How Effective Were the School Medical Services in Devon in the 1920s?

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There is a common assumption that the medical service established on 1 January 1908 was the result of concerns about the poor state of general health during the Boer War. However, there is evidence that the state of children's health dates back to the board school era. Even so, developments in the late Victorian and early Edwardian periods were ad hoc.[1] Despite this, Bernard Harris avers that the establishment of the school medical service represented a major new development and could be regarded as one of the single most important steps on the road to the creation of the welfare state.[2]

The school clinic was being established gradually, which became the main vehicle for treatment. The demand for doctors in the war effort slowed down school medical progress but this was only temporary.[3] It was only in 1918 that Local Education Authorities (LEAs) were given a duty to provide treatment as well as inspect. In the early days, the LEAs had to fund this directly – there was no capitation hence there was some reluctance. Early reports of medical officers also refer frequently to parental reluctance for treatment. The LEAs were also often hesitant – treatment could mean long pupil absences with loss of capitation grant.[4]

This article focuses on the evidence for improvements in Devon and, to a lesser extent, Plymouth LEAs in the 1920s. In general, the Education Committee minutes for Devon for the 1920s do not have a great deal to say about medical services. The key documents are the reports (quarterly) from the county medical officer, Dr Adkins, who provides detail and analysis for the Education Medical Subcommittee. These reports obviously capture the attention of the public as they are fairly fully reported in the local press. In fact, Dr Adkins was extremely well known and respected. He was county medical officer until the end of the decade when he was succeeded by Dr Meredith Davies from Northamptonshire County Council.

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[1] Derek Gillard, *Education in the UK: A History*, Chapter 6, 1860–1900, <education-uk.org/history> [accessed 22 April 2024].

[2] Bernard Harris, *Health of the Schoolchild: A History of the School Medical Service in England and Wales 1908–1974* (Open University Press, 1995).

[3] The Origins and Development of the School Medical Service 1870–1919 <https://research.bangor.ac.uk/portal/en/theses/the-origins-and-development-of-the-school-medical-service-18701919(7225a1cf-01aa-40a3-9073-d2681e49ae00).html> [accessed 22 April 2024].

[4] J. David Hirst, 'The Growth of Treatment Through the School Medical Service 1907–1918', *Medical History* 3 (1989), pp. 318–42.

Overall, the records point to a relatively harmonious relationship between the medical officers and the county council, although there were some tensions, especially over staffing, expenses and salaries. Part of the harmonious relationship must have resulted from Dr Adkins tact and both newspaper reports of his retirement in 1929 and his death a few years later were full of respect and appreciation of his work over a 21-year service as county medical officer. As one paper noted, when he took office, Dr Adkins 'found the county without a public health service worthy of the name… on his retirement the health services of Devon lacked little'.[5]

Plymouth is also well reported in school medical matters. Both Devon and Plymouth reports often make the same points relating to the inexorable link between children's health and social and economic conditions. The Chair of Public Health Committee of Plymouth Corporation, Dr B Soltau, gave an address saying there were three essentially important things in front of the borough council – health, housing and education. Until they could sweep away the insanitary, overcrowded, miserable houses in which so large a portion of the population lived, they could not go ahead. Until they got the housing and health of the community established, it was no use going on with the third point: education.[6].

What clearly emerges is the dedication and attempts by some to effect improvements. There were certainly some positive developments into the 1920s, despite a constant shortage of resources. Also noticeable is a gradual, if not rapid improved attitude of parents towards the health of their children.

Plymouth was clearly quite proud of its open-air education. In 1920 the annual report of Dr Octavius Hall, chief school medical officer for Plymouth, noted that it continued to do good work, and further efforts in the extension of this class of school are to be commended.

There was also a need for special classes in schools for tuberculous, crippled and blind children, and any contemplated extension should include classes for children suffering from ringworm, also stammerers and backward scholars. The question of providing a centre for cleansing verminous children and treating scabies was deemed an urgent one. Dr Hall reported forty cases of insufficient clothing and footwear, but the most prominent figures related to the children requiring treatment for defective teeth. He added that the confidence and appreciation of the parents was growing rapidly; the old hostile attitude was gradually decreasing.[7]

The evidence for gradual improvement overall in the 1920s includes the statistics provided of child illness and disease – often referred to as 'defective'. In fact, the terminology often deployed would certainly be regarded with horror today. The *Exeter and Plymouth Gazette* reporting on the previous Quarterly Report noted as 'defective':

> 2419 children in 369 schools. 385 were referred for treatment. 254 were examined as "specials" 18 schools were closed for infections – mostly measles, whooping cough,

[5] *Exeter and Plymouth Gazette*, 2 November 1934.
[6] *Western Morning News*, 15 April 1920.
[7] *Western Morning News*, 24 June 1920; *Western Evening Herald*, 24 June 1920.

> diphtheria, chicken pox, mumps, scarlet fever, impetigo, scabies, ringworm. 55 children were described as "dull and backward" including some "feeble minded" and "idiots."[8]

This was obviously far from saying that the medical situation was satisfactory in Devon. Resources and parental attitudes were causal factors in the continuing health problems for many of the years during the 1920s. The unsanitary conditions were followed up in 1921, stating that 60% of elementary and secondary children had medical defects.[9] Water supply was deemed a real problem. The National Union of Teachers had recommended school baths and a good midday meal for each child, but the Education Committee disagreed. Dr Adkins reported a shortage of health visitors to follow up medical cases in one-third of schools and he also referred to poor playground facilities. 17.5% of parents refused treatment for their child's dental problems. Secondary teeth were markedly worse. The report had a sideswipe at caretakers not doing their job properly. It reported that things worked much better when older girls took their turn cleaning rooms after younger ones had left.[10]

Dr Adkins was also prepared to put his head above the parapet arguing for better rates of pay, travelling and out-of-pocket expenses, especially for the oculist, health visitors, mental specialist and three dentists. His advocacy must have had some effect as the Education Committee minutes do show some raising of salaries and expenses as well as a filling of posts.[11] However, it was slow progress.

It was Dr Adkins' opinion that dentistry was by a large margin the most important element of a child's medical well-being for it gave the child a clean mouth, which is the most important endowment for the start of a healthy life. The Medical Subcommittee of the council, however, did not approve of dental inspection of secondary children and liked the idea of using senior pupils to help with sanitation, such as seeing windows were open in intervals.[12]

The range of health problems referred to in the Devon and Plymouth records seems almost inexhaustible. For example, in mid-1921, Dr M. O'Connor, the Plymouth School medical officer, in her annual report added the issue of the poor deportment of the average school child and the faulty position assumed when sitting and standing. Appropriate remedies might include frequent admonitions on the part of teachers, high desks and support for the feet. As in Devon as a whole, bad teeth were said to prevail to an alarming extent. Other Plymouth problems cited were scabies and ringworm.[13]

As in previous ones, Dr Adkins in his 1922 medical report for Devon[14] continued to bemoan staff shortages, regretting that it was not possible to increase the number of health visitors to

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[8] *Exeter and Plymouth Gazette*, 5 November 1920.
[9] *Western Morning News*, 1 July 1921.
[10] *Western Morning News*, 7 April 1922.
[11] E.g. DCC 1920 – 19200311, March 1920, p. 9; DCC 1921 – 19210929 September, p. 1;. DCC 1921 – 19211215 December, p. 3.
[12] *Western Morning News*, 24 February 1922.
[13] *Western Morning News*, 19 July 1921.
[14] *Western Times*, 11 May 1921 and 18 May 1921.

twenty-six, which was the minimum number required to cover the county for 'following up' children referred to treatment by the school medical inspectors. The number of children inspected and the percentage of defects found among these remained much the same as in previous years, but there had been a larger number of special and re-examinations than in previous years. There was the usual number of minor ailments, diseases of the tonsils and adenoids, defective vision, defective teeth, malnutrition, crippling, mental deficiency and 'backward' children, but the school nurses reported a great improvement in cleanliness. There had been less skin disease due to scabies and ringworm and fewer infectious diseases, with a corresponding smaller number of schools having to be closed – 79 against 131 for the previous year. Medical officers had also been asked to carry out an investigation into 'summer time' and they concluded some 'evil results did accrue', such as a loss of sleep and rest.[15].

Dr Adkins also reported on conditions in non-provided schools with regard to ventilation, heating, lighting, playgrounds, water supply, desks and cloakrooms. He noted:

> The evil influence on the health of children already handicapped by the wretched homes in which many had to live, together with insufficient feeding and clothing, bad water supplies and want of proper recreation only tended to perpetuate the C3 class of adults which was discovered during the medical examination of the late war recruits.

Dr Adkins spoke of using the machinery of school medical inspections for the pre-school period of the child's life when the 'beginnings' of disease were in evidence[16]. He summarised his key issues:

1. Air in motion in the classrooms.
2. A proper midday meal.
3. Means of drying wet clothes and footgear.
4. Abundant supply of drinking water.
5. Healthy recreation.
6. Good school desks with appropriate lighting…

… but this was only ancillary to the most important point of all – better housing and home environment.[17]

The Medical Subcommittee mixed understanding with reluctance, often resulting in vague or inadequate recommendations. In various reports, for example, they agreed actions such as sending letters to parents about the importance of their children going to bed at a proper time and teachers were asked to bring the matter to the children. Headteachers were to be invited to attend managers' meetings to discuss ventilation, heating, lighting, playgrounds, water supply and caretakers' duties. Older children should help keep the schools clean and tidy. The

[15] *Exeter and Plymouth Gazette*, 7 April 1922.
[16] *Western Times*, 11 May 1923.
[17] *Exeter and Plymouth Gazette*, 7 April 1922.

committee claimed that if older girls were associated with keeping schools clean and tidy it would be a great help in inducing them to interest themselves in domestic duties.

Dr Adkins' later reports largely continued in the same vein. 35% of children at age five brought health defects. The recommendations included more education for parents as preventative work; urgent sanitary defects needed better addressing, and sanitary monitors for weekly tours should be mandatory, not permissive. There should also be better arrangements for drying children's boots and clothes and ensuring a well-cooked, sufficient, properly-served midday meal. There was evidence of his efforts being appreciated. Correspondence in a local paper praised Adkins for the courage of his convictions and advocacy of a midday meal.[18]

The medical officers as a whole seem to have been a dedicated group of people, and in Dr Adkins they had a strong advocate for sufficient resources and remuneration. Not everyone in the county council was sympathetic and there was a need to defend the service especially among those complaining about costs and value for money, especially in the earlier 1920s when identified 'defectives' were so high. Sacrifices were made and Adkins reminded councillors that pay rises had been frozen to help with the necessary economies.[19]

In the straitened economic times, there were often attempts to not replace staff or to reduce expenses. It was not always a them and us situation; the Education Committee did raise expenses for dentists.[20] In the following year, they approved an additional dentist at a starting salary of £400, though the committee had to incur the wrath of the council financiers.[21] Also in the earlier part of the decade, they went against charging parents for dental treatment, arguing that it was impractical in an area like Devon – a decision that the Board of Education later made them reverse.[22]

Yet there would be no way that one could describe Devon County Council as generous. There were often attempts by councillors to compare costs with other authorities to ascertain that the ratepayers were not suffering. Dr Adkins may well have achieved success but he also failed on other occasions.[23]

Plymouth's medical statistics were little different. In the 1923 Annual Report of Dr O. Hall, it was reported that one in every twelve children attending schools belonging to Plymouth LEA was found at medical inspections during the year to have been in an unclean state, though in the previous year it had been one in ten. The main infectious diseases were scarlet fever, whooping cough and diphtheria. Despite this, general health was improving in Plymouth – the general death rate being 14.35 per 1,000 of the population, or 1.17 below the average for the five previous years; the infantile death rate of 74.31 per 1,000 births compared with 88.9, the

[18] *Exeter and Plymouth Gazette*, 15 May 1925.
[19] *Western Morning News*, 2 June 1922.
[20] DCC 19200311, March 1920, p. 9.
[21] DCC 19211215, December 1921, p. 3.
[22] DCC 19220615, June 1922, p. 5.
[23] *Exeter and Plymouth Gazette*, 29 June 1923; *Western Times*, 23 July 1926.

average for the five preceding years; and the birth-rate, 19.65 per 1,000, was the lowest since 1919.[24]

In Devon, further improvements were noticeable by 1924, including in dental and ocular, although questions were now being asked about feet defects. Epidemics still continued, with a measles epidemic that affected the north of the county, while leaving the south untouched. In late 1924, it was reported that the proportion of 'defectives' in Devon was 42.7% elementary and 33.7% amongst secondary pupils – evidence of further decline.[25]

Dr Adkins referred frequently to the underlying social conditions and regularly made suggestions for many poorer families, in particular to improve their lifestyle. He was a keen advocate of health education for children,[26] an issue that reached the full Education Committee in 1924 when they had tasked the Medical Subcommittee to report on the teaching of hygiene and approved a Junior Red Cross Scheme.[27] Many of his suggestions (if not the terminology) seemed rather ahead of the age. He understood the importance of pre-school upbringing and bemoaned the lack of monitoring of this age group.[28] He also saw the dangers of cigarette smoking[29] and he advocated the drinking of milk by young children.[30] Through the quarterly and annual reports there are a range of issues raised: the importance of dry clothes, why feet were important, the dangers of teachers spreading tuberculosis, clean water, healthy meals and the dangers of bent backs.

Controversy resulted in 1924 when Dr Corkery, school medical inspector for Plympton, contributed a special report, 'The Decadence of the Rural Child'. He suggested that many children in country schools were pale-faced, anaemic-looking with eyes lacking lustre, undersized, underfed, sad faced and without the *joie de vivre*. The chief factors he argued were the migration of the fit from the country to the town and consequent breeding of the unfit alongside bad housing, lack of suitable and sufficient food, intermarriage and large families. Devon Education Committee, after a lull, decided they should consider this report but felt that some aspects were unfair.[31] Corkery's report caught the attention of the chief medical officer at the Ministry of Health – something quite rare for Devon.

In the mid-1920s, Plymouth appointed a new medical officer of health, Dr Nankivell. He asserted in an early interview that the ideal of all health departments should be to secure healthy childhood and reasonably decent surroundings for the young.[32] Things were better than some twelve or fourteen years earlier when he was appalled to see the dirty and verminous condition

[24] *Western Morning News*, 17 May 1923.
[25] *Exeter and Plymouth Gazette*, 8 February 1924; Improvements also noted in *Western Morning News*, 2 May 1924 and *Western Times*, 20 June 1924.
[26] *Western Times*, 3 October 1924.
[27] DCC 19241218, December 1924, p. 2.
[28] *Western Times*, 18 May 1928.
[29] *Taunton Courier and Western Advertiser*, 8 October 1924.
[30] *Western Morning News*, 9 May 1925.
[31] DCC 19250924, September 1925, p. 5. Also *Western Times*, 3 October 1924; *Exeter and Plymouth Gazette*, 26 November 1924
[32] *Cornishman*, 31 December 1924; *Western Morning News*, 16 January 1925.

of schoolchildren. He advised that he was always willing to give 'health talks' and lectures. This was soon transformed into action with accounts of his delivering a health talk from Plymouth Broadcasting Station. His ire was reserved for the many people keeping putrid, decaying and rotting teeth in their mouths and swallowing the poison from them all day long. Children's teeth recurred as an issue on a number of occasions and a third dentist was accepted as needed.[33] Nankivell served effectively for eight years in Plymouth, but his later life saw him on the wrong side of the law.[34]

Dr Nankivell was always prepared to court controversy. In late 1926, he insisted that Plymouth must choose between healthy children and ancient houses following proposals put forward for the preservation of historic buildings in the area near Plymouth Barbican. Dr Nankivell emphasised that restoration of the existing houses would not abolish the conditions that were now causing rickets and other diseases among children in this 'slum area'.[35]

Medical matters were given a fair prominence in local papers in the middle part of the decade. Dr Adkins noted, 'more intelligent interest is displayed by parents in the physical welfare of children', with an increase in parents at clinic and medical inspections. 'Unfortunately uncleanliness showed little inclination to decrease of late years and probably the county has got near a low water mark until a more active campaign involving an attack on the home conditions was in existence.' Two subjects needed earnest attention: 'making provision for the prevention and treatment of the crippled children' and 'providing some nutriment in the schools for underfed children… especially in the rural areas'. Dr Adkins suggested half a pint of milk at lunchtime. The Education Committee debated Dr Adkins' report where some condemned working-class habits spending on silk stockings and cigarettes rather than milk for children.[36]

Some praise was apportioned to the effective treatment of epileptics at the Western Counties Institution, Starcross; excellent work also at Dartmouth and Crediton for 'dull and backward children'; and the very plucky efforts at Crediton Elementary School to deal with its 'dregs'. Overall, though, there was still real concern, especially about rural children's health, with the school medical officers claiming that it was worse in 1924 and 1925 than before the war.[37]

Maybe reluctantly, the Education Committee approved. In 1927 additional health visitors were appointed. Those leaving tended to be replaced. Free dental and optical treatment was provided for the necessitous.[38] Those receiving free places in secondary schools were now to receive free dental treatment, although other parents had to make their own arrangements.[39] The Education Committee supported Dr Adkins in milk being brought to school.[40]

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[33] *Western Morning News*, 27 March 1926.
[34] *Hartlepool Northern Daily Mail*, 20 July 1932.
[35] *Western Morning News*, 10 June 1925; *Western Morning News*, 16 December 1926; *Western Morning News*, 29 October 1927; *Western Morning News*, 23 May 1928.
[36] *Western Times*, 8 April 1927.
[37] *Exeter and Plymouth Gazette*, 9 May 1925.
[38] DCC 19260318, March 1926, p. 4.
[39] DCC 19260923, September 1926, p. 4
[40] DCC 19260216, December 1926, p. 5

Numbers reported as 'defective' continued to fall though. In 1927, 'defectives' were numbered at 26.6% of elementary children in 1927 and 26.7% in secondary schools, but four years earlier the proportion was 45% and 39.5%. Numbers for dental refusals were still relatively high, especially in secondary schools – in one area they were 31.8%. However, when dental work started in elementary schools, refusals were 22% but were now half that. The reasons given were that some parents objected to state interference, others preferred private, some believed it made the children ill and some children forged letters from their parents. [41]

In 1927 the Child Guidance Council was formed, aiming to encourage the provision of skilled treatment for children with behavioural difficulties.[42] Early in the same year, a flu epidemic in Devon resulted in twenty-seven schools and eighty teachers absent. It was claimed that more would have been closed if retired and unemployed teachers had not been available to fill the gaps. On the whole, though, many fewer schools were closed through infectious disease as the decade proceeded.[43]

An unwelcome intrusion for Devon County Council was the publication of a pamphlet by Dr Addison, a former Liberal minister and now prospective Labour candidate, on the dreadful conditions of many rural Devon schools. He reserved especial venom for church schools. Not only were such schools unsanitary but the management was not representative of the workers. They were dominated by the parson, big landowners and farmers. He concluded that their aim was to run the schools at the lowest cost.[44]

Despite this attack, the latter part of the decade saw continued progress in the decline in number of 'defective' children; it was not continuous and there were many caveats and concerns in the reports from Adkins. While the proportion of identified children fell to around a quarter, many concerns remained, including dental treatment refusal rates and optical health, especially in the secondary sector. In part, this may have been the result of the Devon Education Committee determining that, unless necessitous, secondary age parents would be expected to pay for treatment.[45] There was also a plea for more milk to be available.[46]

Devon was not operating in a vacuum and there was no shortage of public health guidance in the latter years of the decade. All local sanitary authorities had been urged to adopt Part 4 of the Public Health Act 1925. The suggested improvements included cloakrooms with teachers doing more in arranging dry shoes and stockings, the replacement as soon as possible of trough closets or midden closets, and adequate water supply, including drinking water.[47]

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[41] *Western Times*, 7 October 1927.
[42] John Stewart, 'The Scientific Claims of British Child Guidance 1918–1945', *The British Journal for the History of Science*, vol. 42, no. 3, September 2009, pp. 407–432
[43] *Western Morning News*, 22 February 1927.
[44] *Western Morning News*, 19 April 1927.
[45] *Western Times*, 1 June 1928.
[46] *Western Morning News*, 30 May 1928; *Torquay Times and South Devon Advertiser*, 1 June 1928.
[47] *Western Times*, 8 April 1927.

Dr Adkins had been a dominant figure in Devon throughout the 1920s but in spring 1929 he reported that he would prefer to retire before facing the next busy winter as medical officer of health.[48] Adkin's last annual report in 1929 noted improvements in ventilation, lighting, heating and sanitation of schools. 29% of pupils examined were 'defective', though some of these were for uncleanliness and minor issues. Problems were reported with mental illness and the lack of places for epileptics.[49] Dr Adkins left his role at the end of the decade and his successor was able to refer to the real improvements that had taken place in recent years under him and described Devon as being in a satisfactory situation.[50]

Nationally, in 1929 the Wood Report focused on mental deficiency. It found 105,000 schoolchildren were mentally deficient but only a small proportion were assessed. It argued that mentally deficient children should not be separated from the mainstream education and system of certification should be abolished. Special education should be a variant of ordinary education.[51]

From a lowish base just after the First World War, there is plentiful evidence that the school medical service in Plymouth and the rest of Devon was both taken seriously and was bringing about improvements. Supported by some national legislation, the school medical staff of Plymouth and Devon fulfilled their role with integrity and dedication. Their reports are a testament to improvements during the decade in the numbers of children without defects and a gradual decline in the parents unwilling to accept medical treatment for their children. Throughout, these school medical staff could see that their role was much more than treating children but on improving the underlying conditions causing the illnesses – most notably cleanliness, better housing, lighting and sanitation. Inevitably they ran up against some of the Devon councillors who saw their task as keeping down the rates. After all, much of what people such as Dr Adkins were advocating had financial implications. Behind the scenes there must have been some tensions and frustrations, some of which spilled over into the public domain. Overall, the language used in the reports may have been firmly rooted in the period but many of the sentiments expressed would resonate today.

[48] *Torquay Times and South Devon Advertiser*, 1 June 1929; *Western Morning News*, 29 November 1929.
[49] *Western Morning News*, 31 October 1930.
[50] *Western Times*, 24 May 1929; *Exeter and Plymouth Gazette*, 1 June 1929; *Torquay Times and South Devon Advertiser*, 1 June 1929.
[51] Derek Gillard, *Education in the UK: A History, 1923–1929*, Chapter 8 <education-uk.org/history> [accessed 22 April 2024]; Report of the Mental Deficiency Committee: Being a Joint Committee of the Board of Education and Board of Control, (Mental Deficiency Committee, 1929) <https://wellcomecollection.org/works/a5qhhf3s> [accessed 22 April 2024].