age of increasing haste, where mechanical contrivances, automatic devices, labour-saving short cuts are daily designed to help the individual to spare himself thought and to prevent waste of his time. This may or may not be desirable, and in any case it is apparently part of progress; but it is well to remember that the capacity of the individual to help *himself* must not altogether be eliminated. Health Weeks have recently stressed and emphasised this aspect, and there is certainly need to keep the thought in the foreground. For the ways in which the person can help himself in the matter of health are as yet imperfectly realised, not fully considered, and at times sadly neglected.

It is no uncommon experience to see pupils in whom health and physique might be made much more balanced and effective by a judicious alteration in hours of sleep, in diet or in exercise. And at times the indignation or apathy of the individual or of the parent is very marked when these simple things of a hygienic way of life are pointed out. Like Naaman, they derisively reject the apparent stupidly easy method of regaining perfect health, and plaintively wail for the great rivers of Damascus in the form of some ultra-modern therapeutic measure or complicated treatment. Yet I cannot too strongly urge the need in many of these pupils for such simple measures as more sleep and regular hours, a more sane distribution of work, play and rest in their daily routine.

The care of health lies not merely in the hands of the doctor, the teacher, the parent, but so largely in the power of the individual pupil concerned. The growing boy or girl must learn to take an interest and help himself or herself in these things; it may need a little trouble, a little thought, a little consideration, but the rewards of success are as great as the dire penalties of failure. And for those who view with misgiving the need for, and insistence of, self-help in Health, it is opportune to call to mind the wisdom of Pallas that

> "Self-reverence, self-knowledge, self-control—
> These three alone lead life to sovereign power."

I have the honour to be,

Sir,

Your obedient Servant,

J. V. A. SIMPSON,

*Assistant Medical Officer.*

# DENTAL INSPECTION AND TREATMENT.

---

*The School Medical Officer,*
*Torquay.*

## The Secondary School Report for 1926.

AGE GROUPS—6 TO 18.

SIR,

The yearly inspection of Secondary School scholars shows a high average of sound cases. Of 561 Routine only 345 were referred for treatment, and a number of these were attended for minor operations only such as gum treatment and scaling.

217 received treatment at the Clinic, and there were no definite "Objectors," the remainder promising "Private Treatment," and there were 21 cases re-treated during the year.

The benefit of inspection is lost in such cases, for the object is to point out defects, as a "stitch in time" is so important in Dental Work.

The fillings were mostly permanent, as one would expect in a Secondary School—only five being temporary of a total of 210 fillings.

The extractions (16 Permanent and 112 Temporary) show an exceptionally low ratio to fillings, there being approximately 2 fillings to 1 extraction. This is the highest proportion of any School, and in my opinion is partly due to a *yearly* inspection and the interest shown by the children in the treatment, every facility being given for their attendance at the Clinic.

Eight half-days were devoted to inspection, and 46 sessions were given to treatment; and in addition two lectures were delivered at the Schools.

I have to acknowledge the courtesy of the heads of the Schools, special rooms being set apart; and I also had the assistance of Nurse Hughes at the inspection of Girls and Junior cases.

LUDLOW STRANGWAYS,

L.D.S., R.C.S., ENG.,

*Dental Officer.*

*31st May, 1926.*

# SECONDARY SCHOOLS.

## TABLE I. (Secondary).

*Number of Children Inspected 1st January, 1926, to 31st December, 1926.*

| Age. | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Total. |
|---|---|---|---|---|---|---|---|---|---|
| Boys - - | — | 5 | 11 | 11 | 19 | 16 | 9 | 35 | 106 |
| Girls - - | — | 4 | 6 | 8 | 11 | 4 | 20 | 25 | 78 |
| Totals | — | 9 | 17 | 19 | 30 | 20 | 29 | 60 | 184 |

| Age. | 12 | 13 | 14 | 15 | 16 | 17 | 18 & over | Total | Grand Total. |
|---|---|---|---|---|---|---|---|---|---|
| Boys - - | 43 | 35 | 36 | 39 | 12 | 6 | 4 | 175 | 281 |
| Girls - - | 59 | 45 | 50 | 43 | 16 | 6 | 1 | 220 | 298 |
| Totals | 102 | 80 | 86 | 82 | 28 | 12 | 5 | 395 | 579 |

### B—Other Inspections.

| | |
|---|---|
| Number of Special Inspections ... ... | 56 |
| Number of Re-inspections ... ... ... | 312 |
| Total ... | 368 |

## TABLE II.

### A—Return of Defects found by Medical Inspection in the Year ended 31st December, 1926.

| Defect or Disease. | | Routine Inspections: No. of Defects. | | Specials 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) |
| | Malnutrition, etc. .. .. | — | — | — | — |
| | Uncleanliness— *(see Table IV., Group V.)* | | | | |
| | Head .. .. | — | — | — | — |
| | Body .. .. | — | — | — | — |
| Skin .. | Ringworm— | | | | |
| | Scalp .. .. | — | — | — | — |
| | Body .. .. | 1 | — | — | — |
| | Scabies .. .. | — | — | — | — |
| | Impetigo .. .. | — | — | — | — |
| | Other Diseases (Non-Tuberculous) | 9 | — | 7 | — |
| Eye .. | Blepharitis .. .. | 1 | 1 | — | — |
| | Conjunctivitis .. .. | — | — | — | — |
| | Keratitis .. .. .. | — | — | — | — |
| | Corneal Opacities .. .. | — | — | — | — |
| | Defective Vision (excluding Squint) .. .. | 18 | 4 | 10 | — |
| | Squint .. .. .. | — | 1 | 3 | — |
| | Other Conditions .. .. | — | — | 1 | — |
| Ear .. | Defective Hearing .. .. | 1 | — | 3 | — |
| | Otitis Media .. .. | 1 | — | — | — |
| | Other Ear Diseases .. .. | — | — | — | — |
| Nose and Throat | Enlarged Tonsils only .. | 2 | 3 | — | — |
| | Adenoids only .. .. | 1 | — | — | — |
| | Enlarged Tonsils and Adenoids | 1 | — | — | — |
| | Other Conditions .. .. | — | — | 4 | — |
| Enlarged Cervical Glands (Non-Tuberculous) | | — | 1 | 1 | 1 |
| Defective Speech .. .. .. | | — | — | — | — |

TABLE II.—*continued.*

| (1) | | (2) | (3) | (4) | (5) |
|---|---|---|---|---|---|
| TEETH | Dental Diseases (*see Table IV., Group IV.* | 7 | — | 1 | — |
| HEART AND CIRCULATION | Heart Disease— | | | | |
| | Organic .. .. .. | — | 3 | — | — |
| | Functional .. .. | — | 3 | 2 | — |
| | Anæmia .. .. | 16 | 3 | 2 | — |
| LUNGS .. | Bronchitis .. .. | 2 | 1 | — | — |
| | Other Non-Tuberculous Diseases | — | — | — | — |
| TUBERCULOSIS | Pulmonary— | | | | |
| | Definite .. .. | — | — | — | — |
| | Suspected .. .. | 2 | 2 | — | — |
| | Non-Pulmonary— | | | | |
| | Glands .. .. | — | — | 1 | — |
| | Spine .. .. | — | — | — | — |
| | Hip .. .. .. | — | 1 | — | — |
| | Other Bones and Joints .. | — | — | — | — |
| | Skin .. .. | — | — | — | — |
| | Other Forms .. .. | — | — | — | — |
| NERVOUS SYSTEM | Epilepsy .. .. .. | — | — | — | — |
| | Chorea .. .. | — | — | — | — |
| | Other Conditions .. .. | 1 | 3 | — | — |
| DEFORMITIES | Rickets .. .. | — | — | — | — |
| | Spinal Curvature .. .. | 5 | 1 | — | — |
| | Other Forms .. .. | 33 | 4 | 1 | — |
| Other Defects and Diseases .. .. | | 7 | 13 | 16 | 2 |

B—NUMBER OF *individual children* FOUND AT *Routine* MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

| | |
|---|---|
| Number Inspected .. .. | 579 |
| Requiring Treatment .. .. | 90 |
| Percentage requiring Treatment .. | 15·6 |

## TABLE III.

*See* ELEMENTARY SCHOOL REPORT, PAGE 43).

NOTE.—Seven physically defective crippled children attend the Secondary School—one non-pulmonary tuberculosis (quiescent), one the result of accident, three severe heart disease, one infantile paralysis, and one congenital deformity.

## TABLE IV. (SECONDARY)

*Return of Defects treated during the Year ended 31st December, 1926.*

### TREATMENT TABLE.

*Group I.—Minor Ailments* (excluding Uncleanliness, for which see Group V.)

| Disease or Defect. | Number of Defects treated, or under treatment during the year. | | |
|---|---|---|---|
| | Under the Authority's Scheme. | Otherwise. | Total. |
| (1) | (2) | (3) | (4) |
| *Skin—* | | | |
| Ringworm—Scalp ... ... | — | — | — |
| Ringworm—Body ... ... | 1 | — | 1 |
| Scabies ... ... ... | — | — | — |
| Impetigo ... ... ... | — | — | — |
| Other Skin Diseases ... | 9 | 2 | 11 |
| *Minor Eye Defects—* (External and other, but excluding cases falling in Group II.) | 1 | — | 1 |
| *Minor Ear Defects* ... ... | 3 | — | 3 |
| *Miscellaneous—* (*e.g.*, minor injuries, bruises, sores, chilblains, etc.) ... | 17 | — | 17 |
| Total ... | 31 | 2 | 33 |

TABLE IV.—*continued.*

*Group II.—Defective Vision and Squint* (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

| Defect or Disease. | Number of Defects dealt with. | | | |
|---|---|---|---|---|
| | Under the Authority's Scheme. | Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. | Otherwise. | Total. |
| (1) | (2) | (3) | (4) | (5) |
| Errors of Refraction (including Squint) ... | 23 | 6 | — | 29 |
| Other Defect or Disease of the eyes (excluding those recorded in Group I.) ... | 2 | — | — | 2 |
| Total ... | 25 | 6 | — | 31 |

Total number of children for whom spectacles were prescribed :

(*a*) Under the Authority's Scheme ... 23
(*b*) Otherwise ... ... ... 6

Total number of children who obtained or received spectacles :

(*a*) Under the Authority's Scheme ... 23
(*b*) Otherwise ... ... ... 6

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

| Number of Defects. | | | | |
|---|---|---|---|---|
| Received Operative Treatment | | | Received other forms of Treatment. | Total number treated. |
| Under the Authority's Scheme, in Clinic or Hospital. | By Private Practitioner or Hospital, apart from the Authority's Scheme. | Total. | | |
| (1) | (2) | (3) | (4) | (5) |
| 3 | 1 | 4 | — | 4 |

*Group IV.—Dental Defects.*

(1) Number of Children who were :—

(*a*) Inspected by the Dentist :

Aged :

| | | | |
|---|---|---|---|
| Routine Age Groups | 6 ... | 17 | Total ... 561 |
| | 7 ... | 9 | |
| | 8 ... | 13 | |
| | 9 ... | 18 | |
| | 10 ... | 20 | |
| | 11 ... | 43 | |
| | 12 ... | 125 | |
| | 13 ... | 115 | |
| | 14 ... | 95 | |
| | 15 ... | 78 | |
| | 16 ... | 19 | |
| | 17 ... | 7 | |
| | 18 ... | 2 | |
| Specials ... | | | ... — |
| Grand Total | | | 561 |

(*b*) Found to require treatment ... ... ... 345

(*c*) Actually treated ... ... ... ... 217

(*d*) Re-treated during the year as the result of periodical examination ... ... ... 21

| | | | | |
|---|---|---|---|---|
| (2) | Half-days devoted to ... | Inspection ... | 8 | Total ... 54 |
| | | Treatment ... | 46 | |
| (3) | Attendances made by children for treatment ... ... 287 | | | |
| (4) | Fillings ... ... | Permanent teeth | 205 | Total ... 210 |
| | | Temporary teeth | 5 | |
| (5) | Extractions ... ... | Permanent teeth | 16 | Total ... 128 |
| | | Temporary teeth | 112 | |
| (6) | Administrations of general anæsthetics for extractions | | | Total ... Nil |
| (7) | Other operations ... | Permanent teeth | 79 | Total ... 79 |
| | | Temporary teeth | Nil | |

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