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TORQUAY EDUCATION COMMITTEE

YEAR 1937

Dem

THIRTIETH

Annual Report



ON THE

Medical Inspection and Treatment

OF

Elementary School Children

ALSO

TWENTIETH ANNUAL REPORT

ON THE

Medical Inspection of Scholars

IN THE

Torquay Grammar School



TORQUAY EDUCATION COMMITTEE

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Elementary School

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STAFF

School Medical Officer :

J. V. A. SIMPSON,

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Assistant School Medical Officer :

L. G. ANDERSON, M.D.LIVERP., CH.B., D.P.H.LIVERP.

Ophthalmic Surgeon :

*J. M. THOMSON, M.B.GLASG., CH.B., D.O.M.S.ENG.

Dental Surgeon :

N. HARRIS, L.D.S.ENG.

School Nurses :

MISS F. M. HUGHES, S.R.N.

†MISS P. MULLINEAUX, S.R.N., S.C.M., H.V. CERT. R.S.I.

†MISS M. E. CARTER, S.R.N., S.C.M., H.V. CERT. R.S.I.

Orthoptist :

*MRS. C. GRUGEON

Clerks :

MISS E. VYLE

*MRS. V. E. KNAPMAN

Dental Attendant :

MISS E. M. MANSFIELD

* Part-time.

† Also a Health Visitor.

BOROUGH OF TORQUAY.

AREA OF BOROUGH (in acres)	6,244
POPULATION (1931 Census)	46,352
NUMBER OF ELEMENTARY SCHOOLS	14
NUMBER OF DEPARTMENTS	18
SPECIAL SCHOOL FOR PHYSICALLY DEFECTIVE	1
AVERAGE ATTENDANCE AT ELEMENTARY SCHOOLS	3,683
AVERAGE ATTENDANCE AT SPECIAL SCHOOL	73
AVERAGE NUMBER ON THE SCHOOL REGISTERS	4,271



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

MR. CHAIRMAN, LADIES AND GENTLEMEN—

I have the honour to present the Thirtieth Annual Report on the work of the School Medical Service in the Borough.

The successful treatment of disease is satisfactory, the effective prevention of illness is much better, but measures for ensuring the attainment and maintenance of good health and physique are indeed better still ; for as Herman Biggs, that pioneer of public health in America, aptly put it, " To make the unfit fit is a worthy task, but to make the fit fitter is a larger and higher achievement." Treatment schemes have, from the beginning, been well planned and organised, preventive measures have throughout held a prominent place, and recently there has been a determined effort towards placing within the grasp of every boy and girl the fullest possible physical and mental efficiency.

This trinity of functions is provided for within the scope of the school medical service ; and with the emphasis now upon positive health considerable further progress should be practicable. But this depends largely upon measures to ensure adequate nutrition, which is the indispensable basis of physical education ; moreover, the effects of the lack of a correct and sufficient diet during the growing period of a child's life have irremediable influences which cannot afterwards be compensated. And constant vigilance is necessary. For what is wrong with the poor is poverty ; and whenever (after deducting the rent) the income per person in any household falls below a certain limit it is impossible to ensure a balanced satisfactory diet, however skilfully the family budget is planned.

The nutrition of children both at the Elementary Schools and at the Grammar School in Torquay continues, on the whole, to be satisfactory ; but the scientific mind, fully aware

of the facts which are involved, of the knowledge which research has generously given, of the foodstuffs which production has overwhelmingly supplied, cannot be content until there is not a single case of sub-normal nutrition.

It is gratifying that the Education Authority have acquired a new site for the open-air school, and that the plans for the buildings are well advanced; for open-air education has more than proved its important place in school work. Originally and primarily conceived for restoring delicate children to health, it not only does this, but it also teaches in a practical and pleasant way the greatest of all arts—the art of Living.

Yet this is not all: for along with the new open-air school will be combined an open-air nursery school, an experiment which Torquay is privileged to try. By selecting cases below school age in need of treatment, this feature will extend to younger children the enormous advantages and benefits of open-air education on nursery school lines; and it will prove a truly preventive measure of inestimable value. This wise decision of the Education Authority will greatly encourage those workers who have closely at heart the true welfare of the child.

During the year the routine work in every branch has been continued with accustomed smoothness—almost, it might be said, with silent efficiency; but mention may be made of the inauguration of the orthoptic section (for muscle balance training of the eyes) which will prove an extremely valuable extension of the consistently good results of the ophthalmic department.

The report of the dental officer shows a large volume of work of a high standard; but even here the emphasis should be on conservative treatment and preventive measures. And for this the closest co-operation on the part of every parent must be forthcoming. Dental caries is all too widespread in school children, and the detrimental effects upon general health are proved painfully enough, time after time, in clinical medicine. Modern research has provided knowledge which,

if applied, would enormously reduce dental defects. This is a challenge which must be met by all the resources at our disposal; and while part of the problem is dietetic, and therefore to some extent economic, regular frequent dental inspection and early conservative treatment should be within the reach of every child.

In conclusion, I acknowledge with gratitude both the support which the Education Committee have given me, and the loyal co-operation of every member of the Staff; for on these factors depends the successful march of continued progress.

I have the honour to be,

Your obedient Servant,

J. V. A. SIMPSON.

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**MEDICAL INSPECTION AND TREATMENT
OF THE
ELEMENTARY SCHOOL CHILDREN
1937.**

*The School Medical Officer,
Torquay.*

SIR,

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

I. Staff.

Miss I. P. Randolph, a Health Visitor and School Nurse, left the service to get married; and two Health Visitors, Miss P. Mullineaux and Miss M. E. Carter now devote part of their time to school medical work. This is another step in the gradual fusion of the nursing staff in the public health and school medical services.

Miss D. Longridge was appointed Orthoptist early in the year and later was succeeded by Mrs. C. Grugeon who resigned, on leaving the district, at the end of December.

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 clinic facilities are available for the pre-school child; a number of minor ailment cases were treated at the Clinic and 113 babies and young children made 252 attendances.

The Ophthalmic, the Orthopædic and the School Dental Services also are available for the pre-school child.

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

During the past few years quite a considerable amount of excellent improvements have been carried out at the various schools: and this, together with the new schools recently built, has been the means of raising the standard of school buildings to a more satisfactory level.

The new school at Audley Park is nearing completion, and will provide accommodation for 480 senior boys and 480 senior girls.

MEALS.—Arrangements for warming up meals brought to school by the children and the service of meals are in satisfactory operation at several schools—Homelands Central, Upton, Westhill, St. Marychurch, Tor, Priory R. C., Barton—where a number of children stay for dinner. The necessary provision is made of means for warming up the food, and as a rule individual tables are laid; and advantage is taken by those teachers who also remain to supervise the children and ensure a proper regulation of the whole meal so as to make it of definite educative value.

In addition, in certain of the Junior Departments a rest is included after the dinner for the younger children; and this is of considerable importance in maintaining health.

IV. Medical Inspection.

Routine medical inspection and the inspection of special children brought forward by the Head Teachers are 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 three mornings at the school clinic, and to this the children are referred by the school nurses, teachers, school 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 of other ages who were presented for various reasons were examined as 'codes.'

The total number of children examined during the past year was 1482 as compared 1463 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 reason 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 43. Of these, 8 were due to tuberculosis, 6 to infantile paralysis, 3 to rickets, 15 to congenital deformity and trauma, 9 to cardiac disease and 2 to epilepsy. It should be understood that only very severe cases of cardiac disease are counted as cripples.

Of the 43 cases, 35 were in attendance at the open-air school or the ordinary elementary schools, and 8 were considered to be unfit for school at present.

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

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

V. Findings of Medical Inspection.

(a) *Nutrition.*

Of the 1482 children examined 106 (7.1%) had excellent nutrition, 1316 (88.8%) were of normal nutrition, 56 (3.8%) were slightly sub-normal, and 4 (0.2%) were of bad nutrition.

(b) *Uncleanliness.*

Definite cases of uncleanliness of the head numbered 15 (1.0%) and 11 (0.7) children showed evidence of flea bites.

(c) *Minor Ailments and Diseases of the Skin.*

There were 9 cases of skin disease found on routine inspection, all of which were referred for treatment. In addition, 160 special cases were referred for treatment.

Among the special cases, 583 were referred for treatment as minor ailments.

(d) *Visual Defects and External Eye Disease.*

Of the routine cases 53 children with defective vision were referred for treatment, and 4 kept under observation; while 56 special cases were referred for treatment.

Four cases of external eye disease were found on routine inspection. All of these and 96 special cases were referred for treatment.

(e) *Nose and Throat Defects.*

On routine inspection 42 children were found to have slight defect of nose and throat, but these were not sufficiently serious to require treatment. In addition there were 49 cases referred for treatment: these included 28 cases of enlarged tonsils only, 2 of adenoids only, 16 of enlarged tonsils and adenoids, and 3 of other nose and throat defects. There were also referred for treatment 20 special cases of enlarged tonsils only, 7 of adenoids only, and 52 of enlarged tonsils and adenoids; and 195 special cases of acute tonsillitis, etc., were referred for treatment.

The cases kept under observation included 39 routine and 2 special cases of enlarged tonsils only, 1 routine and 1 special case of adenoids only, and 2 routine and 1 special case of enlarged tonsils and adenoids.

(f) *Ear Disease and Defective Hearing.*

Six cases of defective hearing were discovered on routine inspection and were referred for treatment while one case was kept under observation. In addition 8 cases of defective hearing were treated as specials; and 37 cases of otitis media and 50 cases of other ear defects were referred for treatment as specials.

(g) *Dental Defects.*

In the course of routine inspection 565 children (38%) were found with from one to four carious teeth, and 106 (7%) had more than five teeth defective. Of these 20 were referred for immediate treatment.

Further details of the dental defects are found in the Report of the Dental Department on Page 30.

(h) *Orthopædic and Postural Defects.*

Two cases of rickets were found, and 11 children were found, on routine inspection, with pigeon chests, slight spinal curvature and other postural defects. In all of these, treatment was necessary. Two cases of rickets were found in the special cases, and 12 of other postural defects.

(i) *Heart Disease and Rheumatism.*

Five cases of organic heart disease were found, four being referred for treatment; and ten functional cases were found, eight being referred for treatment.

(j) *Tuberculosis.*

Four cases of suspected phthisis were discovered, and there were two cases of non-pulmonary tuberculosis. In addition, two cases of suspected phthisis and one case of non-pulmonary tuberculosis were treated as specials.

(k) *Other Defects and Diseases.*

44 cases of other defects were referred for treatment and 17 kept under observation: among these were cases of hernia, old injuries, general debility, acidosis, etc.

VI. 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 Nurses.

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 two 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 three 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 1937 the School Nurse paid 64 visits to schools, and examined 7308 children, finding 164 unclean; and she also paid 716 visits to homes.

The Health Visitors who devote part of their time to school work, carry out the minor ailment clinic at Barton every morning.

VII. Medical Treatment.

The treatment of minor ailments (External Eye Disease, Skin Disease, 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; an inspection clinic is held on Tuesday and Saturday mornings.

A minor ailment clinic is held every morning at Barton Clinic, and an inspection clinic on Thursday morning; the Dental Surgeon attends on Monday afternoon. Being in the neighbourhood of the new housing estates it is proving invaluable to many children in this area.

The following are the clinic totals for the year:—

	No. of Cases	No. of Attendances
Medical Examinations	1447	1964
Dressings, Treatments, &c.	2642	9323

(a) *Malnutrition.*

Cases of malnutrition are sent to the Open-Air School, where the effect on the nutrition of the children is consistently excellent. The proper diet, adequate rest, the stimulating effect of the air on metabolism, the full amount of sunshine, all play a part in bringing about the good results.

(b) *Minor Ailments and Injuries.*

814 cases 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 absence at school by treating the *early* stages of the trouble.

(c) *Skin Disease.*

159 cases of skin disease, as compared with 205 last year, were treated at the clinic.

Ringworm cases numbered 8, of which 7 were cases affecting the body only. One case of ringworm of the scalp was reported, and as a rule these scalp cases are treated by drugs as apart from X-rays; but arrangements are made with the Torbay Hospital to supply this latter treatment if it is considered necessary.

14 cases of scabies were treated at the clinic.

(d) *Visual defects and External Eye Disease.*

206 cases of defective vision were treated during the year at the Clinic, and 144 have obtained glasses out of 151 for whom glasses were prescribed; 33 other defects were dealt with at the Eye Clinic.

62 cases of minor eye defects received Clinic treatment during the year.

For further details, reference may be made to the report of the School Ophthalmic Surgeon on page 29.

(e) *Nose and Throat Defects.*

The Scheme for the operative treatment of enlarged tonsils and adenoids has been continued.

During 1937, 76 cases have been operated on at the Hospital, while nine were operated on privately. Of the 76 treated under the Authority's scheme, 30 were cases of enlarged or septic tonsils only, one was a case of adenoids only, and 45 were cases of enlarged tonsils and adenoids. The nine dealt with privately included six cases of enlarged or septic tonsils, and three of enlarged tonsils and adenoids.

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.

(f) *Ear Disease and Hearing.*

The number of ear defects treated was 105, of which 47 were cases of otorrhœa (discharging ears).

(g) *Dental Defects.*

For the treatment of these defects reference may be made to the report of the School Dental Department on page 30.

(h) *Orthopædic Defects.*

During the year, the Orthopædic Scheme for the whole County of Devon has been in operation; this Scheme, the Devonian Association for Cripples' Aid, has a central Hospital near Exeter, and Torquay is one of the areas in which a special Clinic is held. Castle Chambers are used as the local orthopædic centre each Wednesday, and the Surgeon, Mr. Norman Capener, F.R.C.S., visits the clinic twice a month.

In 1937, some 76 Torquay school children have been receiving treatment under this scheme ; and the following are the conditions treated :—

Infantile paralysis -	-	-	11
Talipes -	-	-	4
Genu Valgum -	-	-	9
Pes Planus -	-	-	9
Rickets -	-	-	5
Torticollis -	-	-	1
Tuberculous bone or joint disease	-	-	4
Other diseases or injuries of bones	-	-	7
Old Hemiplegia -	-	-	8
Hallux Valgus -	-	-	2
Kyphosis and Scoliosis -	-	-	3
Congenital dislocation of hip	-	-	1
Other Conditions -	-	-	12

During the year nine cases were treated in the Orthopædic Hospitals, and 12 cases were discharged cured from the Orthopædic Clinic.

(i) *Heart Disease.*

Some of the cases of heart disease are treated at the Open-Air School, where very encouraging results have been obtained.

(j) *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 ; 105 children in this category were examined from time to time during the year.

SUMMARY OF WORK AT CASTLE ROAD SCHOOL CLINIC
DURING 1937.

Disease or Defect	Medical Exams.		Dressings, etc.	
	Individual cases	Visits	Individual cases	Visits
Uncleanliness—Head	3	3	3	5
Skin—Ringworm	4	9	5	23
Scabies	14	74	6	17
Impetigo	24	29	181	556
Others (non-tuberculous)...	84	116	145	555
Defective Eye Conditions ...	128	155	105	578
Defective Hearing	8	16	6	13
Otitis Media	35	47	53	426
Enlarged Tonsils and Adenoids ...	59	147	—	—
Tonsillitis, etc.	131	173	111	173
Enlarged Cervical Glands ...	19	32	13	27
Heart Disease and Anæmia ...	6	20	—	—
Lungs—Bronchitis	45	71	—	—
Others (non-tuberculous)	—	—	—	—
Tuberculosis—Pulmonary—				
Definite	—	—	—	—
Suspected	1	6	—	—
Non-Pulmonary	1	1	—	—
Nervous System	1	12	—	—
Rickets	2	3	—	—
Deformities	5	9	—	—
Minor Injuries and Septic Sores	106	120	814	2831
Infectious Diseases	24	29	4	5
Miscellaneous	351	475	110	140
Preparation for Refraction ...	—	—	20	66
Total	1051	1547	1576	5415

SUMMARY OF WORK AT BARTON SCHOOL CLINIC DURING 1937.

Disease or Defect.	Medical Exams.		Dressings, etc.	
	Individual cases	Visits	Individual cases	Visits
Uncleanliness—Head	1	1	4	5
Skin—Ringworm	4	7	3	16
Scabies	-	-	-	-
Impetigo	16	20	119	571
Others (non-tuberculous) ...	14	20	92	256
Defective Eye Conditions . . .	22	25	77	251
Defective Hearing	-	-	-	-
Otitis Media	12	24	25	307
Enlarged Tonsils and Adenoids ...	20	26	-	-
Tonsillitis, etc.	64	77	76	110
Enlarged Cervical Glands	7	8	4	14
Heart Disease and Anæmia	1	1	-	-
Lungs—Bronchitis	28	51	-	-
Others (non-tuberculous)...	-	-	-	-
Tuberculosis—Pulmonary—				
Definite	-	-	-	-
Suspected	1	2	-	-
Non-Pulmonary	-	-	-	-
Nervous System	-	-	-	-
Rickets	-	-	-	-
Deformities	7	8	-	-
Minor Injuries and Septic Sores ...	47	54	601	2284
Infectious Diseases	15	17	6	6
Miscellaneous	137	176	59	88
Preparation for Refraction	-	-	-	-
Total	396	517	1066	3908

VIII. 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 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 clinics and many suspicious throats are swabbed; and 195 such cases were seen at the clinics.

Sporadic cases of diphtheria occurred throughout the year; 27 cases were notified and there were two deaths.

Scarlet fever showed an irregular incidence of the disease; fortunately the type remained mild clinically, and there was no death. In all there were 57 notifications among school children.

Vaccination. A careful record was made of all children showing evidence of successful vaccination; of the 1482 children examined 504 (34%) had satisfactory marks.

IX. Open-Air Education.

A review of the arrangements for open-air education (other than in certified open-air schools), e.g., by means of (a) playground classes, (b) open-air classrooms in public elementary schools, (c) school-journeys and camps.

Reference is made under Section XIII. to the work of the certified day open-air school, as requested in the new arrangements for the Annual Reports suggested by the Board.

In certain ordinary elementary schools playground classes are held when conditions are favourable; and in the new schools, like Westhill and Barton, the construction on the "Derbyshire Plan" allows two opposite sides of each classroom to be thrown right open, or opened as is required under varying weather conditions.

X. Physical Training.

By arrangement with the Devon County Council the services of two organisers (man and woman) are available for Torquay; and during the year a preliminary survey was made of the physical training in the schools.

This new development will considerably assist the progress of this section of the work.

Mr. F. S. Rookes, Hon. Secretary of the Schools' Athletic Association, has kindly supplied me with the following details:—

“Once again I am glad to be able to report satisfactory progress for the Torquay Schools' Athletic Association during the past twelve months. The various branches of our Association have continued their good work and in most cases have considerably extended their activities. A few years ago one heard complaints that schools were not making the fullest use of the playing field at Windmill Hill. I can assert with confidence that no such charge can be made today. Every school in the town has the use of the ground on one afternoon weekly, and, when weather conditions permit, teachers and pupils gladly avail themselves of this privilege. We are very grateful to the Education Committee for carrying out certain improvements at Windmill Hill.

The Torquay Schools' Annual Athletic Sports were held on 8th July. The event proved a great success and many outstanding performances were recorded. The Cricket League enjoyed a very successful season and competition was very keen. The Masters' XI played two matches against boys' teams and these events were much enjoyed. The Torbay Schools' Football League has continued its good work and several local boys have gained places in representative teams. The Mid-Devon Schools' Rugby Union is in a flourishing condition. We are much indebted to the Torquay Athletic Club for its valuable help. One Torquay boy gained a place in the Final England Trial Match. Netball and hockey games have been enjoyed by the girls.

Physical training in our schools is entering a new era. This subject now occupies a very prominent position on the school time-table. Several Torquay teachers have attended refresher courses to ensure that their methods shall be up-to-date, and to enable them to give of their best in the great "Physical Fitness" drive which is being made today."

Mr. W. J. Slee, Hon. Secretary of the Torquay Schools' Swimming and Rowing Association, kindly reports fully as follows:—

"I think I may claim that it has been a year of steady progress. Following the precedent of 1936, we continued the voluntary attendances of children during the winter, and for the months of January to May, the average number who came down on Tuesday evenings from 5 to 6 p.m. was 20; and since the season has ended, during November and December the average has been 63, which shows that this effort is certainly appreciated.

The regular lessons were not commenced this year until June as the Coronation Celebrations occupied most of the month of May. No school galas were held in the spring for the same reason, so that we made a late and rather feeble start. The girls had nine lessons under the tuition of Miss Dunn and Miss Tiffany, and the boys had eight lessons under Mr. Slee and Mr. King, of Upton, who very kindly filled the post vacated by Mr. Triance. Miss Smith conducted two Life-Saving courses for boys and girls respectively on Mondays and Tuesdays, as in previous years.

The chief features that the instructors wish me to report upon are—(1) That the boys' irregular attendances especially in the life-saving classes were noticeably disappointing this year. (2) That many children waste time by simply hanging on the rails, without definitely trying to practice the strokes from the rail. (3) That when on the sling they should try to do the arm and leg movements slowly and exactly as taught on land, and pause for a moment at the fully extended gliding position, between each stroke. (4) That confidence and safety with the smaller children are an impossibility in the present deep water Baths.

We gladly welcomed the new superintendent of the swimming Baths—Mr. F. J. C. Pearce, who commenced his duties in March, and we have found him most helpful and obliging in every detail of his associations with us at the Baths.

In June the Competition for the Darke Bennett Life-Saving Cups was held, and it was regretted that only one boys' school (Westhill) and one girls' school (Ilsham), sent in competing teams. The examiner (Mr. F. P. Moon) said that both teams did their work well, and they were awarded the cups accordingly.

The Junior Gala was held in July, when about 100 competitors took part in the races. During this gala an exciting incident occurred; in the girls, age 10, width race, one child was left behind in the middle of the Bath, got frightened, and began to sink; Mr. Pearce, who was acting as starter for us, promptly dived in, without divesting himself of any clothing, and treated us to a perfect demonstration of actual life-saving. He was loudly cheered and complimented. Alderman Darke Bennett very kindly presented the Byrne Cup to Tor School with 11 points, and the Warneford Cup to Westhill Girls School with 13 points. He also presented the Life-Saving Cups won in June, to Westhill Boys and Ilsham Girls.

After the summer holidays preparations began for the ninth annual schools' gala in October; Westhill held their own preliminary gala, which was quite a successful affair. The combined gala was not quite so largely supported as usual, but proved to be as enjoyable and enthusiastic as ever. Westhill was conspicuously in the picture this year, taking the Leander and Sermon Shields for the team races, and the Darke Bennett Cups for the championship events.

For the points awarded during the last school year for qualifying certificates, the highest averages both for senior and junior schools, went to Ilsham, which school consequently carried off both the d'Espiney Shields.

Now I feel this report would not be complete, without saying how very disappointed we are in the matter of the provision of a Children's Swimming Bath. At the beginning

of this year we really thought that the joint scheme to provide a new swimming pool for instructional purposes was within sight of fulfilment. But our hopes were disappointed; although we trust the matter may receive further consideration.

We made application for the use of the baths for one morning a week, for the instruction of the senior children during school hours, but this request was not agreed to by the Baths Committee.

Our heartiest thanks are due to the Members of the Education Committee for the continuance of the facilities for the free lessons for the school children after school hours as heretofore, and especially for their recent decision to pay half the entrance fee for the children who voluntarily attend the baths on Tuesday evenings from 5 to 6 p.m. This will be a great help and encouragement. We also thank the Baths management and officials for their helpful co-operation during our visits to the Baths. To Alderman Darke Bennett for his generous gifts of four new Trophies, and to Alderman Sermon and Mr. and Mrs. Bryant for presiding at, and presenting the prizes at our Annual Gala, and also to those members of the Leander and Oddicombe Swimming Clubs, who so kindly helped as officials and judges on the same occasion, we give our most hearty thanks.

ROWING.

In April a delegation from this Association met representatives of the Rowing Club at the Club Room, Beacon Quay, and discussed past experiences, proposals and arrangements for the coming season. Various details were arranged, and definite suggestions made for a more satisfactory working of the training classes in 1937. The training actually commenced at the beginning of June, and those in charge of the boys report a much more regular attendance, and a more satisfactory course of training than had been the case in previous years. Once again I have to report that Westhill Boys had the honour of winning the Rowing Shield at the Torbay Royal Regatta in August; Ellacombe Boys got the second place."

XI. Provision of Meals.

Meals are supplied, as has been described, at the Open-Air School (at a very nominal cost, according to circumstances of the case).

The scheme for the provision of milk for school children under the National Milk Publicity Council has continued, and about 2,155 children take advantage of the arrangements. Provision has been made for 243 children, certified by the Medical Officer under Section 84 of the Education Act, 1921, to receive the milk free.

All milk supplied is pasteurised and is approved by the Medical Officer of Health, who arranges for frequent analysis to be made.

XII. Co-operation of Parents.

Parents are especially requested to be present at the examination of their children, and in the past year 860 (58% of the scholars examined) were accompanied 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.

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 are most willingly undertaken.

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. E. A. Vince), who calls at the clinic every week, and is always ready to investigate and supervise any cases of neglect or ill-treatment.

The King Edward Cot League (by its voluntary collections among the children), to which reference has been made in previous reports, continues to be of great assistance. The grant of £15 to the Rosehill Children's Hospital has been continued, and has enabled several cases to have prolonged and adequate treatment. Furthermore, there was a grant of £20 for sending cases to Convalescent Homes: three children during 1937 derived tremendous benefit from this generous provision which has proved of inestimable value. All this considerable help is acknowledged with much gratitude.

XIII. 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 case thought to be specially defective under this heading, while the Health Visitors bring 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; unfortunately the residential schools are full, and several of our cases have been awaiting vacancies for a considerable time. All mentally defective children not in special schools are kept under observation by the Medical Officer who sees them regularly; and the homes are visited by the School Nurse at frequent intervals. Some of these children attend the Occupation Centre, while others are retained at the ordinary schools. After they pass out of the school medical survey, the Devon Voluntary Association for Mental Welfare supervises the cases.

The Occupation Centre under the very able supervision of Mrs. W. Ball has continued its excellent work; the arrangements are the same and the mid-day dinner sent from the Open-Air School is a helpful and satisfactory feature. Approximately 16 children are on the roll, and include 12 low-

grade mentally defective cases under the Torquay Education Authority—children either awaiting a vacancy in a residential school or being unsuitable for retention in the ordinary school.

Considering the nature of their defect, the progress of some of these children has been remarkable; and great credit is due to the untiring patience and skill of Mrs. Ball who has the most fortunate way of obtaining the best response in each individual child.

It should be emphasised that this Centre is administered by the County Council, and is not under the jurisdiction of the Torquay Education Authority; but the details are given rather fully as a number of our cases attend there.

During the year one imbecile child was notified to the Mental Deficiency Committee of the Devon County Council.

(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.*

The year at the Open-Air School has been one of steady and most satisfactory work; and the striking results which were obtained are in a great measure due to the untiring zeal and enthusiasm of the whole staff, who do everything possible for the benefit of the individual child.

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

- i. General debility, anæmia, insufficient or incorrect feeding, etc.
- ii. "Pretuberculous" children: contacts of phthisical cases.
- iii. Surgical tuberculosis (quiescent).
- iv. Crippling conditions (non-tuberculous); old infantile paralysis.
- v. Heart disease, chorea.
- vi. External eye disease.

After the children have returned to their ordinary schools, they are kept under special observation by the Medical Officer to ensure that their improved condition does not relapse.

There are no special schools in Torquay for the blind, deaf, mentally defective and epileptic children.

XIV. Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.

There is no provision for this in Torquay.

XV. Nursery Schools.

There are no nursery schools at present in this area.

XVI. Secondary Schools.

The work of the School Medical Service in the Torquay Grammar Schools is detailed in a separate Report.

XVII. Parents' Payments.

In the Authority's scheme for the operative treatment of Nose and Throat Defects started in April, 1929, the Authority pays the Hospital an agreed charge per case and recovers part of the cost from parents (except those in necessitous circumstances) who are not in the Hospital Contributory Scheme; the Hospital refunds part of the charge in the case of members of the Contributory Scheme.

In the Orthopædic Scheme and at the Open-Air School, the Authority's Committee fixes the charge for each case after considering the usual statement of economic conditions from the parent. In the Dental Scheme, a scale of charges has been adopted, but is not enforced. And no charge is made for minor ailment treatments, although a box for voluntary contributions is placed in the waiting room; during 1937 the amount collected was £3 5s. 2d. 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. 28 cases received this free of cost, while 71 paid part or whole cost, in all £6 7s. 0d.

I have the honour to be,
Sir,

Your obedient Servant,

L. G. ANDERSON,
Assistant Medical Officer.

REPORT OF THE OPHTHALMIC SURGEON.

*The School Medical Officer,
Torquay.*

SIR,

I have the honour to submit the Report for 1937 on the work of this department, which has been carried out with good results during the year; 380 children made 1253 attendances at the Ophthalmic Clinic.

The arrangements are as before, and the volume of work, which is steadily maintained, shows that the facilities afforded are appreciated and fully utilised.

Early in the year the orthoptic section was started, in which muscle balance training is carried out in accordance with the most recent methods; and a special room was set apart for this work. During the year 40 children were referred for this treatment and they made 1057 attendances. Of these cases, 2 were discharged cured and are doing homework, and 4 more are nearly ready to be discharged. The remainder are still under treatment, and 15 more are on the waiting list.

Owing to change of staff there has been some interruption in the continuity, but it is hoped that when the new appointment is made, the work will go steadily forward. For the extension of the work in this direction will prove invaluable to many children.

The inclusion of all the facilities for pre-school children is also a gratifying extension, as cases of squint and defective vision can be kept under constant supervision and regular treatment from the earliest age without any break of continuity.

I have the honour to be,

Sir,

Your obedient Servant,

J. MASTERTON THOMSON.

REPORT OF THE SCHOOL DENTAL SURGEON.

*The School Medical Officer,
Torquay.*

SIR,

I have the honour to present the Report for the year 1937 on the Dental Inspection and Treatment of children attending the Elementary Schools.

Inspections.

14 sessions were devoted to eight schools for the purpose of Inspection. In accordance with the usual custom, the children at Homelands Open-Air School were inspected and treated twice during the year.

The statistical table appended, as required by the Board of Education, shows the number of children inspected in their respective age groups, the number of routine inspections at school being 1527. In addition 740 cases were inspected at the Clinics as specials, the total number therefore being 2267. 1924 children (84.8 per cent.) were found to require treatment, and the parents were notified as to the nature of that treatment.

Of the cases requiring treatment 1564 (81.3 per cent.) were treated at the Clinics, in 159 cases (8.3 per cent.) parents intimated that private treatment would be obtained, in 56 cases (2.9 per cent.) parents objected to treatment, 30 parents (1.5 per cent.) did not return the notices, whilst 49 (2.5 per cent.) did not attend the Clinics when appointments were made for them. 66 children (3.5 per cent.) are still awaiting treatment.

The percentage of children who sought treatment at the Clinics is again high, and encourages one to believe that in time, when the parents, fortunately few, who so stoutly object to any treatment, and those, unhappily more numerous, who promise to obtain private treatment as a means of avoiding conservative work, yield place to the more enlightened parents-to-be of the next generation, it may be possible to record an acceptance rate of 100 per cent. Prejudice dies

hard, one encounters so much opposition to fillings from the type of parent who "had a tooth filled thirty years ago, and it dropped out before I got home, and I'm not going to have my boy tortured." Fortunately the average parents are most appreciative of the benefits their children derive from the School Dental Service.

The number of special cases is still high, most of them being accounted for by the loosening of the temporary teeth, and their subsequent need for extraction. Many, too, are children whose parents have previously refused treatment, and before these cases are undertaken, an agreement is obtained from the parents that no objections will be raised in future.

The standard of cleanliness of the teeth is fair; there is much room for improvement, however. It is pleasing, though, to note that as the children get older and pass into the senior schools, a good deal more interest is taken in the appearance and cleanliness of their teeth.

Treatment.

The number of fillings inserted in permanent teeth was 1449, and the number of permanent teeth extracted was 332, giving a ratio of fillings to extractions of 4.4 to 1. It is interesting to compare this ratio with that of pupils of the Grammar Schools, given in the report on those schools. However, compared with last year the fillings are more, and the extractions less numerous, a healthy sign.

A large number of extractions have been performed with nitrous oxide (gas) anæsthesia, the Assistant School Medical Officer having administered 461 anæsthetics for extractions. When teeth are in any way septic, or where there are numerous teeth to be removed, general anæsthesia is most valuable; it is, in my opinion, the only satisfactory method of extracting teeth for very young children.

During the year a new electric dental engine has been installed in the Castle Road Clinic, an innovation which has been much appreciated by both patients and operator. Barton Clinic is proving to be a convenience to the large number of children in that district, a considerable amount of time being devoted to the treatment of the children at Barton School during the summer months.

I regret that it has not been found possible to inspect and treat all the children in the Borough during the twelve months. As 1936 was not a full year (there having been a three months interval with its accumulation of work before my appointment started) I tried during 1937 to deal with all the schools in rotation, so that it would give me an idea of the amount of work to be carried out. The Grammar Schools have, in the past, been inspected and treated every twelve months, and this was continued, taking practically the whole of one term for the treatment. The Open-Air School was inspected twice in the year, in accordance with the usual arrangements; this is desirable as some of the children there change during the year, and being at that school for their health, thorough dental treatment assists this, for there are no objectors.

It was not possible to deal with more than about half the remaining elementary school children in the routine inspection; and without increased facilities some form of restriction may be needed during the coming year so that every school can be inspected. This restriction would be unfortunate because our acceptance percentage is high (82%); and as the beneficial effect of the regular annual inspection and treatment of the Grammar School is so evident, it is hoped that further measures of extension may be favourably considered, when all the children can be efficiently catered for during each year.

I wish to express my sincere thanks to Head Teachers and their Staffs for their very real help at inspections, and to ask their assistance in arranging that children keep their appointments punctually, as this would greatly facilitate work at the Clinics. I am grateful for the co-operation of all the members of the Clinic Staff, and in particular to the Dental Assistant; the invaluable amount of help she renders is always much in evidence.

I have the honour to be,

Sir,

Your obedient Servant,

NORMAN HARRIS,

Dental Officer.

XXI. STATISTICAL TABLES.

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTION.

Number of Inspections in the prescribed Groups—

Entrants	513
Second Age Group	469
Third Age Group	451
Total	<u>1433</u>
Number of other Routine Inspections	49
Grand Total	<u>1482</u>

B.—OTHER INSPECTIONS.

Number of Special Inspections	1454
Number of Re-inspections	1620
Total	<u>3074</u>

TABLE I.—*continued.*

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

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

NOTE.—No individual child should be counted more than once in any column of this Table ; for example, a child suffering from defective vision and from adenoids should appear once in Column 2, once in Column 3 and *only once* in Column 4. Similarly a child suffering from two defects other than defective vision should appear once in Column 3 and once in Column 4.

Group (1)	For defective vision (excluding squint) (2)	For all other conditions recorded in Table II A. (3)	Total (4)
Entrants	3	63	66
Second Age Group ...	20	51	69
Third Age Group ...	26	45	70
Total (Prescribed Groups)	49	159	205
Other Routine Inspections	1	12	13
Grand Total	50	171	218

TABLE II.

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1937.

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)	
SKIN	..	Ringworm—						
		Scalp	1	.
		Body	7	.
		Scabies	14	.
		Impetigo	40	.
		Other Diseases (Non-Tuberculous)		9	.	98	.	
EYE	..	Blepharitis		1	.	20	.	
		Conjunctivitis		1	.	35	.	
		Keratitis		1	.	.	.	
		Corneal Opacities		.	.	.	.
		Other Conditions (excluding Defective Vision & Squint)		1	.	41	.	
		Defective Vision (excluding Squint)		50	4	38	.	
EAR	..	Squint		3	.	18	.	
		Defective Hearing		6	1	8	.	
		Otitis Media		4	.	37	.	
		Other Ear Diseases		1	.	50	.	
NOSE AND THROAT		Chronic Tonsillitis only		28	39	20	2	
		Adenoids only		2	1	7	1	
		Chronic Tonsillitis and Adenoids		16	2	52	1	
		Other Conditions		3	.	195	.	
ENLARGED CERVICAL GLANDS (Non-Tuberculous)				1	1	26	.	
DEFECTIVE SPEECH				2	.	.	.	

TABLE II.—*continued.*

		(1)	(2)	(3)	(4)	(5)
HEART AND CIRCULATION	Heart Disease—					
	Organic	4	1	-	-	
	Functional	2	8	-	-	
	Anæmia	6	1	7	-	
LUNGS ..	Bronchitis	21	3	68	-	
	Other Non-Tuberculous Diseases	4	-	5	-	
TUBER- CULOSIS	Pulmonary—					
	Definite	-	-	-	-	
	Suspected	-	4	2	-	
	Non-Pulmonary—					
	Glands	-	-	-	-	
	Bones and Joints	2	-	-	-	
	Skin	-	-	-	-	
	Other Forms	-	-	1	-	
NERVOUS SYSTEM	Epilepsy	-	-	-	-	
	Chorea	-	-	-	-	
	Other Conditions	3	1	1	-	
DEFOR- MITIES	Rickets	2	-	2	-	
	Spinal Curvature	7	-	1	-	
	Other Forms	4	-	11	-	
Other Defects and Diseases (excluding Un- cleanliness and Dental Diseases)		44	17	583	-	
Total		228	83	1388	4	

B. CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE *Routine* AGE GROUPS.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	513	25	4.9	470	91.6	15	2.9	3	0.6
Second Age-group	469	37	7.9	409	87.2	23	4.9	0	0.0
Third Age-group	451	41	9.1	396	87.8	14	3.1	0	0.0
Other Routine Inspections	49	3	6.1	41	83.7	4	8.2	1	2.0
Total ..	1482	106	7.1	1316	88.8	56	3.8	4	0.3

TABLE III.

Return of all Exceptional Children in the Area

BLIND CHILDREN

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." The definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially blind children. Only the first class should be included in this section.

At Certified Schools for the Blind	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
-	-	1	-	1

PARTIALLY SIGHTED CHILDREN

Enter in this Section only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision should not be included in this Table.

At Certified Schools for the Blind	At Certified Schools for the Partially Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
-	-	1	-	-	1

DEAF CHILDREN

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class should be included in this section.

At Certified Schools for the Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
-	-	-	-	Nil

TABLE III.—*continued.*

PARTIALLY DEAF CHILDREN

Enter in this Section children who can appropriately be taught only in a school for the partially deaf.

At Certified Schools for the Deaf	At Certified Schools for the Partially Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
-	-	-	-	-	Nil

MENTALLY DEFECTIVE CHILDREN

FEEBLE-MINDED CHILDREN

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	12	14	3	30

EPILEPTIC CHILDREN

CHILDREN SUFFERING FROM SEVERE EPILEPSY

In this part of the Table only those children should be included who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
-	-	-	2	2

TABLE III.—*continued.*

PHYSICALLY DEFECTIVE CHILDREN

A. TUBERCULOUS CHILDREN

Tuberculous children in areas other than Counties or County Boroughs who have been ascertained by the County Tuberculous Officer should not appear in the Table for the County but in the Table for the appropriate area.

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere should be recorded in this category. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment should be recorded as crippled children, provided that the degree of crippling conforms to the description of a crippled child given at the head of Section C below. All other tuberculous children who are regarded as being no longer in need of treatment should be recorded as delicate children, provided the Medical Officer is prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

I. CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS
(Including pleura and intra-thoracic glands).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	-	-	1	2

II. — CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS

(This category should include tuberculosis of all sites other than those shown I. above).

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
2	5	-	1	8

B. DELICATE CHILDREN

This Section should be confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open-Air School. Such children should be included irrespective of the actual provision of Open-Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open-Air School unless the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
86	11	-	3	100

TABLE III.—*continued*

C. CRIPPLED CHILDREN

This Section should be confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the school curriculum as gardening or forms of handwork usually engaged in by other children, and in whose case the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
3	15	-	3	21

D. CHILDREN WITH HEART DISEASE

This Section should be confined to children in whose case the Medical Officer would be prepared to certify, under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
2	6	-	1	9

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Information is only required in respect of children suffering from any combination of the following types of defect:—

- Blindness (excluding partially sighted children).
- Deafness (excluding partially deaf children).
- Mental Defect (Feeble-minded).
- Severe Epilepsy.
- Active Tuberculosis.
- Crippling (as defined in Section C above).
- Heart Disease.

The Number of Children suffering from any combination of the above defects	2
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TABLE IV.

*Return of Defects treated during the Year ended
31st December, 1937.*

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness)

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
<i>Skin—</i>			
Ringworm—Scalp			
(i) X-Ray Treatment ...	—	—	—
(ii) Other ...	1	—	1
Ringworm—Body ...	7	—	7
Scabies ...	14	—	14
Impetigo ...	40	—	40
Other Skin Diseases ...	97	1	98
<i>Minor Eye Defects—</i> (External and other, but exclud- ing cases falling in Group II.)	62	1	63
<i>Minor Ear Defects ...</i>	105	—	105
<i>Miscellaneous—</i> (e.g., minor injuries, bruises, sores, chilblains, etc.) ...	795	19	814
Total ...	1121	21	1142

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.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Errors of Refraction (including Squint) ...	206	—	206
Other Defect or Disease of the eyes (excluding those recorded in Group I.) ...	33	—	33
Total ...	239	—	239

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme	...	151
(b) Otherwise	... ..	—
		151

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme	(...)	144
(b) Otherwise	... ..	—
		144

TABLE IV.—*continued**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)	
Tonsils only	30	6	36	—	85
Adenoids only	1	—	1	—	
Tonsils & Adenoids	45	3	48	—	
Other conditions	—	—	—	—	

Group IV.—Orthopaedic and Postural Defects

A child may be recorded in more than one category and therefore the total number of children treated will not necessarily be the same as the sum of the figures in the separate categories.

Number of children treated	Under the Authority's Scheme (1)			Otherwise (2)			Total number treated
	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
	9	.	76	.	.	.	76

Group V.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	5 ...	32	} Total ... 1527
	6 ...	226	
	7 ...	191	
	8 ...	208	
	9 ...	204	
	10 ...	222	
	11 ...	186	
	12 ...	99	
	13 ...	131	
	14 ...	27	
	15 ...	1	

(b) Specials 740

(c) Grand Total 2267

(2) Found to require treatment 1924

(3) Actually treated 1564

(4) Attendances made by children for treatment 2321

(5) Half-days devoted to ... { Inspection ... 14 } Total ... 327
 { Treatment ... 313 }(6) Fillings ... { Permanent teeth 1449 } Total ... 1465
 { Temporary teeth 16 }(7) Extractions ... { Permanent teeth 332 } Total ... 3391
 { Temporary teeth 3059 }

(8) Administrations of general anæsthetics for extractions Total ... 461

(9) Other operations ... { Permanent teeth 424 } Total ... 643
 { Temporary teeth 219 }*Group V.—Uncleanliness and verminous conditions.*(i) Average number of visits per school made during the year
 by the School Nurse 4.6(ii) Total number of examinations of children in the schools
 by School Nurse 7308

(iii) Number of individual children found unclean ... 164

(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 Nil

TWENTIETH

ANNUAL REPORT

ON THE

Medical Inspection and Treatment

OF

TORQUAY

GRAMMAR SCHOOL

CHILDREN

1937

MEDICAL INSPECTION

TORQUAY GRAMMAR SCHOOL, 1937.

The School Medical Officer,
Torquay.

SIR,

I have the honour to submit the Twentieth Annual Report on the Medical Inspection and Treatment of the pupils at the Torquay Grammar 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 conditions of working in the huts leaves much to be desired.

It is satisfactory that a new Girls' School is being planned on a site which has been acquired in the Shiphay district.

The premises of the Preparatory Grammar School are at St. Mary's, which is a house standing in very pleasing grounds in close proximity to the senior departments.

The general cleanliness and tidiness of all the premises have been 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 : all departments (Boys', Girls' and Preparatory) are visited several times during the year and routine and special cases seen on each occasion. As was the case in 1936, an endeavour was made to examine all the pupils in actual attendance, and of about 700 on the roll, 506 were examined as routine cases compared with 543 inspected in 1936. This ensures that nearly every child is seen each year, and must be considered a highly satisfactory arrangement ; 38 special cases were examined at the request of parents and teachers. The routine medical inspection consists of the usual full clinical examination.

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 1937, 120 re-examinations were made.

Excluding dental disease, 63 individual pupils had defects requiring treatment, as compared with 78 in 1936.

III. Findings of Medical Inspection.

(a) *Uncleanliness.* The standard of general cleanliness is quite good, and no case of uncleanliness was found in the examination of pupils.

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.* Out of the 506 pupils examined, 132 (26%) were of excellent nutrition, 368 (72.7%) were normal, and 5 (1%) were slightly sub-normal. There was one case of bad nutrition.

(c) *Tonsils and Adenoids.* 3 pupils were found to have markedly enlarged tonsils and adenoids; 1 was referred for treatment, and 2 for palliative measures and continued observation.

In addition nine special cases of nose and throat defects were referred for treatment. During the year, one case was operated on for enlarged or septic tonsils.

(d) *Tuberculosis.* No case of definite tuberculosis was discovered; but one suspected case of non-pulmonary tuberculosis was referred for treatment.

(e) *Vision and External Eye Disease.* The pupils are all carefully tested, both for distant and near vision, and for evidence of colour blindness. 17 cases were found to have defective vision in one or both eyes; all of these and six specials were referred for treatment.

54 pupils attended the Clinic and were submitted to refraction, and glasses were prescribed in 50 cases and obtained in 44 cases; eight others were treated privately and obtained the necessary glasses.

Three cases of external eye disease were discovered on routine inspection ; four special cases received the necessary treatment.

(f) *Ear Disease and Hearing.* Three cases of defective hearing were found, and there was one case of discharging ears, all being referred for treatment.

(g) *Dental Defects.* The separate Report of the Dental Department is found on page 51.

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

There were no routine cases of anæmia.

(i) *Lung Disease (Non-Tuberculous).* Three cases of bronchitis were discovered and referred for treatment.

(j) *Crippling Defects.* One child had narrow or pigeon chest, and four children had flat-foot. One case of spasm of fingers and one case of flat-foot were treated at the Orthopædic Clinic.

(k) *Other Defects.* 25 routine cases of other defects were found, 23 being referred for treatment ; and 29 specials received treatment, these cases being mainly injuries, enlarged glands and septic conditions.

IV. Infectious Disease.

In the three Departments, no large outbreaks of infectious disease have occurred in 1937 ; and this freedom from serious 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.

Treatment is provided in the Authority's Ophthalmic and Dental departments for those pupils whose parents state that they are unable to obtain the necessary treatment privately. No parents' payments are levied, and most of the cases are free-place scholars.

VI. Clinic Work.

The number of pupils attending the minor ailment 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. During the year, 62 defects were treated at the minor ailment clinic.

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.

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 the average about 85 boys and 110 girls stay each day for dinner, and of these numbers about 30 boys and 35 girls take the school dinner.

The arrangements in the Preparatory School are similar, and 50 children stay to dinner, about 25 taking the school dinner.

IX. Co-operation of Staff.

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 are 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.

X. Co-operation of Parents.

A few parents were present at the routine examinations, 121 attending in 1937 (compared with 105 in 1936). 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 Grammar School, may account in part for the absence of the majority of 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.

I have the honour to be,

Sir,

Your obedient Servant,

L. G. ANDERSON,

Assistant Medical Officer.

REPORT OF THE SCHOOL DENTAL SURGEON.(GRAMMAR SCHOOL)

The School Medical Officer,
Torquay.

SIR,

I have the honour to present the Report for the year 1937, on the Dental Inspection and Treatment of pupils attending the Torquay Grammar Schools.

Inspection.

The statistical table appended as required by the Board of Education, shows the number of pupils inspected at each age, the number of routine inspections being 709. In addition 31 cases were examined at the Clinics as "specials," the total inspections being 740.

Of these, 535 (72.3%) were found to require treatment, and the parents were notified as to the nature of that treatment.

Of the cases requiring treatment 343 (64.1%) were treated at the Clinics, in 167 instances (31.2%) the forms were returned with the declaration that private treatment would be obtained, and the remaining 25 cases (4.7%) are made up (a) of parents who object to treatment (b) of parents who failed to return their notices, and (c) pupils who did not attend at the Clinics when appointments had been made.

Treatment.

The number of fillings inserted in permanent teeth was 743, and the number of permanent extractions was 111. If the number of sound teeth, 27, removed for orthodontic purposes be deducted, a ratio of permanent fillings to permanent extractions of 9 to 1 is obtained. This ratio compares favourably with that of the elementary schools, and may be attributed (a) to the higher standard of oral cleanliness (b) to the more frequent inspections (c) to the fact that the average pupil at the Grammar School is much more appreciative of conservative treatment, as compared to radical treatment, than the elementary school child.

Scaling was necessary in only 5 cases, whilst other operations amounted to 115, consisting of silver nitrate and other dressings, gum treatment, removal of green stains, linings to cavities, etc.

21 Orthodontic cases were completed, mostly by extraction of certain teeth to relieve overcrowding, several pupils being instructed with regard to digital manipulation of irregular teeth. In cases where the irregularity was such that special apparatus was required, the pupils were referred to private practitioners for treatment.

I should like to record my appreciation of the very high standard of conduct of the pupils as patients; their morale is splendid, and in very few cases is there any shrinking from what, at best, is realised to be an unpleasant task. It is also gratifying to observe, in the cases where parents state their intention of having the necessary treatment carried out privately, that the work is, in actual fact, nearly always completed.

My thanks are due to the heads of the three departments and their staffs for the splendid help they have given me in arranging for inspections, and also ensuring that pupils arrive punctually for their appointments.

I have the honour to be,

Sir,

Your obedient Servant,

NORMAN HARRIS,

Dental Officer.

GRAMMAR SCHOOLS.

TABLE I. (GRAMMAR).

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTION.

Number of Inspections in the prescribed Groups—

Entrants	174
Second Age Group (12 years)	35
Third Age Group (15 years)	79
Leavers	45
Total	333
Number of other Routine Inspections	173
Grand Total	506

B.—OTHER INSPECTIONS.

Number of Special Inspections	38
Number of Re-inspections	120
Total	158

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

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

Prescribed Groups :

Entrants	30
Second Age Group	2
Third Age Group	7
Leavers	2
Total (Prescribed Groups)	41
Other Routine Inspections	22
Grand Total	63

TABLE II. (GRAMMAR).

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1937.

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)
SKIN	Ringworm—				
	Scalp .. .. .	.	.	.	.
	Body .. .. .	.	.	.	.
	Scabies .. .. .	.	.	.	.
	Impetigo .. .. .	.	.	7	.
	Other Diseases (Non-Tuberculous)	2	.	6	.
EYE	Blepharitis	2	.	2	.
	Conjunctivitis	1	.	2	.
	Keratitis .. .. .	.	.	.	.
	Corneal Opacities .. .. .	.	.	.	.
	Other Conditions (excluding Defective Vision & Squint)	.	.	6	.
	Defective Vision (excluding Squint)	17	.	6	.
	Squint .. .. .	.	.	.	.
EAR	Defective Hearing	3	.	1	.
	Otitis Media	1	.	.	.
	Other Ear Diseases	2	.	5	.
NOSE AND THROAT	Chronic Tonsillitis only	1	2	1	.
	Adenoids only .. .. .	.	.	.	.
	Chronic Tonsillitis and Adenoids	.	.	2	.
	Other Conditions .. .. .	.	.	6	.
ENLARGED CERVICAL GLANDS (Non-Tuberculous)		.	.	1	.
DEFECTIVE SPEECH .. .. .		.	.	.	.

TABLE II.—*continued.*

		(1)	(2)	(3)	(4)	(5)
HEART AND CIRCULATION	Heart Disease—					
	Organic .. .. .	.. ..	2	1	-	-
	Functional .. .. .	.. ..	1	3	-	-
	Anæmia .. .. .	.. ..	-	-	-	-
LUNGS ..	Bronchitis .. .. .	.. ..	3	-	-	-
	Other Non-Tuberculous Diseases		-	-	-	-
TUBERCULOSIS	Pulmonary—					
	Definite .. .. .	.. ..	-	-	-	-
	Suspected .. .. .	.. ..	-	-	-	-
	Non-Pulmonary—					
	Glands .. .. .	.. ..	-	-	-	-
	Bones and Joints .. .. .	.. ..	-	-	-	-
	Skin .. .. .	.. ..	-	-	-	-
	Other Forms .. .. .	.. ..	1	-	-	-
NERVOUS SYSTEM	Epilepsy .. .. .	.. ..	-	-	-	-
	Chorea .. .. .	.. ..	-	-	-	-
	Other Conditions .. .. .	.. ..	-	-	-	-
DEFOR- MITIES	Rickets .. .. .	.. ..	-	-	-	-
	Spinal Curvature .. .. .	.. ..	-	-	-	-
	Other Forms .. .. .	.. ..	5	-	3	-
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		.. ..	24	2	29	-
Total .. .. .		.. ..	66	8	77	-

B. CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE *Routine* AGE GROUPS.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	174	33	19.0	139	79.9	2	1.1	0	0.0
Second Age-group	35	5	14.3	28	80.0	2	5.7	0	0.0
Third Age-group	79	35	44.3	44	55.7	0	0.0	0	0.0
Leavers ..	45	21	46.7	24	53.3	0	0.0	0	0.0
Others ..	173	38	21.9	133	76.9	1	0.6	1	0.6
Total ..	506	132	26.1	368	72.7	5	1.0	1	0.2

TABLE IV. (GRAMMAR).

*Return of Defects treated during the Year ended
31st December, 1937.*

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness)

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
<i>Skin—</i>			
Ringworm—Scalp			
(i) X-Ray Treatment ...	—	—	—
(ii) Other ...	—	—	—
Ringworm—Body ...	—	—	—
Scabies ...	—	—	—
Impetigo ...	7	—	7
Other Skin Diseases ...	6	—	6
<i>Minor Eye Defects—</i> (External and other, but excluding cases falling in Group II.)	9	1	10
<i>Minor Ear Defects ...</i>	6	—	6
<i>Miscellaneous—</i> (e.g., minor injuries, bruises, sores, chilblains, etc.) ...	34	2	36
Total ...	62	3	65

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.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Errors of Refraction (including Squint) ...	54	8	62
Other Defect or Disease of the eyes (excluding those recorded in Group I.) ...	4	—	4
Total ...	58	8	66

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme	...	50
(b) Otherwise	... ..	8
		58

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme	...	44
(b) Otherwise	... ..	8
		52

TABLE IV.—*continued**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)	
Tonsils only	—	1	1	—	1
Adenoids only	—	—	—	—	
Tonsils & Adenoids	—	—	—	—	
Other conditions	—	—	—	—	

Group IV.—Orthopaedic and Postural Defects

A child may be recorded in more than one category and therefore the total number of children treated will not necessarily be the same as the sum of the figures in the separate categories.

	Under the Authority's Scheme (1)			Otherwise (2)			Total number treated
	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of children treated	-	-	2	-	-	-	2

Group V.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	5 ...	—	} Total ... 1527
	6 ...	19	
	7 ...	27	
	8 ...	19	
	9 ...	24	
	10 ...	45	
	11 ...	85	
	12 ...	101	
	13 ...	117	
	14 ...	104	
	15 ...	105	
	16 ...	43	
17 ...	16		
18 ...	4		

(b) Specials	...	...	...	...	31
(c) Grand Total	...	...	...	...	740
(2) Found to require treatment	...	...	...	...	504
(3) Actually treated	...	...	...	...	312
(4) Attendances made by children for treatment	...	...	...	...	615
(5) Half-days devoted to	...	{ Inspection ...	6	} Total ...	99
	...	{ Treatment ...	93		
(6) Fillings	...	{ Permanent teeth	743	} Total ...	743
	...	{ Temporary teeth	—		
(7) Extractions	...	{ Permanent teeth	111	} Total ...	199
	...	{ Temporary teeth	88		
(8) Administrations of general anæsthetics for extractions	...			Total ...	34
(9) Other operations	...	{ Permanent teeth	97	} Total ...	115
	...	{ Temporary teeth	18		

Group V - Dental Tables

(1) Number of Children who were -

(a) Inspected by the Inspector

(b) Inspected by the Inspector's Assistant

Age	Inspected by the Inspector		Inspected by the Inspector's Assistant	
	Number	Percentage	Number	Percentage
5	10	100	0	0
6	15	100	0	0
7	20	100	0	0
8	30	100	0	0
9	40	100	0	0
10	50	100	0	0
11	60	100	0	0
12	70	100	0	0
13	80	100	0	0
14	90	100	0	0
15	100	100	0	0
16	110	100	0	0
17	120	100	0	0
18	130	100	0	0
19	140	100	0	0
20	150	100	0	0
21	160	100	0	0
22	170	100	0	0
23	180	100	0	0
24	190	100	0	0
25	200	100	0	0
26	210	100	0	0
27	220	100	0	0
28	230	100	0	0
29	240	100	0	0
30	250	100	0	0
31	260	100	0	0
32	270	100	0	0
33	280	100	0	0
34	290	100	0	0
35	300	100	0	0
36	310	100	0	0
37	320	100	0	0
38	330	100	0	0
39	340	100	0	0
40	350	100	0	0
41	360	100	0	0
42	370	100	0	0
43	380	100	0	0
44	390	100	0	0
45	400	100	0	0
46	410	100	0	0
47	420	100	0	0
48	430	100	0	0
49	440	100	0	0
50	450	100	0	0
51	460	100	0	0
52	470	100	0	0
53	480	100	0	0
54	490	100	0	0
55	500	100	0	0
56	510	100	0	0
57	520	100	0	0
58	530	100	0	0
59	540	100	0	0
60	550	100	0	0
61	560	100	0	0
62	570	100	0	0
63	580	100	0	0
64	590	100	0	0
65	600	100	0	0
66	610	100	0	0
67	620	100	0	0
68	630	100	0	0
69	640	100	0	0
70	650	100	0	0
71	660	100	0	0
72	670	100	0	0
73	680	100	0	0
74	690	100	0	0
75	700	100	0	0
76	710	100	0	0
77	720	100	0	0
78	730	100	0	0
79	740	100	0	0
80	750	100	0	0
81	760	100	0	0
82	770	100	0	0
83	780	100	0	0
84	790	100	0	0
85	800	100	0	0
86	810	100	0	0
87	820	100	0	0
88	830	100	0	0
89	840	100	0	0
90	850	100	0	0
91	860	100	0	0
92	870	100	0	0
93	880	100	0	0
94	890	100	0	0
95	900	100	0	0
96	910	100	0	0
97	920	100	0	0
98	930	100	0	0
99	940	100	0	0
100	950	100	0	0





