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WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

of the

School Medical Officer

THE YEAR 1948

Westmorland Gazette Ltd., Printers, Kendal

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CONTENTS

STAFF OF THE SCHOOL MEDICAL SERVICE

School Medical Officer—John A. Guy, M.D., D.P.H.

Deputy School Medical Officer—C. Fleming, M.B., Ch.B., D.P.H. (appointed 1-10-48).

Assistant School Medical Officers—

F. M. Taylor, M.R.C.S., L.R.C.P.

J. Berkeley. M.D.. Ch.B.. D.P.H. (resigned 31-8-48).

Senior Dental Officer—J. Irvine, L.D.S.

Assistant School Dental Officers—

D. H. Watson, L.D.S.

C. Parkinson, L.D.S.

A. G. Wildgoose, L.D.S. (appointed 7-10-48, resigned 31-12-48)

Orthopaedic Nurse—Mrs. D. Williams, S.R.N.

Social Worker—Miss A. M. Medley (resigned 30-4-48).

Miss P. Thurman (appointed 4-5-48, resigned 31-7-48).

School Nurse—Miss Holmes, S.R.N.

SPECIAL CLINICS AND CONSULTANTS.

Diseases of the Eye—S. S. Sumner, F.R.C.S., Hon. Surgeon, Preston Royal Infirmary.

W. B. Brownlie, F.R.C.S., Underwood, Heversham.

Diseases of the Ear, Nose and Throat—T. Sinclair Stewart, F.R.C.S., Hon. Surgeon, Westmorland County Hospital.

Diseases of the Chest—Dr. J. Munro Campbell, County Tuberculosis Officer.

Consulting Psychiatrist—Dr. J. Braithwaite, Medical Superintendent, Garlands Hospital, Carlisle.

Orthopaedic Clinics.—Dr. Jean T. W. Bucknell, Medical Superintendent, Ethel Hedley Orthopaedic Hospital.

WESTMORLAND COUNTY COUNCIL

County Hall,
Kendal.
October, 1949.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

Annual Report on the School Health Service.

I have the honour to present my Report on the School Health Service of the County for the year 1948, a period when, as will be seen from page 3, there were numerous staff changes. When Dr. Berkeley resigned, after 15 months' service in the County, to take up a similar type of post in Newfoundland, it was decided to appoint a Deputy School Medical Officer instead of another Assistant Medical Officer, and Dr. Fleming took up this appointment on 1st October, 1948.

Miss Thurman, who succeeded Miss Medley as Social Worker, resigned on 31st July, on her appointment as Children's Officer, and although no new appointment was made, Miss Thurman's services are, by arrangement with the Children Committee, still at the disposal of the School Health Service when required.

The coming into operation of the National Health Service Act, 1946, had a very considerable effect on the School Health Service, chief of which was the passing of the Local Education Authority's financial responsibility for the various forms of medical treatment to the Regional Hospital Boards. In this connection it may be noted that, whilst there is little improvement to record in the facilities for hospital and specialist treatment, all existing facilities have been maintained, and a healthy spirit of co-operation with the Regional Hospital Boards, the Executive Council and the Hospital Management Committees continues to grow.

There can be no doubt that the School Health Service has still a valued place in the community. This was realised as far back as 1912 by Sir Norman Walker, the eminent dermatologist. Sir Norman, in his "Introduction to Dermatology," 10th edition, 1939, states that "a careful analysis of the yearly case incidence of ringworm over a period of twenty-five years has shown that in school children the greatest number of new cases is seen immediately after the holidays, and the number varies directly with their length. This

shows that in a supervised area the school itself is not responsible to any extent for epidemics of ringworm, and, furthermore, it demonstrates the value of the School Medical Service."

One of the great features of the School Health Service is the regular examination of the school children. The human tendency is for adults as well as children not to visit their family doctor unless there is something wrong which is causing pain or inconvenience, and it is on the early detection of disease, and on the aspects of prevention, that attention should and can be focussed through the School Health Service. The regular examination of pupils for eye defects is one of the most useful functions of the School Health Service. It is of far greater value to detect the first incipient divergence from normality in a child's eye than to wait until the same child has some gross defect which compels him to seek advice. Again, the systematic examinations of the skin and hair do much to keep down and prevent epidemics of ringworm and skin diseases such as scabies.

I attach a great deal of importance to the regular inspection by the school nurses for cleanliness, and while one sometimes asks oneself whether these inspections do much good, I think the ultimate answer is that they do. One has only to ask one of the older school nurses whether she has noticed an improvement in the cleanliness and freedom from vermin of the average school child, and the answer is that, during her life as a school nurse, she invariably has noticed a decided improvement.

Then again such services as the early detection of orthopaedic defects, the detection of chronically enlarged tonsils and adenoids, the discovery of partial deafness and chronic ear discharge are of prime importance. The ascertainment of handicapped pupils and the observation of children whose nourishment is below average and the observation of children with chronic ill-health can be best undertaken by the School Health Service.

I feel that it is the duty of the School Medical Officers to co-operate with the family practitioner as much as possible, and the discovery of children's abnormalities during routine school medical examinations should be referred to the family doctor for treatment, rather than that new clinics should be set up to deal with these complaints.

On thinking over the various implications, I feel quite convinced in my own mind that the School Health Service has still a useful and important part to play in the life of the community, and if the School Health Service is abolished, and it would seem that there

is a movement in this direction from some quarters, it would be a bad thing for the community as a whole.

On the whole, the general health of the school population has been satisfactory and it is pleasing to note the slight reduction from 3.6 per cent. to 3.1 per cent. of children falling into the "C" category of the classification of General Condition, although it should be stressed that these figures represent no more than the general assessment of the individual medical examiners of the general condition of the children, and cannot be regarded as an exact mathematical measurement of some clearly definable function.

It was a relatively unimportant year so far as infectious disease amongst school children was concerned. There were the usual epidemics of whooping cough and measles, and a fortunate absence of the more serious kinds of infectious disease such as diphtheria. The reports of the newer types of whooping cough vaccine are promising, and it may be that in the near future we can commence to immunise the pre-school children against whooping cough with something of the measure of success that has attended the immunising of these children against diphtheria.

The provision of school meals in Westmorland is undoubtedly having a beneficial effect on the school children. I have noticed during this past year that where a proper mid-day meal has been supplied to children in the remoter schools, it has been followed by a general increase in the weight of the children and an improvement in their general well-being.

In common with my colleagues throughout the country I regard the provision of school meals along with school milk as one of the foremost factors in improving the nutritional condition of the children. Before the provision of school meals in many of these remote schools, it was the custom of the children to bring sandwiches and tea, the former consisting of dry bread and meat paste, so that one cannot really be surprised at the general improvement where a proper, well-balanced meal has been substituted.

I wish to thank the Members of your Committee, the Staff of the Education Department, the Medical, Nursing and Clerical Staff of the School Health Department for their loyal co-operation and help.

I have the honour to be,
Ladies and Gentlemen,
Your obedient Servant,
JOHN A. GUY,
School Medical Officer.

Speech Therapist—Vacant.

Milk in Schools Scheme.

The number of schools supplied with milk is satisfactory; only 6 schools have no milk scheme in operation. So far as possible Tuberculin Tested milk is supplied in one-third pint bottles. Failing this, Pasteurised milk is supplied. Out of a total of 115 schools the number of schools supplied with milk is 109, as follows:—

Designation of milk supplied.	No. of Schools.
Milk from Attested herds ...	15
Tuberculin Tested	60
Accredited	3
Pasteurised	25
Undesignated	5
Dried	1
	109

By arrangements with the various Sanitary Inspectors, all undesignated milk supplied to Schools is submitted to bacteriological and pathological examination at three-monthly intervals.

Infestation (Uncleanliness).

During the past year 13,436 examinations were carried out by the District Nurses and the number of children found to be infested with lice or nits was 595 compared with 536 during the previous year.

The following table shows the incidence of infestation during the past 10 years:—

Year	No. of examinations for uncleanliness.	No. of children found unclean.	Percent. of children found unclean..
1939 ...	29881 ...	1572 ...	22.2%
1940 ...	46782 ...	1266 ...	14.4%
1941 ...	50192 ...	1773 ...	21.2%
1942 ...	40056 ...	1211 ...	17.7%
1943 ...	32561 ...	883 ...	15.2%
1944 ...	32224 ...	600 ...	10.2%
1945 ...	29210 ...	708 ...	8.4%
1946 ...	24680 ...	629 ...	7.5%
1947 ...	23390 ...	536 ...	6.3%
1948 ...	13436 ...	595 ...	6.7%

The numbers of individual pupils found unclean are expressed in the right-hand column of the foregoing table as a percentage of the number of pupils on the registers at the end of the respective years, instead of as a percentage of the examinations carried out, as was done in the past, as it is felt that this new presentation will give a more accurate picture of the incidence of this condition amongst school children in the County.

The high incidence during the war years is now happily a matter of history, but whilst the general fall since the cessation of hostilities is gratifying, the position cannot yet be regarded as satisfactory, and it is hoped that the new procedure under Sect. 54 of the Education Act, 1944, will lead to further improvement.

Tonsils and Adenoids.

The enlargement of tonsils and adenoids was one of the commonest defects noticed in school medical inspection.

No. of children found to have enlarged tonsils and adenoids requiring treatment	353
No. of children who received operative or other forms of treatment	139

Speech Therapy.

Owing to the impossibility of securing the services of a Speech Therapist, no treatment was carried out during the year.

Child Guidance Clinic.

This clinic was held fortnightly at Abbot Hall Nursery, Kendal, by Dr. Braithwaite, Medical Superintendent of Garlands Hospital, Carlisle.

No. of clinics held during 1948	19
No. of attendances	65
No. of cases	33

Special Ear, Nose and Throat Defects.

Children with special defects or abnormalities are referred to the Westmorland County Hospital to be seen by the consulting surgeon. This procedure has been helpful in dealing with such cases as chronic otorrhoea, increasing deafness, infected sinuses. The following list illustrates the type of case referred:—

Condition.	No. of children referred
Otorrhoea	5
Nasal obstruction	1
Defective hearing	7
Sinusitis	1
Mastoid	1
Asthma	1
Nasal discharge	3
Nasal speech	2
Septic tonsils	1
Ear ache	2

Minor Ailments.

In Kendal the Stramongate School Clinic has been held daily throughout the term for the treatment of children suffering from minor ailments. In rural areas children are referred to their own doctors by the School Nurse or School Medical Officer; prior to 5th July, 1948, the Education Authority accepted financial responsibility for this treatment, but since that date it falls within the scope of the National Health Service. The commoner ailments have been multiple septic sores, minor injuries, impetigo contagiosa, other skin diseases, and minor eye defects. In addition to the treatment of minor defects, mothers have frequently sought the advice of the Clinic Doctor on points of health and general hygiene.

Skin Diseases.

There was a marked decrease in the number of children suffering from scabies, the number for 1948 being 11 compared with 34 the previous year. The treatment adopted was by benzyl benzoate.

There was also a slight decrease in the number of children suffering from ringworm—26 as compared with 28 the previous year. Advantage was taken of the facilities at the Laboratory at the School of Tropical Medicine, London, for the bacteriological diagnosis of cases.

The report of the Chief Medical Officer of the Ministry of Education was particularly helpful in connection with the diagnosis and treatment of ringworm and so far as possible his advice has been carried out.

Orthopaedic Scheme.

No substantial changes have been made in the County Orthopaedic Scheme. Clinics are held in Kendal and Kirkby Stephen at three-monthly intervals, and in Penrith and at Ethel Hedley Hosptial at two-monthly intervals. Children with orthopaedic defects are noted at school examinations and referred to orthopaedic clinics where a diagnosis is made and the appropriate treatment advised. Follow-up work is done by a part-time nurse who has had experience of orthopaedic work. During the year 467 children attended clinics and received treatment or advice. Nineteen children received in-patient treatment; 1,483 visits to children at their homes or at schools were made by the orthopaedic nurse. The principal defects found were: flat feet, knock knees, hallux valgus, hammer toe, postural defects, and old congenital deformities.

Handicapped Pupils.

Under the Education Act, 1944, it is the duty of the Local Education Authority to ascertain what children require special educational treatment. These children are usually reported by the school teachers to the School Medical Officer who examines them and reports to the Local Education Authority. The number of new cases examined during the year is 10, and the table below shows their classification under the headings given in the Handicapped Pupils Regulations, 1945.

Category.	No. of children examined.
Educationally subnormal	7
Deaf	1
Delicate	2

The object of these examinations is to place the Handicapped Child in a school or class where he will receive special education calculated to make the best use of his limited capabilities. The position with regard to the placing of pupils in special boarding schools is far from satisfactory and many more such schools will require to be built before the problem is solved.

Dipththeria Immunisation.

Immunisation against diphtheria previously the responsibility of the County Council and District Councils concurrently, is now the responsibility of the County Council alone. The treatment is given, either by the County Council Medical Staff or the general practitioners at the choice of the parents, at or before the first birthday, whilst all parents are urged to consent to their children receiving a reinforcing dose at 5 years old.

The success of this scheme may be judged from the fact that there were no cases of diphtheria notified amongst residents of the County during the year, compared with 62 notifications and 6 deaths in 1942, for example. Details of children immunised during the year, including those receiving reinforcing doses, are given below:

Children below 5 years old	973
Children aged 5-15 years old	796
Total ...	1769

Ultra-Violet Ray Clinics.

There are two Ultra Violet Ray Clinics within the County—one at Kendal and one at Windermere. The following number of school children were treated:—

Clinic.	No. of children.
Kendal	71
Windermere	38

Treatment of Defective Vision.

All school children found to be suffering from refractive errors were referred to local opticians and, since the inception on 5th July, of the National Health Service Act, spectacles were supplied under the provision of that Act, although the delay in obtaining spectacles is such as to give grounds for serious concern.

By arrangements with the Local Executive Council, Mr. Brownlie, the Eye Specialist, continues to hold a session fortnightly at the Stramongate School Clinic to which clinic all children found to be suffering from eye conditions other than refractive errors are referred.

No. referred to Opticians	382
No. referred to Consultant Eye Specialists ...	141

THE EDUCATION AREA.

County of Westmorland:—

Area	504,917 acres
Population (estimated)	66,700
Estimated product of 1d. rate for Education, 1948-49	£1,752
Number of Schools—Primary	105
Secondary	10

SUMMARY OF WORK DONE IN 1948.

Medical Inspection (children inspected)	5,889
Dental Inspection (children inspected)	8,317
Dental Treatment (children treated)	4,438
Special Eye Examination—	
(children examined by Eye Specialists) ...	141
(children examined by Opticians)	382
School Nurses' Visits—	
(a) Visits to children at home...	1,312
(b) To Schools	690
(c) Examinations in School	13.436
Children resident in the Ethel Hedley Orthopaedic Hospital School in 1948	19
No. of school children who attended Orthopaedic Clinics ...	467

TREATMENT OF TUBERCULOUS CONDITIONS IN SCHOOL CHILDREN.

No. of children who received in-patient treatment at the Ethel Hedley Hospital	1
No. of children who received in-patient treatment at Westmorland Sanatorium, Meathop	1
No. of children who received in-patient treatment at Stannington Children's Hospital, Morpeth	1

REPORT OF THE SENIOR DENTAL OFFICER FOR THE YEAR 1948.

Ladies and Gentlemen,

I have the honour to submit the Annual Report of dental inspection and treatment of Primary and Secondary School Children in the County of Westmorland. The total figures will be found on page 19,

Staff.

Mr. A. G. Wildgoose, L.D.S., was appointed and commenced duty on 1st October. The appointment was made in order to deal with the extra work of expectant and nursing mothers and pre-school children. Mr. Wildgoose, however, resigned his appointment at 31st December.

Primary and Secondary Schools.

During the year all County Schools were inspected; 8,317 children were examined, 5,485 were found to require treatment, and 4,438 were treated.

Consent forms were issued to 1,372 children either as new entrants, transfers from other local authorities, or because they wished to change to another group. The results were the best ever experienced. Group "A" 85.42 per cent., Group "B" 5.32 per cent., and Group "C" 9.26 per cent. The dental staff, together with the teachers, had a drive to get as many "A" consents as possible this year. Personal letters to parents of "refusals" helped greatly to increase the number of acceptances of complete treatment throughout school life.

Particular emphasis was laid on the need for conservative treatment of temporary teeth, and the number of fillings inserted in these teeth was high. It is only by saving these teeth that, eventually, the number of orthodontic cases can be reduced. Of course, one still meets the parent who "does not believe in filling temporary teeth" but more and more parents are realising the value of this work. It is interesting to note the change in the type of treatment now being given. At one time extraction of temporary teeth far exceeded any other item on the annual report. Now the number of fillings in permanent teeth exceeds extraction of temporary teeth, and fillings in the temporary teeth exceeds extraction of permanent teeth. It should also be remembered that almost 40 per cent. of the permanent teeth extracted are for orthodontic purposes.

Other operations consisted of 464 scalings, 252 dressings and 650 other operations, e.g., silver nitrate applications, root treatments, gum treatments, stonings, etc., and 233 adjustments, etc., of orthodontic appliances; 20 partial dentures were supplied, generally to replace teeth lost in accidents or for aesthetic reasons in orthodontic work.

Orthodontics.

27 new appliances were provided during the year but only 6 cases were completed. These appliances were, in the main, movable, e.g., oral screens, inclined planes, plates with retraction wires, etc., and a few fixed type appliances.

Mobile Dental Surgery.

Much good work was accomplished during the year by means of this mobile unit and Mr. Watson, the dental officer who used it, reported satisfactorily on its use at rural schools.

Miss R. Chadwick, the senior dental attendant, attended the Refresher Course for dental attendants at the Eastman Clinic, London, in September. She found this course of very great value and was able to pass on much helpful information to the other dental attendants.

Since the end of 1948 the staffing position has deteriorated rapidly. Mr. Wildgoose resigned at the end of December, and in March and April of 1949 Mr. Parkinson and Mr. Watson resigned to enter general practice. It has not been found possible to replace these three dental officers and we are now in the unfortunate position of having only one officer. This depressing situation has arisen just at the time when our school dental service was really doing some good work and unless replacements can be found, very soon all the benefits of this will be lost.

I wish to express my thanks to all members of the dental staff for their good work during the year, and to all Head Teachers for their very valuable assistance and co-operation.

I have the honour to be,

Your obedient Servant,

J. IRVINE,

Senior Dental Officer.

THE MINISTRY'S STATISTICAL TABLES.

TABLE I.—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY & SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups

Entrants	1579
Second Age Group	732
Third Age Group	538
Total	2849
Number of other Periodic Inspections	71
Grand Total ...	2920

B.—OTHER INSPECTIONS.

Number of Special Inspections and Re-inspections ... 2969

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	40 ...	166 ...	192
Second Age Group ...	38 ...	47 ...	83
Third Age Group ...	21 ...	22 ...	43
Total (prescribed groups)	99 ...	235 ...	318
Other Periodic Inspections	4 ...	2 ...	5
Grand Total ...	103 ...	237 ...	323

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1948.

Defect Code No.	Defect or Disease.	PERIODIC INSPECTIONS — No. of defects		SPECIAL INSPECTIONS — No. of defects	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	8	9	16	8
5	Eyes—				
	a. Vision ...	97	68	213	246
	b. Squint ...	21	15	42	43
	c. Other ..	3	4	4	12
6	Ears—				
	a. Hearing ...	2	4	14	24
	b. Otitis Media	1	12	3	3
	c. Other ...	3	8	17	14
7	Nose or Throat ..	62	297	291	372
8	Speech ...	3	11	11	25
9	Cervical Glands ..	1	94	11	62
10	Heart and Circulation ..	1	49	—	138
11	Lungs ..	8	32	20	99
12	Developmental—				
	a. Hernia ..	2	4	1	6
	b. Other ..	2	20	7	10
13	Orthopaedic—				
	a. Posture ...	10	11	13	4
	b. Flat foot ...	72	13	79	18
	c. Other ...	33	31	99	52
14	Nervous system—				
	a. Epilepsy ...	—	1	1	1
	b. Other ...	—	6	2	14
15	Psychological—				
	a. Development	2	8	16	32
	b. Stability ..	1	18	2	13
16	Other ...	23	64	74	282

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups.	Number of Pupils Inspected.	A (Good) No.	A (Good) % of col. 2.	B (Fair) No.	B (Fair) % of col. 2.	C (Poor) No.	C (Poor) % of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	1579	758	48.0	776	49.1	45	2.9
Second Age Group	732	317	43.3	383	52.3	32	4.4
Third Age Group	538	289	53.7	236	43.9	13	2.4
Other Periodic Inspections ...	71	47	66.2	23	32.4	1	1.4
Total ...	2920	1411	48.3	1418	48.6	91	3.1

TABLE III

TREATMENT TABLES

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table V).

	Number of Defects treated, or under treatment during the year.
Skin—	
Ringworm—Scalp—	
(i) X-Ray treatment	6
(ii) Other treatment	13
Ringworm—Body	15
Scabies	13
Impetigo	27
Other skin diseases	50
Eye Disease ... ... (External and other, but excluding errors of refraction, squint and cases admitted to hospital).	35
Ear Defects	29

Miscellaneous ... ... (e.g. minor injuries, bruises, sores, etc.)	432
Total ...	620
Total number of attendances at Authority's minor ailments clinics	2163

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I).

	No. of defects dealt with.
Errors of Refraction (including squint)	501
Other defect or disease of the eyes (excluding those recorded in Group I.)	15
Total ...	516
No. of Pupils for whom spectacles were (a) Prescribed ...	445
(b) Obtained ...	105

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Total number treated.
Received operative treatment—	
(a) for adenoids and chronic tonsilitis	119
(b) for other nose and throat conditions	1
Received other forms of treatment	19
Total ...	139

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools	19
(b) No. treated otherwise, e.g., in clinics or out-patient departments	467

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of pupils treated—	
(a) under Child Guidance arrangements	36
(b) under Speech Therapy arrangements	—

TABLE IV.—DENTAL INSPECTION AND TREATMENT.

(1) Number of Children who were Inspected by the Dental Surgeons:			
(*a*) Routine Age Groups			7968
(*b*) Specials			349
(*c*) Total (Routine and Specials)			8317
(2) Number Found to require treatment			5485
(3) Number Actually treated			4438
(4) Attendances made by pupils for treatment			6494
(5) Half-days devoted to	Inspection 105 Treatment 1113	Total	1218
(6) Fillings	Permanent teeth 3777 Temporary teeth 1209	Total	4986
(7) Extractions	Permanent teeth 900 Temporary teeth 3713	Total	4613
(8) Administration of general anæsthetics for extractions			267
(9) Other operations	Permanent teeth 949 Temporary teeth 417	Total	1366

TABLE V.—INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	13436
(ii) Total number of individual pupils found to be infested	595
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	Nil.
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	Nil.

TABLE VI.—SCHOOL MEDICAL AND DENTAL STAFF.

Names of Medical Officers.	Proportion of whole time (expressed as a percentage) devoted to School Health Service.	Public Health.
S.M.O.—John A. Guy, M.D., Ch.B., D.P.H. ...	20%	80%
D.S.M.O.—C. Fleming, M.B., Ch.B., D.P.H. (commenced 1-10-48) ...	50%	50%
A.S.M.O.s.—F. M. Taylor, M.R.C.S. L.R.C.P. ...	50%	50%
J. Berkeley, M.D., Ch.B., D.P.H. (Resigned 31-8-48) ...	50%	50%

Names of Dental Officers.	Proportion of whole time (expressed as a percentage) devoted to School Health Service.	Public Health.
Senior Dental Officer—		
J. Irvine, L.D.S.	80%	20%
Assistant Dental Officers—		
D. H. Watson, L.D.S.	95%	5%
C. Parkinson, L.D.S.	90%	10%
A. G. Wildgoose, L.D.S. (Appointed 7-10-48, (Resigned 31-12-48)	80%	20%

Nurses.	Number of officers.	Aggregate of time given to School Health Service work in terms of whole time Officers.
School Nurses ...	1 ...	1 full time
District Nurses ...	34 ...	1-10th — 3.4
Nursing Assistants ...	— ...	—
Dental Attendants ...	4 ...	3.5