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ESSEX EDUCATION COMMITTEE.

LONDON SCHOOL OF HYGIENE
25 JUL 1963

R E P O R T

OF

SCHOOL MEDICAL OFFICER

ON THE

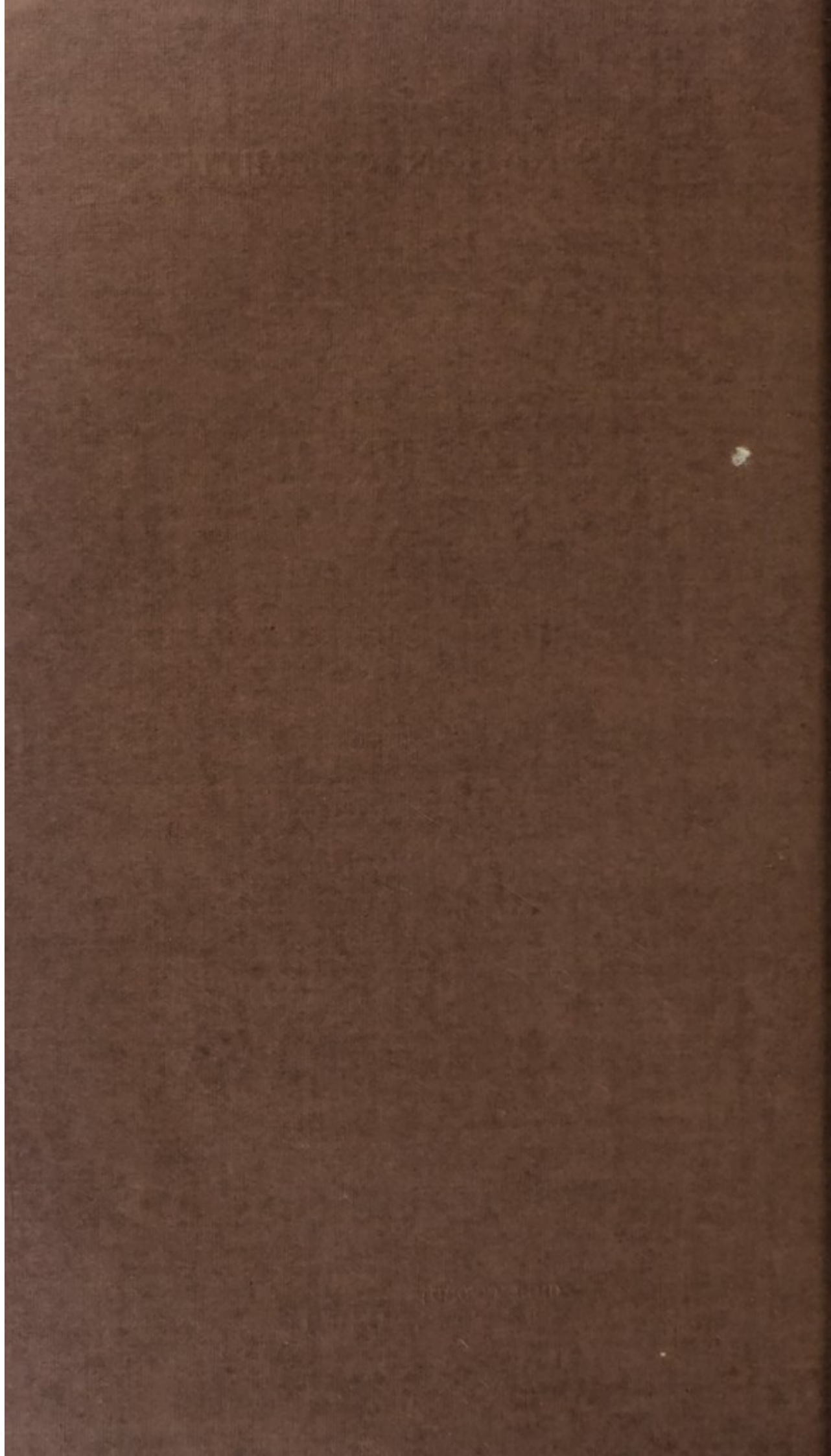
**MEDICAL INSPECTION AND TREATMENT OF
SCHOOL CHILDREN**

FOR THE

Year ended December 31st, 1928.

CHELMSFORD:

Printed by John Dutton, 8, Tindal Street, and 91, High Street.



ESSEX EDUCATION COMMITTEE.

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REPORT

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P R E F A C E .

TO THE CHAIRMAN AND MEMBERS OF THE ESSEX
EDUCATION COMMITTEE.

In accordance with the requirements of the Board of Education, I have the honour to submit to you the Twentieth Annual Report on Medical Inspection and Treatment in the Administrative County of Essex for the year ended 31st December, 1928.

A summary of the examinations carried out in the Elementary Schools during the years 1927 and 1928 is given below :—

		Numbers Examined.		Increase.
		1927.	1928.	
Three Code Groups	...	24,313	29,086	4,773
Specials	... ..	4,964	6,943	1,979
Re-inspections	... ..	14,802	17,723	2,921
		<hr/>	<hr/>	<hr/>
Totals	...	44,079	53,752	9,673
		<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

This is the largest number of Essex children examined in any year since the inception of School Medical Inspection. In 1914, when the medical staff consisted of the equivalent of $6\frac{1}{2}$ whole-time Medical Officers, the total number of children examined was 26,991, whereas in 1928, with the equivalent of $7\frac{3}{8}$ whole-time Medical Officers the number was 53,752.

The percentage of cases referred for treatment, excluding those needing attention for dental and uncleanly conditions, has shown a steady increase since 1924, when the figure was 10.35, as compared to 12.6 for the year 1928. Whilst these results compare favourably with the percentage (20.6) for England and Wales, it is quieting to find that during the year under review one child out of every eight children examined in Essex needed treatment.

Malnutrition.

Whilst the figures for malnutrition (see Table II. on page 47) are less than those recorded for 1927, the impressions formed by the Assistant School Medical Officers in the rural areas in the north of the County are significant, *e.g.* :—

Dr. Gaffikin (Braintree and Dunmow) states that "malnutrition and rickets are painfully prevalent among the children of rural workers."
(The percentages are Braintree 1.8, Dunmow 1.1).

Dr. Ranson (Halstead and Belchamp) has "noted a decided falling off in the condition of the children during the summer months." He is of opinion that this is "due in some degree to the adoption of summer time" and doubts "whether these children at any time are receiving a satisfactory diet." (The percentages are Halstead 0.6, Belchamp 2.2).

Dr. Richardson (Saffron Walden and Stansted) reports that "there is a scarcity of even moderately fat children attending school, and the majority would probably be best described as rather lean." (The percentages are Saffron Walden 8.8, Stansted 3.9).

Taking the whole County, the percentage of malnutrition is tending to rise again if we omit the exceptional figure (7.3) for 1927. In 1914 the percentage was 8.4, in 1919 it was 4.7, gradually falling to 1.3 in 1923, and rising to 3.6 in 1928.

These figures suggest that the effect of the continued trade and agricultural depression is being reflected in the school children, who must have a sufficiency of nourishing food if normal growth and development are to be maintained. The lack of such food is not always due to shortage of money, but sometimes to ignorance and indifference on the part of parents, who find it easier to satisfy their children's hunger by giving slices of bread and jam. They should remember that a mixed diet is essential for the maintenance of health. In this connection it is gratifying to note that one of the objects of the Women's Institute movement is to "study how to increase and improve the home grown food supply, and how to use it to the best advantage," and further that they are taking an increasing interest in health matters by holding produce and health exhibitions, lectures, &c. A pint of milk a day for each child would make a wonderful difference.

Early in 1929 the Education Committee found it necessary to provide for the feeding of necessitous school children in the Dagenham area. Two Centres were opened on 31st January, 1929, when 42 children were given meals and the numbers have steadily increased. Children are admitted on the recommendation of the School Medical Inspector, and the dinners provided are varied in character. Most of the meals supplied have been free, although in some cases charges were made varying from a 1d. to a maximum of 3d. per meal according to the financial circumstances of the child's home.

Cleanliness.

It is now the exception rather than the rule to find uncleanly children in school. The results of the surprise visits to schools by the Health Visitors indicate that only one child in every hundred inspected was found to be unclean. Routine examinations

to reveal a marked improvement when compared to previous years, the percentages being:—

Year.	Percentage.
1909	7.4
1923	2.5
1928	1.5

Orthopædics.

During the past two years the Medical Inspection and Child Welfare Scheme for the care of cripples has been developed in various ways, particularly in respect to clinics and hospital treatment. For many reasons, it is advisable to provide hospital treatment as soon as possible after the Surgeon's recommendation is made; otherwise patients are prone to become indifferent and when a bed is offered some months later they refuse treatment. Meanwhile, every effort has been made to expedite treatment, and as a result the number of children awaiting hospital treatment was reduced to 36 at the end of 1928 as compared to 52 on 31st December, 1927.

Minor Ailment Clinics.

Suitable buildings are essential for minor ailment clinics and for several years endeavours have been made to adapt and modernise various types of buildings, chiefly old dwelling houses. The difficulties experienced, combined with the increasing activities in respect to tuberculosis, child welfare and orthopædic schemes, have led to the erection by the Public Health and Education Committees of a Combined Treatment Centre at Maldon, which was opened on 25th May, 1928. It is an excellent building, well equipped and centrally situated. Combined Treatment Centres of this type are urgently needed at Dagenham, where the school population has increased rapidly in recent years. The present proposal is to utilise for this purpose part of buildings which are to be erected by the Urban District Council and which it is hoped will be completed at the earliest possible moment.

Conclusion.

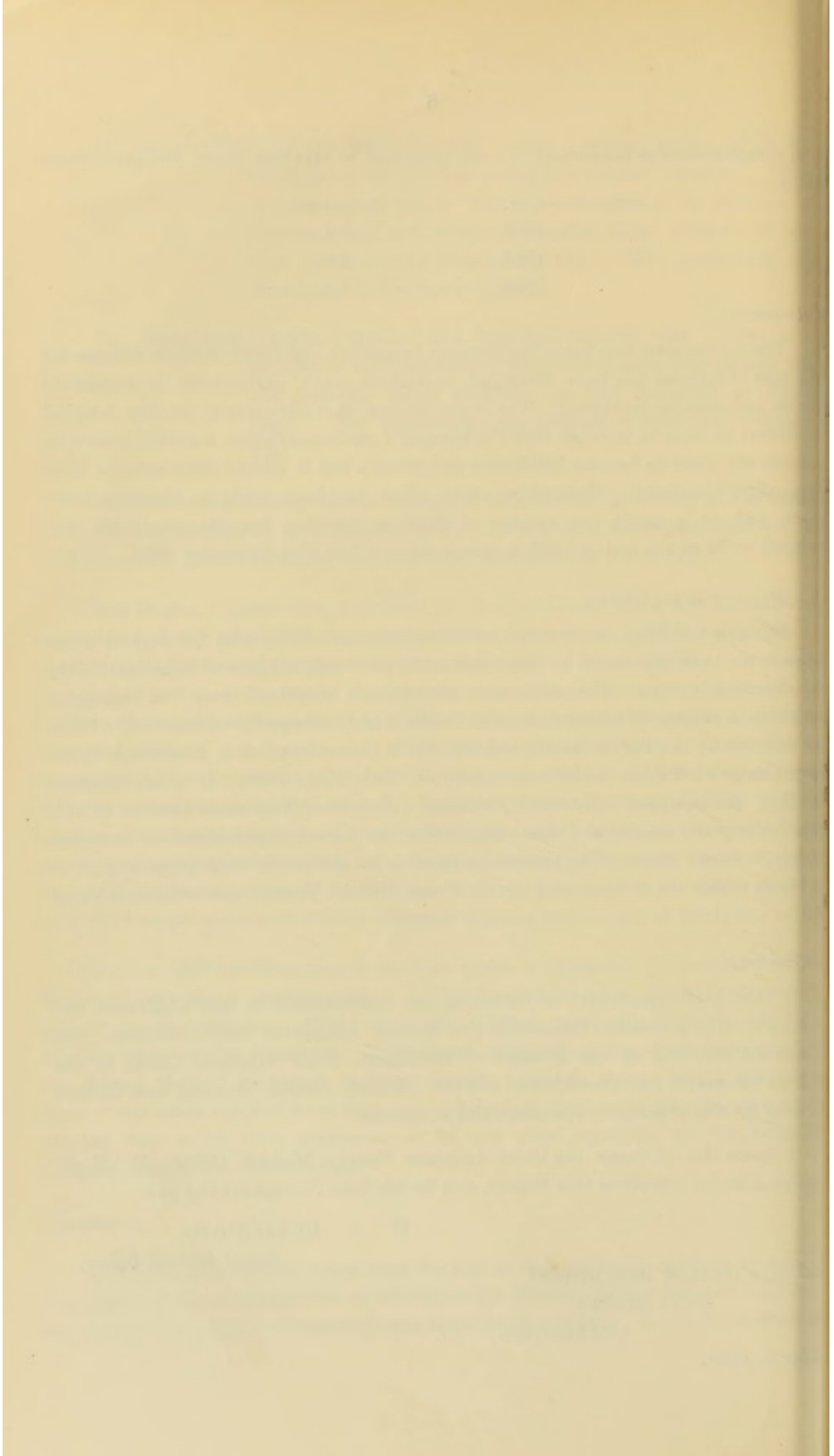
I take this opportunity of recording my indebtedness to the Chairman and members of the Education Committee and Medical Inspection Sub-Committee. My thanks are also due to the Director of Education, Head Teachers, Clerks to the District Education Sub-Committees, and the Medical, Dental, Nursing and Clerical services for their hearty co-operation and assistance.

I desire also to thank the Chief Assistant County Medical Officer, Dr. T. P. Buddicombe, for compiling this Report, and for his help throughout the year.

W. A. BULLOUGH,
School Medical Officer.

PUBLIC HEALTH DEPARTMENT,
DUKE STREET,
CHELMSFORD.

March, 1929.



ESSEX EDUCATION COMMITTEE.

**ANNUAL REPORT OF THE SCHOOL MEDICAL
OFFICER FOR 1928.**

Staff, &c.

The population as estimated for the Geographical County of Essex for 1927 is 999,500, and allocated as follows :—

(1) Administrative County area within which the Essex Education Committee are responsible for—

(a) Elementary and Higher Education	... 543,350
(b) Higher Education only	... 485,950
(2) County Boroughs	... 570,200

Of the above-mentioned areas, in (1) (a) there is an acreage of 928,502 provided with 432 schools, an increase of 9 on last year. The schools are constituted as follows :—245 non-provided and 187 council, including 3 intermediate schools and 3 special schools.

These schools consist of 540 departments, the average attendance for 1928 being 1,781, an increase of 5,559 on that given for 1927. There are 9 secondary schools with an accommodation for 2843 pupils.

Area (1) (b) has 10 secondary schools, with an accommodation for 3,768 pupils and 4 trade schools with 880 on books.

In addition, there are 11 aided secondary schools in the County, with a total number on the books of 3,272, and 8 other recognised secondary schools with 1,790 on the books. Medical inspection is carried out under the County scheme in only one of these, a girls' school with 117 on the books.

The services rendered by the medical staff on duties connected with school medical work, including administrative duties, is equivalent to the full-time service of 14 medical officers.

The changes in the Medical, Dental and Nursing Staff during 1928, are as follows :—

(a) *Assistant School Medical Officers.*

A. Gardiner, M.B., Ch.B., D.P.H., commenced duty 28th June, 1928, in place of N. E. Chadwick, M.B., Ch.B., D.P.H., resigned 30th June, 1928. Remainder of time occupied as Tuberculosis Officer.

R. Ford Tredre, M.D., Ch.B., D.P.H., commenced duty 28th July, 1928, in place of W. Harvey, M.D., Ch.B., D.P.H., resigned. Remainder of time occupied as Tuberculosis Officer and Child Welfare Officer.

B. Fraser Beatson, M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H., commenced duty 2nd July, 1928. Remainder of time occupied as Child Welfare Officer.

(b) *Dental Staff.*

The part-time Dental Surgeons mentioned in last year's report continued to render services in the districts referred to, with the following exceptions :—

A. C. King, L.D.S., R.C.S., in the Maldon District, in place of J. E. Bonner, resigned March, 1928.

B. Benjamin, L.D.S., in the Dunmow District, in place of S. J. Webb.

A. Silva Jones, L.D.S., R.C.S., in the Billericay District, in place of A. G. Taylor, resigned.

A. Allan, L.D.S., R.F.P.S., in the Woodford District. Partner of G. E. Phillips.

(c) *School Nurses.*

The following changes of staff took place during 1928 :—

Billericay.

The vacancy mentioned in the 1927 report was not permanently filled by a Health Visitor until the 4th December, 1928, when the following commenced duty :—

Name.	Qualifications.
Cassidy, M.	... General Training, C.M.B.

Dunmow.

Miss Bright resigned and terminated duty on 12th November 1928; the vacancy had not been permanently filled at the end of the year.

Thaxted, &c.

Miss F. P. Harrop, who commenced duty in this area on 1st May 1928, resigned at the end of one month, and up to the time of writing her place had not been filled.

Dagenham.

In February, 1928, by arrangement with the local Urban District Council, the services of the Health Visitors for the District were pooled. In addition to Miss Hinton, therefore, the following gave a proportion of their time to duties as school nurse, making the equivalent of $1\frac{1}{2}$ school nurses for the area :—

Name.	Qualifications.
Richardson, I. F. ...	General Training, C.M.B., R.S.I.
Smith, M. ...	General Training, C.M.B.
Batty, M. A. S. ...	General Training, C.M.B., H.V.'s Cert.

Maldon.

Miss Dilcock resigned and terminated duty on 10th October, 1928, and the vacancy had not been filled at the end of the year.

Tilbury.

Miss Marsh terminated duty on 18th February, 1928, Miss Page resigned 1st July, 1927, and they were replaced by :—

Name.	Qualifications.
Marshall, E. M. ...	General Training, C.M.B.
Rattray, G. M. ...	C.M.B., T.B. Cert.

Clacton.

Miss Stott resigned in October, 1928, and was replaced by :—

Name.	Qualifications.
Sparrow, E. A. ...	General Training, C.M.B.

Woodford.

Miss Carnall resigned in January, 1928, and was replaced by :—

Name.	Qualifications.
Waterhouse, K. ...	C.M.B., Sick Children's Nursing Cert.

Co-ordination of Health Work.

The work of the School Medical Service has continued to progress and there have been only slight alterations in the duties of combined appointments subject to changes in the personnel in the County Service.

Additional local sanitary areas have come into the combined appointment scheme as follows :—

- Dr. Boul appointed M.O.H. of Orsett Rural District.
- Dr. Lorraine appointed M.O.H. of Canvey Island Urban District.

The Local Government Bill at present before Parliament, when it reaches the Statute Book, should initiate within a few years a complete re-organization of Local Health Work throughout the country, somewhat on the lines already in practice in Essex, and will no doubt also be of assistance in providing facilities for further progress within the County. It will then only require the inauguration of a much closer connection between the inspection of young persons entering factories and the School Medical Service in order to have a continuous chain in the medical review, as far as is now required by the State, of the infant child and adolescent.

Health Visitors. Health Visitors have continued combined duties in their various districts under the Public Health and Education Committees.

Some difficulty has been experienced during 1928 in obtaining satisfactory applicants to fill vacancies. This, no doubt, is in some respects due to the general low standard of remuneration for these posts, combined with the difficulties and arduous task in efficiently carrying out the duties in a country district. Added to this is the higher standard of training required by the Ministry of Health for Child Welfare posts since April, 1928.

The raising of the standard of training is all to the good of the service, but must necessarily react for a few years on the number of applicants for posts. Proposals have been considered whereby the County Council, in accordance with the regulations of the Ministry of the Health, will assist in the training of suitable applicants for appointment as Health Visitors.

Changes in the Health Visitor staff during the year have resulted in an increase of four when all posts are filled. This brings the number of Health Visitors to 4 who take part in school work, the proportion of time given to this work being equivalent to 15 whole-time school nurses.

In the Dagenham area an arrangement has been made during the year whereby the Urban District Council's four Child Welfare Nurses shall render part-time assistance in school work. The services rendered are equivalent to $1\frac{1}{2}$ whole-time school nurses and this has been found totally inadequate. A proposal is now agreed upon whereby this arrangement shall be terminated, and 3 full-time school nurses be appointed. Even with this increase, it will be insufficient when two Medical Officers are working in the district with treatment centres and other work ancillary medical inspection fully developed.

It has been quite evident that extra Health Visitors have been needed in the area, and the proposed additions will greatly improve matters. It is, however, regretted that the new arrangement will tend to lead to separation of Child Welfare from school medical following-up, and must tend to some extra visiting by officials.

The services of the Chief Health Nurse and Assistant Chief Health Nurse are not included in the figures for Health Visitors given above. Their duties are gene-

supervisory. Too much stress cannot be laid on the advantage gained to the County and the School Nursing Service by the help and assistance given by them. In particular this help has been invaluable in certain areas when there is a vacancy in the staff, sometimes for some months.

The services of the District Nurse-Midwives employed by District Nursing Societies affiliated to the Essex County Nursing Association continue to be made use of as occasion demands in following-up children referred for treatment. It is interesting to note that these now number 148, *i.e.*, an increase of 4 during the year.

Infant and Child Welfare Centres.

There have been no additional areas for which the County Council have assumed responsibilities during 1928. One additional centre has, however, been opened, *viz.*, at Chelmsford, bringing the number to 53. In 7 Centres only is the Medical Officer of the County Council the one who is not otherwise carrying out duties under the County Council.

Nursery Schools are not established.

Care of Debilitated Children under School Age.

These continue to be seen at Clinics and Welfare Centres, those requiring treatment being followed up by the Health Visitors.

Facilities provided for Children who partake of Mid-day Meal at School.

Teachers are encouraged to give this matter the fullest attention, and in some cases arrangements for providing hot drinks, &c., are excellent. The reports of Medical Officers, however, show that in many cases there is still room for greater energies in this most important matter, both in arranging facilities for partaking of the meal in comfort, in supervising the same, and again in advising the parents on the suitability of the food brought for the mid-day meal.

Wherever possible in the winter months, every facility should be given to make it possible for the children staying at the school for the mid-day meal to get a hot, nourishing drink, and to be supervised whilst the meal is being eaten.

School Hygiene.

Medical Officers on their visits to schools are instructed not only to examine the particular batch of children invited to attend for examination, but also to enquire into any cases brought forward by the Head Teacher or Health Visitor, and in addition from time to time to make a general health survey of the school and its surroundings and to report on defects found. All such defects are referred to the Director of Education, who brings them to the notice of the Managers.

Naturally, some of the older and small country schools compare unfavourably with those of the new and up-to-date schools. These reports however, have resulted in many improvements and the country school of to-day has greatly improved, although in some cases there is still room for further improvement. This, no doubt, will gradually be brought about.

During 1928, reports have been submitted on 24 schools, the following points, amongst others, having been brought to notice:—

The condition of playgrounds and offices, provision of heating and lighting, water supply, school furniture, accommodation in classrooms and cloakrooms, together with recommendations on the cleanliness and ventilation of these.

The personal hygiene of the school child is largely in the hands of the teacher. If he or she will become thoroughly interested in this important subject, there will be, in a few years, a revolution in the personal appearance and healthy living of the school child, with a resultant benefit to the health of the general population. Too great stress cannot be laid on the advantage to be gained by encouraging and fostering individual responsibility in personal hygienic habits.

The teaching of hygiene in the elementary schools is, if anything, more important than ordinary secular education. It is more necessary in the young to encourage the correct and healthy habits of life than academic supremacy. An educated mind and an unhealthy body will not take the individual very far, and in addition will be an added expense to the country.

The numerous articles in the daily papers on health and other subjects and the institution of Health Lectures and Health Weeks should all add to the improvement of the nation's health. In order to get the maximum result it must be especially inculcated in the receptive mind of the child. The "Handbook of Suggestions on Health Education" issued by the Board of Education should be in the possession of every teacher, and will greatly assist them in giving instruction in this most interesting and necessary subject, which should be a compulsory subject in all schools.

The provision of further accommodation for scholars has continued, and again the building of new schools has shown great progress throughout the year, more especially on the Dagenham and Becontree Estates, where the school population, due to importation from the London area, has increased so rapidly that it has been found impossible to keep pace with it in the provision of schools.

Ten new elementary council schools have been opened, viz. :—

Dagenham Becontree Grafton Road.

Dagenham Becontree Lymington Road.

Dagenham Fanshawe.

Dagenham Goresbrook Road.

Dagenham Hunters Hall.
 Dagenham Parsloes.
 Dagenham Halbutt Street.
 Dagenham South Wood Lane.
 Laindon High Road.
 New Thundersley.
 Upminster (new premises).
 Romford Special School has removed to new premises, a wooden building.

Additional accommodation has been added to the following 10 Council Schools :—

Dagenham Marsh Green.
 Great Burstead.
 Hadleigh.
 Rainham.
 Rayleigh.
 Romford Mawney Road.
 Shoeburyness Richmond Avenue.
 South Benfleet.
 Tilbury St. Chad's.
 Vange.

Chingford C. of E. non-provided school has been rebuilt.

Truly a list of new buildings and additions of which the Education Committee may justly be proud.

The new type of school being erected is vastly superior to the old. These schools are built on lines which are productive of healthy conditions for teacher and scholar alike, and both in appearance and facilities are such that the educational work can be carried on under the most suitable circumstances. Every opportunity should be seized to make use of the facilities provided for the circulation of fresh air in the rooms during school hours.

The following schools have been closed during 1928 :—

Council—

North Fambridge.

Mucking.

Non-provided—

Upminster Boys', Upminster Girls' and Infants.

Particular and increasing interest has been shown in the majority of districts regarding the following :—

(i) The warming up of meals for children bringing the same to school. The supervision of the service of such meals, and of the children whilst

partaking of the same, together with the provision of hot drinks at the mid-day meal.

(ii) The use of the Syllabus of Hygiene is more general in the elementary school. In some cases reports show the average time devoted to such classes on this subject is 30 to 45 minutes per week, and there is evidence in many districts of more general interest being shown by the scholars in this subject.

4. Medical Inspection.

(a) *Inspections* have been carried out of children in the 3 routine age groups, and, as in previous years, every opportunity taken of examining specials and re-examination of those referred for treatment.

Figures giving totals of these examinations are set out in Table I, A and B.

It is satisfactory to note that, following on the additional medical staff available during the year, the numbers seen have materially increased, 4773 routine inspections in excess of the figures for last year being made, together with an increase of 1979 specials and 2921 re-examinations.

Arrears in Braintree, Dunmow and Rochford areas have been made up, leaving Dagenham only in which this work is not as yet efficiently catered for. It is hoped however, that the increased staff suggested in this District will materialize early in 1929, with a view to bringing the work to a more satisfactory position by the end of the year.

(b) *Ascertainment of Cripples* has proceeded satisfactorily, with the added impetus of a more complete orthopædic treatment scheme. It is pleasing to report a decided advance in this work, for details see 8 (i).

(c) *Holding of Inspections off School Premises.* It was again found necessary, in order to facilitate the work, to carry out inspections in buildings outside the school as follows:—

School.	Place of examination.
Epping Boys'	... Minor Ailment Clinic.
Mountnessing	... Church Room.
Theydon Bois	... Sorrell Room.
Terling ...	... Red Triangle Hut.

Although the above were the only schools in which this practice was actually resorted to, there is no doubt that in many of the smaller and older schools, if a suitable building were available, it would be an advantage to all concerned to hold the inspections in it.

The conduction of a medical inspection should, as far as possible, be made in a place which provides, not only for the comfort of the children inspected and the

ents, but for that of the Medical Officer undertaking the inspection. Conducting medical examinations in unsuitable surroundings tends to lower the standard of work done, and must often create a wrong impression on the parents of the importance of the work, with a consequent loss of benefit to the child.

Findings of Medical Inspections.

Review of the Tables set out in the form desired by the Board of Education at the end of this report will show this in detail.

Table II. A gives numbers of defects requiring treatment or observation. These figures again emphasize the fact that the conditions which require further efforts in following-up and impressing on parents the need of adequate and early treatment are dental diseases and defects of vision and of the nose and throat, all of which it is necessary again and again to impress on the parent are conditions which, unless adequately treated, cause ill-health in the child, and under certain circumstances will have a lasting and perhaps lifelong ill-effect. Again, they are essentially defects which the careless parent is likely to ignore unless continual pressure and assistance be brought to bear through the Education Authority.

Table II. B shows figures for individual children examined in the routine age groups, excluding those referred as in need of attention to teeth and uncleanly conditions. The figures show that about one child in every eight, or 12·60 per cent. of those examined were referred for treatment, a small increase of 0·19 per cent. on the last year.

Whilst this figure compares favourably with the figure given for England and Wales for 1927, viz., 20·60 per cent., an increase of 0·3 over the figure for 1926, efforts must still be persisted in by all concerned in an endeavour to lower appreciably this percentage in Essex children.

) Uncleanliness.

Efforts have not relaxed in the following-up by the Health Visitors, and the conducting of school cleanliness surveys in order to reduce this to a minimum. At the Medical Officers' inspections, taking the figures for routine and specials together, 411 children were referred as requiring actual treatment, and in addition 419 to be kept under observation—in the aggregate, 90 children less than in the previous year, which may be considered satisfactory progress, taking into consideration that these numbers are the result of the examination of an increased number of children, viz., 653 or the equivalent of over a fifth of the total number examined in 1927.

As pointed out in last year's report, this effort to improve the conditions of cleanliness must be continued, not only to keep up the improved standard which has been reached as the result of medical inspections, but to aim at, and, I trust, make it an impossibility to discover a child in school with a single nit in the hair.

In the campaign against uncleanness, the efforts of the Medical Officer and Health Visitors are those only of visitors. It must be again repeated that the Teachers can and should make cleanliness a matter of rigid discipline in the schools.

Table IV., Group V., provides further details of the Health Visitors' work in the schools, an average of 10 visits having been made to the schools, 242,241 examinations being made and 3,113 children being found as unsatisfactory in the matter of cleanliness.

The baths at Grays and Tilbury continue to provide facilities for those in need of the same, 2,987 baths being given at the former and 3,400 at the latter. These have not been so well patronised as in 1927. With the exception of these, one elementary school only is provided with bathing accommodation, and facilities are also available at the Woodford Special School.

Legal proceedings under (a) the Education Act or (b) the Attendance Bye-laws were in no case taken in regard to matters concerning cleanliness. Three cases were cleansed under Section 87 of the Education Act, 1921.

(b) *Other Conditions needing Treatment.*

Mention has already been made of the 3 conditions which so largely add to the list of defects, viz., that of the teeth, the eyes, and nose and throat. In addition, it is necessary for the Medical Officers to consider carefully the following:—

Malnutrition. Children showing this condition are not numerous; on the other hand, it is a serious condition and contributed to by various factors, including general health and surroundings, quantity and quality of the food, regularity of meals, sleep, &c.

In all cases discovered, it is necessary to make full enquiry and, having decided on the cause, proceed by every means possible to eradicate it.

Skin diseases are a frequent cause of trouble if the condition is not treated early, and of these, impetigo is the most frequent in children, a condition which, if neglected as it usually is, leads to weeks of non-attendance at school, and is passed on to other children.

Discharging ears require constant and early attention or may lead to deafness and more serious after effects. The condition is also distressing for others who have to associate with the affected.

Abnormal conditions of the heart and chest require careful and regular supervision of the Medical Officer.

During the year a special card has been introduced for the following-up in the schools of all close contacts of cases of open pulmonary tuberculosis with a view to these cases being reviewed, at least annually, as "Specials" at the Medical Officers' visits to the schools.

Extracts from Medical Officers' Reports.

The Medical Officers express their appreciation of the assistance received from the Health Visitors, Clerks to District Sub-Committees, Head Teachers, and Voluntary helpers in their work.

Dr. W. H. Alderton—Lexden and Winstree and Maldon Rural—

Medical inspection has proceeded satisfactorily during the year. Special cases were followed up and numerous visits made to suitable centres for the purpose of carrying out refractions, and glasses prescribed for children requiring them.

On the whole, parents are more alive to the fact that defective vision is a condition requiring further examination, and are in consequence more ready to agree to their children attending a refraction clinic. It is necessary, however, that cases of defective vision should be continually under supervision in order to guarantee that glasses prescribed are obtained, worn, and kept in repair.

Progress has been made in dental treatment, and it is gratifying to observe more and more mouths, especially in the older children, free from carious teeth. Further progress is still necessary to obtain a satisfactory dental condition of the youth of the country: not until we arrive at the stage when parents themselves preserve an unbroken front of ivory will the effort of the School Dental Service have made itself really apparent.

The success of the School Medical Service depends in a large extent on the attitude of the school teachers, and some are splendid in the way they assist. A few, however, appear to concentrate on some special branch of this work, which makes them oblivious to all else, and here one finds less treatment carried out than in other schools.

It is satisfactory to note that parents can be reasoned with and persuaded in many cases to continue treatment if a little restraint is shown. This is realised by parents themselves, as instanced by the case of an Irishwoman who came to me recently and said she had been advised not to come as I should talk her round. Fortunately I was able to do so on this occasion and treatment continued.

Dr. Malcolm Barker—Chingford—

School Medical Inspection continues to prove its worth. The general health of the children in this district is good. There is an absence of septic infections and the cases of impetigo are usually slight in character. As a rule, cleanliness is apparent and the scholars are well clothed and shod.

From the low-lying clay subsoil areas of South Chingford, now becoming residential districts, some increase in rheumatic affections might be anticipated, but no such excessive proportion is apparent.

The early recognition and treatment of tonsils and adenoids, with perhaps glandular involvement and dental defects, are productive of much good. The improvement in general health is now more truly ascribed by the parent to such treatment than to the fact that the child has "turned seven."

An increasing number of parents attend the inspection and, if not at the time always appreciative of the advice given, come more and more to realise the importance of remedying defects brought to their notice.

Much depends upon the method of examination, and the manner in which the parent is made aware of the condition. A curt description of some defect or brusque advocacy of treatment is unlikely to instil confidence, and in some instances where another opinion has been sought the advice proves to be palliative rather than remedial—to some extent the result of the parents' aggrieved attitude. Much can be done by giving time for consideration and by seeing mother and child again at the clinic in the course of a few months.

The present arrangement for operative treatment for tonsils and adenoids, especially when the patient remains in hospital for at least one night, is greatly preferable to the old time clinic.

The number of children who have received dental treatment has considerably exceeded former attendances. Parents are agreeable for the extraction even of one or two temporary teeth to ensure a clean mouth. It is truly astonishing with what equanimity some children will undergo a second administration of gas to complete dental treatment.

No epidemic of even moderate proportions has been present throughout the school year, but a certain number of children suffer from the usual catarrhs, colds, &c., which in the opinion of the parents warrant absence from school for short periods. Investigation often elicits the information that the child is one of a small family, who for health reasons have moved from crowded areas to the more open environment of Chingford. Needless to add, in many instances such illness is trivial and the fears of the parents exaggerated.

There was at one time some tendency on the part of parents to use the school treatment clinic as a consultation centre. This has been largely discouraged and in the majority of cases such are referred to their own doctors. In most instances, an amicable arrangement has been come to with the practitioners.

The Orthopædic Centre established at Woodford, whilst not easy of access for Chingford residents, affords the means for massage and special treatment in these cases.

Frequent visits are paid to the schools, and talks with the head teachers and the examination of scholars, contacts, &c., are of great value in control of school infections.

During Health Week, lectures were given to the senior classes in the schools and suitable literature distributed to the infants.

Dr. B. Fraser Beatson—Romford and Ongar—

During the few months I have been carrying out medical inspections, I have been able to visit the majority of the schools in my district, and it has been possible to bring the inspections of the Ongar Schools up-to-date. As far as I can judge, a satisfactory average standard of health is shown by the children.

Parents, in increasing numbers, avail themselves of advice given regarding the treatment of tonsils and adenoids.

A number of gas dental clinics have been held, and I am satisfied that dental treatment is progressing, thanks to the vigilance of the Dental Surgeons.

Many defects of vision have been most adequately dealt with at London Hospitals, and refraction clinics will shortly be commenced locally.

Orthopædic work has proceeded steadily under the expert guidance of the Surgeon Specialist, and I look forward to fuller co-operation in this interesting and important field.

Dr. M. Bennett—Grays, Tilbury and Orsett—

A number of poorly nourished children have been noted, especially in the older infants and intermediate group. The large amount of unemployment is undoubtedly a causative factor. A supply of cod liver oil and malt, or milk at a cheap rate, would considerably help these cases, and this is being done on a small scale in some schools.

Constant vigilance on the part of the Health Visitor and Teachers is still required to keep the cleanliness standard high. In some rural schools, children from caravans, who frequently move from place to place, give trouble with verminous heads and occasionally vermin of the body.

Operations for tonsils and adenoids under the scheme have increased, and parents are more willing for treatment and in nearly all cases are impressed with the improvement in their children after operation.

Dental treatment has increased, and the Dental Surgeon's inspections in schools have had a beneficial effect.

In spite of School Doctor, Dentist, and "Health Week Propaganda," even intelligent parents continue to spoil their children's teeth by allowing over-indulgence in sweets. Fathers and neighbours sometimes defeat the mothers' efforts to effect a reform.

Practically all cases of errors of refraction attend the clinic, and the myope class is doing a useful work.

Special thanks are due to the voluntary helpers who give most useful assistance at the dental extraction clinics and the orthopædic after-treatment centre.

Dr. W. T. G. Boul—Grays, Tilbury and Orsett—

The school medical service in the Orsett District has continued during the year, and it has been one of steady advance in all directions rather than extension of activity.

There are few special points which have arisen during the year, but attention should be called to several matters indirectly affecting the utility of the service. The area concerned is, to a large extent, industrial and some of the older schools can be by no means considered all that is required, in the light of present day conditions. During the year I am glad to note that considerable extensions in building have been carried out in the district. The district population is increasing at least at the rate of 5,000 per annum and areas such as Langdon Hills, East Thurrock and Tilbury were, in the earlier months of the year, considerably overcrowded as regards their school accommodation. It is gratifying to record that in all three of these areas further accommodation is now available.

A point of special value during the year is the complete combination of all medical services, in that the School Medical Inspector is now acting as Medical Officer of Health to the whole area. Very much friction and misunderstanding are thereby prevented.

The matter can be summed up in the words of a head master to me some days ago. This head master stated that he was especially glad that his school had now only one Medical Officer instead of two as formerly, and that the sight to him of the School Medical Inspector examining children and taking swabs of special cases in an outbreak of Diphtheria, whilst the Medical Officer of Health stood by with a view to following up the home conditions of the children found to be positive, was ludicrous.

Before reporting on the various ancillary services, I desire to express my thanks to the County Medical Officer, to the Clerk to the District Sub-Committee and to the members of the District Sub-Committee for their very kindly help.

School medical inspections were made in all schools in the area; in two, however, these were not quite completed but will be completed in January, 1929.

Minor Ailment Clinics have continued to render great assistance, 720 individual children having made 2,708 attendance at Grays and 848 children 1,061 attendances at Tilbury.

Refraction Clinics have been well attended, 183 refractions being made and 158 children being prescribed glasses.

The local scheme for the operative treatment of tonsils and adenoids has worked well, and the entry of the Hospital Saving Association into the scheme has made the working thereof very much easier. During the year the School Medical Inspector held a conference with the representative of the majority of local firms in the district, these firms having private Benevolent Associations. In all cases the firms agreed to pay the requisite fee, thus absolving the parent from payment. Re-examination after operation has shown in each case a satisfactory result. There has been an increase in these operations during 1928, 81 cases being operated on against 65 for 1927.

Orthopædic ascertainment and after-care clinics have been carried on throughout the year, in association with the Grays and Tilbury Urban District Councils, the numbers examined and treated having materially increased.

It is gratifying again to report a large increase of dental treatment in the area. During 1928 inspections were carried out in 9 schools, and of 1,172 children inspected, 913 were offered treatment, or 77.9 per cent. This indicates the necessity for more dental treatment in the area.

In actual treatment carried out, the following figures show a gratifying increase in conservative work :—

	Children.	Atten- dances.	Teeth extracted		Gas Cases.	Fillings		Other opera- tions.
			Tem- porary.	Perma- nent.		Tem- porary.	Perma- nent.	
1927	... 752	... 1,037	... 1,918	... 334	... 728	... 97	... 118	... 72
1928	... 814	... 1,149	... 1,934	... 324	... 788	... 196	... 212	... 93

Dr. J. S. Bradshaw—Witham—

The number of parents attending school medical inspections this year showed an increase on that of last year.

The general condition, clothing, &c., appeared to me to be better than hitherto.

General defects such as enlarged tonsils and adenoids and carious teeth were again the most prevalent causes of ill-health.

Dr. C. R. Brown—Dagenham—

The outstanding need in the Dagenham District is an adequate School Nursing Service. The part-time Nurses have done excellent work, but there is insufficient time allotted for following-up and cleanliness inspections.

A minor ailment clinic is required in the Becontree portion of the estate, as there is no direct communication by means of public conveyance between this and the Dagenham portion of the estate.

Dental treatment also necessitates a definite centre in both portions of the estate, as there is no room in the schools for this much needed work, and conservative treatment is at present not being undertaken.

Skin Diseases. There have been many severe cases of Impetigo, especially amongst scholars in the more recently built schools. The frequent infection of slight skin wounds may possibly be accounted for by the constituents of the soil which has been heavily manured for many years to make it suitable for market gardening.

The attendance of parents at the routine inspections is excellent, and objections to inspections rare. Greater attention is being paid by the parents to the cleanliness (both head and body) of children.

It is unusual to find a case of severe physical or mental defect which has not already been recorded.

Dr. L. S. Fry—Epping and Waltham Abbey—

Routine inspections have proceeded smoothly and opposition on the part of parents has been infrequent.

Infectious diseases, more especially sporadic cases of diphtheria, have occurred in several schools during the year. These have been dealt with by special inspections, swabbing, &c. Probably many lives would be saved if immunization against diphtheria were instituted, even if entrants only were dealt with, though difficulty would be encountered, no doubt, in overcoming objections of the parents.

Dental treatment has shown progress, inspections being made in every school by the dentist and treatment offered to all requiring the same. The response on the part of the parents still, however, leaves room for improvement.

Orthopædic inspection clinics have continued. The majority of the long-standing cases of crippling defects in the district have now been treated, and there is a gratifying absence of untreated cripples amongst school children in the district as no new cases of a severe nature have so far occurred. Advantage has also been taken of the Woodford After-Treatment Centre for massage, exercises, &c.

Minor ailment clinics, both at Waltham Abbey and Epping, are proving of great assistance, and the transference of the latter to the present quarters is most satisfactory and adds greatly to the comfort of all concerned.

Dr. P. J. Gaffikin—Braintree and Dunmow—

Routine medical inspection of the school children in this area has been carried out with greater regularity in the past year owing to the re-arrangement of the duties of the Assistant County Medical Officer, whereby he has been able to devote a larger proportion of his time to this work.

Medical inspection has been carried out in all the schools in the district. The noteworthy feature is the higher standard of physique which prevails among the children in the towns as compared with the children in the rural schools. I am afraid that the "healthy country-bred child" is not as common as we would like to believe, and malnutrition and rickets are painfully prevalent among the children of rural workers. Low wages and the low standard of living in the agricultural parishes are doubtless responsible. I would urge that in the country schools where the children come long distances and do not go home to dinner, but have to bring with them to school a meal which often consists of a couple of pieces of bread and jam, and which is in practically every case inadequate, provision should be made for the feeding of the children.

The school clinic at Braintree is well attended, and that at Dunmow serves the need of the local schools, but transport difficulties prevent the outlying schools from using the clinic. Further dental clinics are required, and for the remote parishes a travelling dental van seems to be the only practical solution of this problem.

Dr. N. S. R. Lorraine—Rochford—

Routine inspections have been conducted as in previous years. The attendance of parents has been excellent and many defects have been remedied.

Since I commenced duty in February, 1925, in this area, the work in all branches of preventive medicine has steadily increased, in addition to the natural increase of population.

Skin diseases are only seen infrequently, and no serious epidemics occurred during the year.

Dr. W. A. Milne—Clacton—

Routine inspection has proceeded as in previous years, with the addition of an inspection at the new Secondary School.

The number of parents who attend the inspections is on the increase and refusals are very infrequent.

More strict observance of the rule that the child's medical schedule shall promptly and regularly follow the child from one school to another is required.

Clinics have continued, although under considerable difficulties, during the building extensions at the Welfare Centre. The work is now complete, and there is ample accommodation for minor ailment, refraction and dental clinics, orthopaedic consultations and after-treatment, and an ultra-violet ray lamp has been installed.

The arrangements with the Cottage Hospital for X-ray examinations and for the treatment of tonsils and adenoids are working satisfactorily.

Advantage was taken of the Health and Cleanliness Council's offer to send their cinemotor lorry to Clacton, and the exhibitions given in the schools were much appreciated by the scholars.

Dr. J. Ramsbottom—Tendring Rural—

The working of the school medical service in this area during 1928 has been satisfactory.

I consider the general health of the children is well maintained. There are very few cases of malnutrition. Up to recently, there had been little unemployment, since the labourers in the rural area have found work in the building operations in the vicinity

There has been no falling off of the attendance of parents at inspections, and it is satisfactory to note that in a large proportion of the cases advised treatment for minor defects, treatment has been readily carried out by the parents.

A certain number of parents do not appear to realise that it is essentially their own duty to try and obtain treatment for the physical defects of their children, and not that of the School Authorities.

Parents avail themselves when necessary of the School Clinic at Weeley, and on occasions attend the Infant Welfare Clinics.

I have found the District Nurses very helpful in following-up cases referred for treatment, particularly in Parkeston and Mistley and Manningtree areas. These areas represent about one-fifth of the total school population of this district.

Health propoganda in a rural area by means of lectures is very difficult, if not impossible. The school medical inspections offer the Medical Officer an exceptional opportunity of giving useful information to parents respecting questions of health.

The usefulness of the advice is increased by the fact that it is personal, the child in question being present. A little extra time spent at the medical inspection in this way is well-spent.

Dr. M. D. Rankine—Maldon, &c.—

Routine inspections have shown the general health on the whole to be fairly good. There appears to be much less difficulty in persuading parents to get treatment for defects discovered. Parents will often bring a child to the clinic, but it is more difficult to persuade them to take the child to a private doctor. This, of course, is due to the fee charged.

Unfortunately, a few parents object to their children wearing glasses.

Dental treatment in the Maldon area has increased both in extractions and conservative work, and objections are few. Now we have a combined treatment centre at Braintree, I trust clinics will be arranged at regular intervals. It would greatly help if children were conveyed from the smaller schools to the clinics.

The surgeon's advice at orthopædic clinics has been much appreciated. Unfortunately, there is still some delay in treatment, and it is hoped that in the near future treatment may be arranged without delay.

Several children have benefited by admission to the Ogilvie Home, Clacton, but here again, more places are needed. Delay is often so long that parents change their minds, and will not allow their children to go when the vacancy does occur.

The Minor Ailment Clinics at Maldon and Braintree opened this year will be a great convenience, and are appreciated by teachers as well as parents.

There is a marked improvement in the cleanliness and clothing of the school children. It is now the exception to find dirty or badly clothed children. This is largely due to the careful cleanliness inspections made by the Health Visitors.

Dr. J. S. Ranson—Halstead and Belchamp—

Routine inspections have continued as in previous years. The attitude of parents has shown decided improvement with regard to the obtaining of treatment for minor ailments. In too many cases, however, they are still reluctant to give consent to dental treatment; more especially is this so in the outlying country districts.

The cleanliness of children remains good, there being very few cases of verminous heads.

Treatment of enlarged tonsils and adenoids and the prescribing of glasses for errors of refraction have presented no difficulties.

Orthopædic cases have been seen by the Orthopædic Surgeon and treatment in most cases obtained. At present, however, there are no local facilities for special exercise, massage, &c.

I am again glad to report on the continued keenness and excellent work of the Halstead Welfare Committee, and their great assistance to me in my work.

During the year I have again noted a decided falling-off in the condition of the children during the summer months, more especially in the agricultural districts. This is, in my opinion, due in some degree to the adoption of summer time. It is doubtful whether these children at any time are receiving a satisfactory diet, and during these months it seems to me to be quite inadequate for the long hours that most of them keep. Mothers have informed me that the majority of these children, when put to bed early, will not go to sleep, and that they are forced to wake them up early in order to send them to school in time. This should receive some consideration, the remedy being either the delaying of the opening of the schools till 10 a.m., or the provision of additional nourishment in the schools for suitable cases.

Dr. S. R. Richardson—Saffron Walden and Stansted—

The standard of cleanliness found in the schools of the Saffron Walden and Stansted districts is now on a satisfactory level.

The physique of the children is fairly good but, as regards nutrition, there is a scarcity of even moderately fat children attending school, and the majority would probably be best described as rather lean. A large number of parents avail themselves of the arrangements for supplying cod liver oil and malt, which is now obtainable at cost price in all parts of the districts.

Treatment for minor defects is not so complete or so efficient as one could wish, but I am convinced that this is more often due to actual poverty than to negligence on the part of the parents. When one realizes that in the majority of cases the average amount available out of the family income for the maintenance of each child is less than 5 shillings weekly, it is not surprising to find that there is often great difficulty in providing the treatment advised.

Progress has, however, been made in obtaining dental treatment, and a fair proportion of cases of enlarged tonsils and adenoids have had operative treatment.

In orthopædic cases, some parents are strongly prejudiced against allowing their crippled and often petted children to go to hospital, and a great deal of time and effort must be expended before this attitude is overcome.

Epidemics have not been exceptionally severe, but a large number of school attendances are lost owing to severe coughs and colds in the winter months. Definite improvement in this direction can scarcely be expected until more adequate arrangements are made to secure the drying of children's legs and feet while in school. Some attempt is being made to dry the clothing of children who have to walk to school over wet fields and lanes—often in heavy rain, but the problem of drying their footwear is much more difficult, and can only be met by supplying a complete change during their stay in school.

In medical inspections much valuable assistance is given in many instances by the teachers, but in most of the schools, screens are not available. Especially is this noted in small schools, where, owing to the lack of accommodation, they are most necessary.

Dr. E. W. Caryl Thomas—Dagenham—

The extra medical help in the area has resulted in an increase in examinations, and since July my work has been almost entirely confined to minor ailments and refraction clinics.

Since February, the part-time services of the four Dagenham Urban District Health Visitors have been made use of to the agreed extent of just over the full-time service of one school nurse. Under-staffing in this department is evident, when it is realised that more sessions are given by the Medical Inspectors than by the Nurses.

It is regrettable that arrangements are pending to terminate the combined use of the nursing services.

The development of the estate has continued, making a total of 15,000 to 16,000 children on the school registers. The number of entrants is large, and since all entrants have to be examined, the amount of routine inspections required in the district greatly exceeds that in stable areas for the same number of children. The number of school children at the time of the full development of the estate will be 19,000 or 20,000. The district needs now the full-time services of two Medical Inspectors to enable arrears of work to be overtaken in the coming year. By the time of the full development of the school service it is probable that more than two full-time Doctors will be required. For any increase in medical staff, there should be a corresponding increase in nursing personnel.

From my review of the children as seen at the clinics, in general the report must be much as last year, in that the physical condition of the children remains poor, definite cases of malnutrition being infrequent, and a very fair standard of cleanliness prevailing. The same septic sores are found more common, I imagine, in the more recently developed part of the district. It is with interest that one learns that these same septic conditions are found in some of the other new estates. Thus it would tend to confirm one's suspicions of the soil being the cause rather than anything attributable to the children.

Attendances at the minor ailment clinic at Alibon Road have continued to increase, and on occasions as many as 64 children have been seen at a session, in spite of the fact that children from the Becontree Ward have been seen at the Public Health Offices, the Alibon Road clinic being inaccessible for these owing to distance.

Refractions have been conducted at the clinic on 350 children, and glasses prescribed.

Many children have been operated on for tonsils and adenoids under the Committee's scheme at Queen Mary's Hospital. There is still room for better co-ordination in this arrangement.

Dental treatment must be increased, systematic inspections made, and regular treatment sessions arranged.

Orthopædic ascertainment clinics have been held, but full advantage of these has not been taken by the parents, in great measure due to insufficient staff to follow up.

There is a large number of cripples in the district, some of whom are unfit for attendance at ordinary schools. It is therefore gratifying to learn that steps are now being taken for the establishment of cripples' classes at two schools. For conveyance of a number of these, an ambulance will be

necessary. It is hoped that this establishment of special classes is only a temporary measure and that ultimately there will be erected properly equipped special schools with an attendant masseuse.

The provision of remedial exercise classes in the various schools is worthy of serious consideration. These schools, with in many cases, a population of over 1,000, would provide material for such classes, and in many cases there is a large hall available.

Dr. R. Ford Tredre—Billericay—

From my inspection of school children in the Rural District, I find a large proportion come from homes of the "bungalow" type, and were born in the poorer areas of London.

There are few cases of insufficient clothing, and footgear is good; the latter is essential in this damp, muddy area. Parents who find living expensive usually drift back to London, thus there is a definite "floating" school population.

Uncleanliness is confined to a few families.

Malnutrition is not in evidence.

Impetigo was prevalent at one school, but the number of cases is diminishing.

Tonsils and adenoids are dealt with at the Stratford Hospital. There is some objection to this, chiefly due to distance and the child not being kept in over night. If the arrangements with the Brentwood Hospital could be extended to this area, these disadvantages would be removed.

Tuberculosis is not common, and cases are followed up under the County Tuberculosis Scheme.

There is a small but definite incidence of cases of rheumatism, with or without cardiac complications, and these are kept under regular observation.

Dental caries is extensive, practically every child requiring conservative treatment; this is at present uncatered for, present treatment being chiefly confined to occasional extraction clinics.

Dr. E. U. Vawdrey—Woodford, &c.—

Routine inspections have been made in all the schools; refusals are few and the general health of the children has been satisfactory. There is marked improvement in the general cleanliness of the children, largely due to the assiduous care of the Health Visitors.

Minor ailment clinics are regularly held. Their value is indicated by the increased number of parents attending with their children.

Dental clinics have shown considerable expansion, and are much appreciated. Systematic dental treatment has shown a definite improvement in the children's teeth. The condition of the infants' teeth is still a matter of concern, indicating that remedial measures should be commenced at an earlier age.

Eye clinics have been regularly held, to the great advantage of children attending them.

Orthopædic inspection clinics have continued, and after-treatment clinics arranged, where the masseuse attends 3 times a week, to carry out the Surgeon's advice. This work is of the highest importance and the children derive great benefit.

A retrospect of 10 years shows a large increase in the medical services rendered in the district, and many improvements have been introduced. There has been a marked decrease in the number of cases of Ringworm, Scabies and Otitis Media.

Dr. R. H. Vercoe—Chelmsford Rural—

Routine inspections have been made of 1,381 children, 59 children being subjected to refraction for glasses, and gas administered to 227 children for dental extractions.

Two special features for the past year have been :—

(1) Health Lectures very fully illustrated by special lantern slides. These were given in the following chronological order :—

(a) At the Girls' High School, Chelmsford, to the girls and teachers—lantern lecture on milk as a food, its great advantages and how its disadvantages may be avoided.

(b) At Little Baddow Women's Institute to a packed audience of mothers, 50 miscellaneous slides were shown and descriptions given on health in teeth, food, sunlight, infant management, &c.

(c) At Chelmsford Art School to school teachers on the day of a conference—lantern lecture explaining the new teachers' handbook on health education, dealing especially with measles, whooping cough, scarlet fever, diphtheria. Also the life history of the louse, illustrated by slides and magnified, projection on the screen of living lice in a closed glass chamber walking across the screen as big as rats. Also sunlight treatment and vitamins, well illustrated. The lecture lasted $1\frac{3}{4}$ hours but none left the room and some afterwards asked questions.

(d) At the Girls' High School, Chelmsford, at the annual conference of school teachers—a lantern lecture on milk as a food, vitamins, and sunlight, for one hour, with questions at close.

(e) At Boreham Women's Institute to a large audience of mothers and 40 older school children, miscellaneous slides were shown as in (b) above.

(2) Cases of diphtheria have been persistently recurring for two years at Woodham Ferrers in spite of repeated examination of every individual child in the school by both the Rural District Medical Officer of Health and myself, and of the taking of a great number of swabs which were almost invariably negative. At the end of this year, therefore, the Schick method of immunisation was considered and was explained to the school managers by me at a special meeting lasting $1\frac{1}{2}$ hours, and it was unanimously resolved to agree to this being carried out. The matter is now being carefully organised.

Infectious Diseases.

There have been no local epidemics of infectious diseases during the year, though measles have been prevalent and a number of cases of scarlet fever, whooping cough and mumps, and in a few districts, diphtheria.

School closure has been instituted on the advice of the Local Sanitary Authority under Article 57, in 15 schools, as follows:—Measles 12, scarlet fever 2, diphtheria 1. Closure under Article 45 (b) was brought about on the advice of the School Medical Officer in 4 schools for the following diseases:—Measles 3, diphtheria 1.

Certificates were issued by the School Medical Officer certifying reduction of attendances as due to infectious diseases in the case of 73 schools, under the Code of Regulating Regulations, a much smaller number than in the previous year when 195 were issued for influenza alone. The conditions for which the certificates were issued during 1928 were measles 37, chickenpox 10, mumps 10, whooping cough 10, influenza 3, diphtheria 2, scarlet fever 1.

This regulation, which permits of certificates being given to avoid loss of grant, is certainly an advantage. With a rigid system of exclusion of contacts susceptible to the disease, there should be little health advantage gained by school closure save in exceptional circumstances. In addition, when closure is instituted, those children who have already had the infection during a previous prevalence of the same disease (the majority of whom are unlikely to get a second attack), are denied the privilege of education. Again, it is often difficult when schools are closed, to exercise sufficient supervision over the child population.

It will therefore be gathered that school closure is of doubtful use, with little to be gained. Influenza is perhaps one of the infectious diseases in which closure may be of some advantage and worthy of consideration, as this is particularly a rapidly infective disease of short duration when properly dealt with, and one attack appears to confer no immunity from further attacks.

Further, there are other methods for the prevention of infectious diseases which, if more generally used, might confer artificial immunity, *e.g.*, the "Schick Test," followed by immunization of the susceptibles as a prevention against diphtheria.

7. Following-up.

The Health Visitor still remains the chief factor in following-up, under the supervision of the Assistant Medical Officers and with the assistance, when required, of the District Nurse-Midwives.

Clerks to District Sub-Committees, members of Care Committees and head teachers all add their assistance in this most necessary work, and of these there is no doubt that the head teacher, if he or she is interested and can be persuaded to expend the necessary time and energy, provides the strongest link in the chain.

Visits were made by Health Visitors to 23,903 homes and an additional 8,629 visits were made by the District Nurse-Midwives, thereby bringing the trained health worker in close contact with any parents who are not doing all they should for their children.

8. Medical Treatment.

The parents whose children require treatment are referred to their own medical attendant, and failing treatment from this source, are invited to apply for treatment for certain conditions under arrangements made by the Education Committee at clinics and hospitals.

A contribution is asked from the parents when financial assistance is required under the Committee's scheme.

(a) *Minor Ailment Clinics.*

These are essentially a necessary part of any scheme for the rapid amelioration of minor conditions of ill health found in the elementary school child. They are well patronised by the parents and render great assistance for those conditions which would otherwise go untreated. For full use by the school child, it is essential that the clinics should be in the near vicinity of the school, consequently the difficulty of getting the child from country districts to attend.

There has been a marked advance during the year in the provision of more suitable buildings for this work. Two clinics have been added, thus bringing the total to 22, viz. :—

(i) Waltham Abbey, where a room adjacent to the cookery centre is made use of.

(ii) Maldon. Here an excellent building has been set up and used as a combined treatment centre for treatment under both the Education and Public Health Acts. The building is of the bungalow type, consisting of a large waiting hall, with rooms leading from it, on the one side used as a consulting room, minor ailment treatment and child welfare weighing room, and dental treatment room, and on the other side tuberculosis consulting, nurse's room and kitchen. Lavatory accommodation and a bath room are also provided.

Further facilities have been obtained in the Braintree area, a building formerly the occupation of the Rural District Council, having been taken over and adapted as a combined treatment centre to embody all services as in the case of Maldon. This is at present in use for minor ailments, dental and tuberculosis dispensary, and additions are pending in order to provide efficient accommodation for use as a child welfare centre.

In Brentwood, where the need of a treatment centre has long been felt, a building has been obtained and is at present being adapted for use as a combined centre and will be in actual use early in the new year.

At Dagenham, the combined minor ailment and tuberculosis dispensary has moved to new temporary quarters pending the much needed provision of a suitable combined treatment centre, negotiations being still in progress with the Urban District Council for the provision of two such centres, viz., one in the Dagenham and one in Becontree portion of the estate. These negotiations are now nearing completion, and when the buildings are provided the County Council propose to rent from the local Authority the necessary rooms as and when required for the purpose of County work. It is perhaps too much to expect these buildings to be completed during 1929. However, the sooner they are ready, the better for all concerned, as they are an urgent necessity and especially is this so in the Becontree area.

In the Brightlingsea area, proposals are also being discussed with a view to providing a building for use as a combined treatment centre, as an alternative to the premises at present in use.

During 1928 the number of attendances recorded by 9,603 children at clinics was 2,039. This number does not include attendances at dental clinics.

The list of minor ailment clinics at present in use, together with their situations and the days on which sessions are held, is as follows :—

Clinics.	Days of Sessions.	Where held.
1. Braintree ...	Tuesday mornings ...	71, Rayne Road, Braintree.
2. Brightlingsea	Alternate Wednesday mornings	Church School, Brightlingsea.
3. Buckhurst Hill	Friday afternoons ...	Buckhurst Hill St. John's Church Hall.
4. Chingford ...	Wednesday afternoons ...	South Chingford Council School.
5. Clacton ...	Monday — Friday mornings, inclusive	Skelmersdale Road, Clacton.
6. Dagenham ...	Tuesday mornings ...	25, Alibon Road, Dagenham.
7. Dunmow ...	Tuesday mornings ...	47, Stortford Road, Dunmow.
8. Epping ...	Tuesday mornings ...	Women's Institute, St. John's Road, Epping.
9. Grays ...	Monday — Friday mornings, inclusive	Grays Quarry Hill Council School.
10. Halstead ...	Wednesday mornings ...	Halstead Cottage Hospital.
11. Maldon ...	Friday mornings... ...	Health Centre, Wantz Chase, Maldon.
12. Rochford ...	Alternate Monday mornings ...	Congregational Rooms, Rochford.
13. Romford ...	Monday, Wednesday and Friday mornings	29, Eastern Road, Romford.
14. Saffron Walden	Alternate Friday mornings ...	Cottage Hospital, Saffron Walden.
15. Shoeburyness	Alternate Thursday afternoons	Council Chambers, Shoeburyness.
16. Stansted ...	Alternate Wednesday mornings	Central Hall, Stansted.
17. Tilbury ...	Tuesday and Friday mornings	Tilbury Welfare Centre.
18. Waltham Abbey	Monday afternoons ...	Council School, Waltham Abbey.
19. Wanstead ...	Thursday afternoons ...	Handicraft Centre, Wanstead.
20. Weeley ...	Alternate Friday mornings ...	Council Offices, Weeley.
21. Wivenhoe ...	Thursday mornings ...	Wivenhoe Council School.
22. Woodford ...	Monday, Wednesday and Friday mornings	The Shrubbery, South Woodford.

(b) *Treatment of Tonsils and Adenoids.*

Interest in the amelioration and treatment of these conditions has continued.

Table IV., Group III., indicates that 827 children are recorded as having received operative treatment, and a further 2,900 received some form of treatment, making a total of 3,727 children whose condition was ameliorated or cured.

The Committee's arrangement still stands with 14 local hospitals for the necessary operations in these conditions, and in one area only, viz., Rochford, can the conditions be classed as unsatisfactory, and this is one of distance from hospital as the majority of these cases still have to travel to Stratford for treatment.

Complete following-up and report after operation by the Medical Officer continued. Parents are reported to be taking more interest in these conditions and are thus not reluctant to give consent to operation.

Tuberculosis.

Complete co-operation is fostered and maintained between the Assistant School Medical Officers and the Tuberculosis Officers, and in country districts these duties are vested in the same officer.

169 scholars have received periods of sanatorium treatment during 1928. These are classified as follows:—For pulmonary conditions, 7 (4 boys and 3 girls); for non-pulmonary conditions, 113 (66 boys and 47 girls); and for observation purposes, 49 children (27 boys and 22 girls).

a) Skin Diseases. (Table IV., Group I.)

3,539 children were treated for these conditions, the majority, viz., 3,207, being treated under the Committee's scheme. Impetigo again showed the largest numbers, being particularly a condition which can be expeditiously and efficiently treated at minor ailment clinics.

83 cases of ringworm of the scalp were treated, as against 96 for 1927, and, of these, 16 were exposed to X-rays under the Committee's scheme.

b) External Eye Disease.

599 children received treatment, 398 of these being treated at the clinics.

f) Vision. (Table IV., Group II.)

2,886 children were treated, 2,035 of these being catered for under the Committee's scheme.

1,126 children were prescribed glasses as the result of testing by refraction, viz., 1,038 by Assistant Medical Officers and 88 by other means. Glasses were obtained by 1,019.

In the absence of a consulting ophthalmic surgeon, the tests for glasses were, as far as possible, made by the Assistant Medical Officers, some of whom take a particular interest in this work. Difficult cases which cannot receive adequate treatment locally are, as in previous years, referred to London hospitals for further advice.

(g) *Minor Ear Defects.*

673 children received treatment, 435 of these being treated under the Committee's scheme.

(h) *Dental Treatment. (Table IV., Group IV.).*

It is regrettable to note that the progress made in 1927 has not been fully maintained during 1928, in regard to the number of children receiving treatment. The actual number of sessions given by the dentists has increased by 1, viz., 556 sessions. There has, however, been an increase of sessions devoted to inspection to the extent of 37 sessions, and it is hoped that with the provision made to enable larger grants by the Committee for the financial year 1929-30, full advantage will be taken of the information available from the inspections to increase materially the treatment given.

15,606 children were inspected as compared to 10,819 for 1927; of these it was found that 10,290 required treatment, or 69.7 per cent. of those inspected. 6,876 children actually received treatment under the Committee's arrangements, 1,864 teeth being treated by fillings and 16,290 extractions being made, of which 2,341, or slightly over $\frac{1}{4}$, were permanent teeth.

The percentage of extractions to fillings has slightly increased, as the figures show that, taking all treatment combined, 8.7 teeth are extracted to 1 filling and taking permanent teeth only 1.6 extractions to 1 filling.

It is thus necessary to urge again that every endeavour in the future must be made to increase this most necessary work in order to get efficient and early treatment of the children's teeth and thereby reduce the percentage of extractions as compared to fillings, as well as to ensure that every child shall, during school life at least, have conservative dental treatment at the earliest possible moment.

Reference to Table II. again emphasizes this need, where out of 36,029 children examined by the medical officers, 11,390, *i.e.*, 31 per cent., are referred for dental treatment.

The increased facilities provided by the opening of new clinics should considerably help this work during the new year in the vicinity of the Urban Districts concerned.

The Rural Areas, however, have always been and still will be a difficulty unless the treatment can be brought to the school itself and even then much propaganda and persuasion must be brought to bear in order to overcome the indifference of many parents who take very little interest in their own teeth and apparently none in those of their children.

Broadly, there are four essentials necessary to prevent dental disease, *viz.* :—

- (i) Education of the general population, and the older children in particular, in the value to health of sound teeth and the disadvantages which follow as the result of retaining diseased teeth.

(ii) The supply of an adequate and suitable diet for the child with a view to the promotion of the growth of perfectly formed and regular teeth.

(iii) Instruction in the daily practice of oral hygiene, in order that by means of a suitable dietary and proper use of the toothbrush, the gums and teeth may be kept healthy and thereby reduce the risk of oral fermentation and infection of the teeth.

(iv) Periodical dental inspections, followed by treatment of the teeth, in order that by early and appropriate fillings, regulation, and when necessary, extractions, as far as possible a sound set of teeth may be maintained by each child.

i) *Crippling Defects.*

Apart from cripples suffering from the effects of the tuberculosis referred to in 3 (c), 11 children (boys 8, girls 3) are provided for in residential cripple schools and 10 children (boys 6, girls 3) are in certified hospital schools. The latter are essentially cases undergoing treatment in special hospitals for the cure of their defects, those at residential cripple schools being children who in the majority of cases have had for the time being all necessary surgical treatment and still remain so severely crippled as to necessitate education in a special school.

There are no special day cripple classes. Arrangements are, however, pending for the establishment of 2 such classes in the Dagenham area.

During the year there has been a considerable step forward in the facilities provided for orthopædic treatment of cripples in the county. Increased facilities have been given for earlier hospital treatment and three after-treatment centres have been established, viz. :—

Grays, where an arrangement has been made with the Urban Districts of Grays and Tilbury for a combined after-care centre, and at this most excellent work is being carried out.

Romford. A centre has been established under purely County arrangements.

Woodford. A centre has been established under a local Committee of the British Red Cross, and arrangements are such that the cases for which the County is responsible can fully participate.

Endeavours to establish centres at Chelmsford and Colchester have so far not matured, and efforts continue with a view to these facilities being provided. The question of providing further after-care centres must also be considered in other areas, e.g., Braintree, Maldon, and, when rooms are available, Dagenham.

The services of Mr. B. Whitchurch Howell, F.R.C.S., have again been available for this work, and his advice has been invaluable in dealing with these cases. The visiting Orthopædic Sister, Miss M. Kirby, whose part-time services have been available for 4 years, terminated her work with the County at the end of the year. She will no doubt be difficult to replace, as her knowledge and tact in this sphere could scarcely be overestimated.

The after-care work is especially where her further assistance would have been invaluable; as however, she would have been unable to devote an increase of time to the County, this resignation affords an opportunity of searching for a suitable candidate who can. It would appear that the time is opportune for the employment of a person who can devote the whole of her time to this work, a portion being allotted definitely to two or more after-care centres.

After-treatment centres in a County such as Essex are urgently necessary, and admittedly difficult to organize; the difficulties of transport of the child from country districts two or three times a week to the centres are, in some cases, insurmountable.

The summary of work for 1928 is as follows:—

Ascertainment and advisory clinics were held at the following 16 centres:—Harwich, 5; Clacton, Colchester, Epping, Grays and Tilbury, Woodford, 4 each; Braintree, Chelmsford, Dagenham, Halstead, Maldon, Romford, Saffron Walden, Stansted, 3 each; Brentwood, Southend, 2 each; a total of 53 sessions.

At these sessions, 423 school children (boys, 193; girls, 230) were examined, and of these 230 (boys, 137; girls, 93) had been previously examined by the surgeon.

The results of these examinations in a rough classification are as follows:—

Congenital defects, clubfoot, &c.	...	...	113
Infantile paralysis and after effects of	...	...	108
Spinal curvature and twists...	...	...	50
Paralysis (hemiplegia), &c.	...	...	33
Cleft palate, including hare lip	...	...	7
Other deformities, including injuries. &c.	...	...	112
			<hr/>
			423
			<hr/>

Of these, 193 were examined by the surgeon for the first time during 1928.

A summary of the history of cases and advice given is as follows :—

Recorded as already having had hospital treatment ...	245
To continue present form of treatment ...	38
Require admission to hospital ...	72
Apparatus or modified boots required ...	173
For observation ...	58
No treatment required ...	31
Require massage or exercises ...	51

In addition, 52 children (boys 38, girls 14) under school age were examined under the County scheme, together with a further 94 for other Local Authorities, making a total number of 569 children examined, many of whom were examined on more than one occasion.

During the year, 46 school children (boys 33, girls 13) have completed a course of hospital treatment, and of these 34 received this under the County scheme. At the end of the year, a further 11 children (boys 8, girls 3) were still in hospital under the County scheme.

The number of school children awaiting admission to hospital at the end of the year was 36, as compared to 52 at the end of 1927. Unfortunately, some cases have been removed from the list, due to refusal of parents to further operation; all such cases will be kept under observation, in order to safeguard the child against a possibly negligent parent.

Massage, exercises, &c., have been received by 54 children under the County scheme, and 12 by other arrangements.

Assistance has been given in the provision of boots, apparatus, &c., in the case of 27 children. This part of the work is very discouraging, the indifference of the parents being a grave stumbling block. In many cases, it appears almost hopeless to expect a parent to see that boots are kept in a suitable state of repair, thus frequently leading to boots being worn which are unsuitable, and added expense in frequent provision of new boots.

Open-Air Education.

(a) *Classes* are held in suitable weather and when facilities are available in the playgrounds.

(b) *School Journeys* are occasionally arranged locally.

(c) *School Camps* are not arranged.

(d) *Open-Air Classrooms*, nil.

(e) *Open-Air Day Schools* are not established. Permission has, however, been obtained for the setting-up of one such school at Grays. When arranged, this will be of great assistance in this industrial and Thames-side town. There is ample scope for further effort in this direction in other populous areas.

(f) *Residential Open-Air Schools.*

The Committee have continued to retain 13 beds at the Ogilvie School, Clacton, and there is always an overburdened waiting list for these. In 1928, 24 children (12 boys and 12 girls) received treatment at this school, 11 only being new admissions during the year.

A few children also have been admitted for short periods of convalescence to other homes. At Sible Hedingham Sanatorium School, 67 children (37 boys and 30 girls) have been admitted for periods of treatment for conditions of the chest or for observation, and at the end of the year 17 children were in this school.

At High Beech Sanatorium School for Surgical Tuberculosis, 31 children (15 boys and 16 girls) have received treatment.

These two County Institutions have again rendered invaluable assistance in the treatment of suitable cases.

10. Physical Training is arranged and given by the teaching staff. Assistance has, however, been rendered in certain schools in the north-west portion of the County by the part-time employment of a teacher specialized in this subject.

11. Provision of Meals.

Nil during 1928. Arrangements have, however, been made whereby early in the new year sections 82 and 84 of the 1921 Act will be put into force at 2 centres in a portion of the Dagenham area.

12. School Baths.—See paragraph 5.

13. Co-operation of Parents.

The Medical Officers again remark on the greater general interest being taken in the advice given at routine inspections and clinics. 66 per cent. of parents attended the routine examinations and 119 refusals only were made to accept examination. Both of these figures compare favourably with those of 1927, viz., 64 per cent attendances and 153 refusals.

14. Co-operation of Teachers.

Medical Officers report that this on the whole is good. It only remains to us every endeavour to foster interest in these where this is found necessary.

Co-operation of Attendance Officers.

Every assistance is given to establish close and complete co-operation of the Health Visitors with the Attendance Officers, either direct or through the Clerk to D.S.C., and it has been noted that Attendance Officers have remarked on the difficulties encountered when an area happens for a time (through unavoidable delay in filling a vacancy) to be without a regular Health Visitor.

Co-operation of Voluntary Bodies, &c.

(a) *Care of Children Committees* are in some instances giving most valuable help, and such Committees might with advantage be inaugurated in all districts. They have continued, through medical aid funds collected, and through organised whist drives, concerts, &c., to do useful and helpful work in all branches of the School Medical Service.

These funds are chiefly made use of in the provision of spectacles, foods—such as oil and malt, virol, malted milk, &c., at or below cost price, assisting in provision of special boots, railway fares, &c.

The services of these Committees are much appreciated, not only by parents of children directly benefiting by the Committee's activities, but also by school managers, teachers, and the public generally.

(b) *The Essex County Nursing Association*, with financial assistance from the County Council, continues its most indispensable work in the provision and training of District Nurse-Midwives, the midwives assisting in both school and general work when required.

(c) *The Essex Voluntary Association for Mental Welfare* assists in supervision and enquiries as to mentally defective children.

(d) *The Essex County Association for the Care of the Blind* has this year become a separate body, and from time to time brings notice to matters which concern the blind and their dependants.

(e) *The N.S.P.C.C.* are ever ready and willing to take up the case of any child where neglect is imputed, and have rendered helpful assistance.

(f) *The British Red Cross Society*, and in one area the *Society of the Order of St. John*, have given, through their members, invaluable help in assisting at minor ailments and dental clinics and regular attendance and organized help at orthopædic after-care clinics.

(g) *Almoners of Hospitals.* Frequently letters are received from these, giving particulars and asking for local investigation and treatment in regard to children who are to be treated, or have received treatment, at the various London Hospitals.

(h) *Poor Law Guardians* on occasions provide treatment for certain children eligible for this, and appliances have been supplied to a few orthopædic cases recommended these.

17. Blind, Deaf and Epileptic Children.

(a) Ascertainment has continued as previously, and definite individual reports are made on each case as reviewed. Figures showing numbers ascertained and arrangements for education are given in Table III.

(b) *Blind*: of the 25 children certified as blind within the meaning of the Education Act, 22 (boys, 14; girls, 8) are in residential schools.

As noted in the report for 1927, arrangements were being made for the assembly of a myope class at Grays. Arrangements were completed to hold this class for 20 children in a suitable room at the Quarry Hill Schools, and this class actually commenced in January, 1928. During the year, it has carried on a most useful work, commencing with a roll of 14 children, and this was soon raised to the regular number of 20, this being the number of actual attendances at the end of the year. Dr. Boul, the local School Medical Inspector, who is very interested in this work, has given the class unremitting attention.

The nature and variety of the educational work in the class are as diversified as possible, and these arrangements have been approved at the visit of an inspector from the Board of Education. The head teacher of the class has shown a very sympathetic interest in the welfare of the children, and the difficulties concurrent with grave defects of vision.

Results of medical examinations and attention to glasses of members of the class show 6 as having slightly improved in vision, and 4 as having deteriorated slightly in vision.

Arrangements are also made with 2 outside authorities for the attendance of 5 partially-blind boys as day pupils, viz., 3 at Colchester and 2 at Walthamstow.

(c) *Deaf*: 35 children are certified as coming under this heading, and of these, 24 (boys, 12; girls, 12) are accommodated in residential schools, and one boy in an institution other than a special school. Four boys attend day special schools for the deaf.

The 35 beds retained at the Gorleston Residential School for the Blind and Deaf have again rendered useful assistance, 35 Essex patients being accommodated, viz.: blind, 17 (boys, 11; girls, 6); deaf, 18 (boys, 11; girls, 7).

(d) *Epileptics*: of the 9 children (all boys), certified as suffering from severe epilepsy, 4 are in residential schools.

(e) *Mentally Defective Children.* There are at present 427 on the certified list, and of these 162 (boys, 113; girls, 49) are in attendance at certified special schools, and 2 others in institutions, one of the latter being blind, and the other a victim of cephalitis. 34 of those in special schools (boys, 19; girls, 15), are in residential special schools.

At the three day special schools in the County, 121 children are in attendance as follows:—

	Boys.	Girls.	Total.
Grays	25	11	36
Woodford	26	16	42
Romford	39	4	43

An additional 5 children (boys, 2; girls, 3), are in attendance at the Walthamstow (Day) Special School.

The ineducable mentally defective and all children who have left the special schools are reported direct to the Local Control Authority for further supervision, and, if necessary, institutional care.

During the year, 40 cases have been notified, viz.: Feeble-minded, 20; imbeciles, 7; idiots, 3.

The certified mentally defective child who has not attended a special school, and consequently is entitled to leave the elementary school on attaining the age of 14 years, is reported by the Director of Education to the Voluntary Association for further care and supervision. In this way the link is complete between the Education authority and the Committee for the Care and Control of the Mentally Defective.

At the Romford and Grays special schools, the head teachers also take a keen interest in these children by keeping in touch with the scholars after leaving. Perusal of reports available from these schools show that the after-history of those who have left in the past 5 years embraces the following occupations, &c.:—

History of occupation.	Males.	Females.
Farm (or general) labourer	12	—
Domestic service	—	9
Assist at home	2	4
Factory hand	2	2
In Institutions	6	3
Left the districts	3	2
Dead	2	—
Gardener	4	—
Errand (or van) boy	8	—
Boot repairing	2	—
On barge or ship	3	—
Unemployed	7	1
Others (include rag or wood dealer, lorry driver, tea boy with circus, newspaper round) ...	6	—
	57	21

18. **Nursery Schools** are not established.

19. **Secondary Schools.**

During 1928, a secondary school has been opened at Clacton, and building is in progress for a new secondary school at Leyton.

The present accommodation of secondary schools is as follows:—

	No. of Schools.	Accommo- dation.	No. on Books.	
			Boys.	Girls.
In Part III. Area	... 10 ...	3,768	1,622	2,269
In remainder of County	... 9 ...	2,843	897	1,810
Total	... 19	6,611	2,519	4,079

In Part III. area, there are four trade schools, with 880 pupils on the books (boys, 658; girls, 222).

In Tables I. S. and II. S., the number of children examined and results of these examinations are shown. At routine inspections, 2,486 pupils were examined and 37 specials; in addition, 1,266 re-examinations were made. Of the routine examinations, 234 pupils were referred for treatment, exclusive of uncleanliness and dental diseases, *i.e.*, 9.8 per cent. of those examined, as compared to 10.9 per cent. for 1927 and 12 per cent for 1926.

The numbers given as requiring treatment for teeth and vision again contribute by far the highest figures in the list, and show that these are particularly conditions which are not efficiently catered for by the parents.

Further efforts must be made to persuade pupils and parents that these conditions are in need of more serious consideration and treatment. Much valuable time is spent in the medical examination of secondary pupils; it is thus essential that parents should be stimulated to carry out advice given.

20. **Convalescent Schools** are not established.

21. **Miscellaneous.**

(a) *Bursars and Scholarship Candidates.*

Table III. S. shows in detail results of examinations of 704 candidates, and of these 75 individual pupils were referred as in need of treatment, 48 of these being cases of defective vision. In addition, 169 required dental treatment.

(b) *Teachers, &c.*

Medical examinations were made of 25 teachers, including 20 supplementary, 3 student and 2 pupil.

(*Propaganda Lectures, &c.*

Health talks have been given by Medical Officers, Chief and Assistant Chief Health Nurses County Health Inspector and Health Visitors as occasion required to parents, scholars and Women's Institutes. In some cases these have been illustrated with lantern slides.

Too much stress cannot be laid on the value of short talks to parents and older children as and when opportunity affords.

In October, 1928, food and produce exhibitions were held at 17 group conferences at the Women's Institutes, one section of which was devoted to packed school lunches for children. Members of the staff of the Education Department, East Anglian Institute of Agriculture and County Health Department acted as judges and gave talks on "Food Values."

Employment of Children and Young Persons Regulations.

		Boys.		Girls.		Total.
(i) Submitted for examination	...	484	...	18	...	502
(ii) Passed as fit	...	442	...	18	...	460

The employments followed were :—

Farm work	...	...	7	...	—	...	7
Home and domestic	...	...	36	...	8	...	44
Gardening	...	...	11	...	—	...	11
Paper delivering	...	...	255	...	10	...	265
Milk delivering	...	...	12	...	—	...	12
Errands	...	...	64	...	—	...	64
Others	...	...	57	...	—	...	57

3. **Special Enquiries.** Nil.

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1928.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

	Boys.	Girls.	Total.
Entrants	4,179	3,941	8,120
Intermediates	6,465	5,206	11,671
Leavers	5,045	4,250	9,295
Totals	15,689	13,397	29,086

B.—OTHER INSPECTIONS.

	Boys.	Girls.	Total.
Number of Special Inspections ..	3,346	3,597	6,943
Number of Re-Inspections ..	8,910	8,813	17,723
Totals	12,256	12,410	24,666

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1928.

Defect or Disease.	Routine Inspections.		Special Inspections.		
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	
(1)	(2)	(3)	(4)	(5)	
Malnutrition	6	1067	180	116	
Uncleanliness : (See Table IV., Group V.)	21	322	90	97	
Skin	Ringworm :				
	Scalp	3	—	35	—
	Body	11	2	29	1
	Scabies	20	—	61	—
	Impetigo	71	44	884	9
Other Diseases (Non-Tuberculous)	35	110	884	20	
Eye	Blepharitis	15	140	117	38
	Conjunctivitis	7	8	64	11
	Keratitis	—	1	3	1
	Corneal Opacities	1	10	15	—
	Defective Vision (excluding Squint)	1131	592	1065	63
	Squint	95	95	25	18
Other Conditions	9	24	63	10	
Ear	Defective Hearing	28	43	71	33
	Otitis Media	43	109	156	44
	Other Ear Diseases	3	3	100	2
Nose and Throat	Enlarged Tonsils only	773	1923	515	362
	Adenoids only	175	148	127	23
	Enlarged Tonsils and Adenoids	655	134	512	24
	Other Conditions	39	499	260	5
Enlarged Cervical Glands (Non-Tuberculous)	20	1249	100	73	
Defective Speech	6	38	7	21	
Teeth—Dental Diseases	8901	478	2489	122	
	(See Table IV., Group IV.)				
Heart and Circulation	Heart Disease :				
	Organic	33	324	94	89
	Functional	—	79	15	8
Anæmia	25	913	70	94	
Lungs	Bronchitis	18	52	154	10
	Other Non-Tuberculous Diseases	64	428	80	59
Tuberculosis	Pulmonary :				
	Definite	3	8	3	—
	Suspected	1	2	23	—
	Non-Pulmonary :				
	Glands	8	9	23	3
	Spine	1	1	2	—
	Hip	1	3	3	—
	Other Bones and Joints	1	3	4	2
Skin	1	—	—	—	
Other Forms	1	—	5	—	
Nervous System	Epilepsy	11	14	20	3
	Chorea	11	8	38	5
	Other Conditions	6	38	104	18
Deformities	Rickets	6	118	45	25
	Spinal Curvature	10	59	19	9
	Other Forms	95	372	211	78
Other Defects and Diseases	258	1086	903	390	

TABLE II.—*continued.*

B. NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES.)

GROUP.	NUMBER OF CHILDREN.		Percentage of children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS :—			
Entrants	8120	954	11.75
Intermediates	11671	1573	13.48
Leavers	9295	1137	12.35
Total (Code Groups)	29,086	3664	12.60
Other Routine Inspections	—	—	—

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1928.

			Boys.	Girls.	Total.
Blind (including partially blind)	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	14	8	22
		Attending Public Elementary Schools	2	1	3
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	10	14	24
		Attending Public Elementary Schools	12	7	19
		At other Institutions	1	—	1
		At no School or Institution	2	1	3
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	16	12	28
		Attending Public Elementary Schools	4	1	5
		At other Institutions	—	1	1
		At no School or Institution	1	—	1
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	2	2	4
		At other Institutions	1	1	2
		At no School or Institution	4	4	8

TABLE III—continued.

			Boys.	Girls.	Total.
Mentally Defective	Feeble-minded (cases not notifiable to the Local Control Authority.)	Attending Certified Schools for Mentally Defective Children	113	49	162
		Attending Public Elementary Schools	113	61	174
		At other Institutions	2	—	2
		At no School or Institution	34	35	69
	Notified to the Local Control Authority during the year.	Feeble-minded	14	6	20
		Imbeciles	10	7	17
		Idiots	1	2	3
Epileptics	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics	4	—	4
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elementary Schools	5	—	5
		At no School or Institution	—	—	—
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	27	22	49
		At no School or Institution	7	8	15
Physically Defective	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	5	5
		At other Institutions	—	—	—
		At no School or Institution	2	7	9
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	13	10	23
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	151	130	281
		At other Institutions	—	—	—
		At no School or Institution	18	30	48
	Delicate children (e.g., pre- or latent tuberculosis, malnutrition, debility, anemia, &c.)	At Certified Residential Open Air Schools	14	16	30
At Certified Day Open Air Schools		—	—	—	
At Public Elementary Schools		314	249	563	
At other Institutions		—	1	1	
	At no School or Institution	28	29	57	
Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	16	9	25	
	At Public Elementary Schools	65	44	109	
	At other Institutions	—	—	—	
	At no School or Institution	8	7	15	
Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, &c., and including those with severe heart disease.	At Certified Hospital Schools	6	3	9	
	At Certified Residential Cripple Schools	8	3	11	
	At Certified Day Cripple Schools	—	—	—	
	At Public Elementary Schools	193	184	377	
	At other Institutions	1	1	2	
	At no School or Institution	40	44	84	

TABLE IV.

RETURN OF DEFECTS TREATED DURING 1928.

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

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp... ..	60	23	83
Ringworm-Body	47	7	54
Scabies	125	21	146
Impetigo	1680	128	1808
Other skin disease	1295	153	1448
<i>Minor Eye Defects</i> (External and other, but excluding cases falling in Group II.)	398	201	599
<i>Minor Ear Defects</i>	435	238	673
<i>Miscellaneous</i> (e.g., minor injuries, bruises, sores, chilblains, &c.)	3109	5399	8508
Total	7149	6170	13319

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

Defect or Disease. (1)	No. of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report)	2035	352	492	2879
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	5	2	7
Total	2035	357	494	2886

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme	1038
(b) Otherwise	88

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme	933
(b) Otherwise	86

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)
472	355	827	2900	3727

GROUP IV.—DENTAL DEFECTS.

Number of Children who were:—

(a) Inspected by the Dentist:

Aged:

Routine Age Groups	5 ...	1696	} Total ... 15537
	6 ...	2395	
	7 ...	2493	
	8 ...	2201	
	9 ...	1256	
	10 ...	1160	
	11 ...	1249	
	12 ...	1451	
	13 ...	1337	
	14 ...	299	

Specials 69

Grand Total 15606

(b) Found to require treatment 10890

(c) Actually treated 6876

(d) Re-treated during the year as the result of periodical examination ... 559

(2) Half-days devoted to:—

Inspection	104	} Total ... 556
Treatment	452	

(3) Attendances made by children for treatment 7435

(4) Fillings:—

Permanent teeth	1407	} Total ... 1864
Temporary teeth	457	

(5) Extractions:—

Permanent teeth	2341	} Total ... 16290
Temporary teeth	13949	

(6) Administrations of general anaesthetics for extractions 4430

(7) Other operations:—

Permanent teeth	261	} Total ... 623
Temporary teeth	362	

TABLE IV.—*continued.*

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses	10
(ii.) Total number of examinations of children in the Schools by School Nurses ...	242,241
(iii.) Number of individual children found unclean	3,113
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	3
(v.) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921	Nil
(b) Under School Attendance Bye-laws... ..	Nil

SECONDARY SCHOOLS.

TABLE I. S.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1928.

A.—ROUTINE MEDICAL INSPECTION.

Number of Code Group Inspections

Age.	Under 12	12	13	14	15 & over.	Totals.
Boys	196	213	97	106	163	775
Girls	502	347	116	306	440	1711
Totals	698	560	213	412	603	2486

B.—OTHER INSPECTIONS.

	Special Cases.	Re-examinations.
Boys	23	103
Girls	14	1163
Totals	37	1266

Number of individual children found at Routine Medical Inspections to require treatment (excluding uncleanliness and dental diseases) 234

TABLE II. S.
RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL
INSPECTION IN 1928.

Defect or Disease. (1)	Routine Inspections.		Special Inspections.		
	Requiring Treatment. (2)	Requiring to be kept under observation, but not requiring Treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation, but not requiring Treatment. (5)	
Malnutrition	—	40	—	4	
Uncleanliness	—	1	1	4	
Skin	Ringworm :				
	Scalp	—	—	—	
	Body	—	—	—	
	Scabies	—	—	—	
	Impetigo	—	—	—	
Other Diseases (non-Tuberculous)	5	17	2	2	
Eye	Blepharitis	—	18	1	1
	Conjunctivitis	—	—	—	—
	Keratitis	—	—	—	—
	Corneal Opacities	—	1	—	—
	Defective Vision (excluding squint)	170	159	58	92
	Squint	—	3	—	—
Other Conditions	—	3	1	1	
Ear	Defective Hearing	5	7	1	3
	Otitis Media	1	1	—	1
	Other Ear Diseases	—	—	—	—
Nose and Throat	Enlarged Tonsils only	33	128	35	51
	Adenoids only	7	5	3	2
	Enlarged Tonsils and Adenoids	9	—	1	—
	Other Conditions	1	51	1	10
Enlarged Cervical Glands (non-Tuberculous)	—	37	1	5	
Defective Speech	—	3	—	—	
Mouth—Dental Diseases	517	25	197	20	
Heart and Circulation	Heart Disease :				
	Organic	5	42	—	29
	Functional	—	2	—	—
Anæmia	3	36	—	5	
Lungs	Bronchitis	1	1	—	—
	Other non-Tuberculous Diseases	7	22	1	7
Tuberculosis	Pulmonary :				
	Definite	—	—	—	—
	Suspected	—	—	—	—
	Non-Pulmonary :				
	Glands	—	—	—	1
	Spine	—	—	—	—
	Hip	—	—	—	—
	Other Bones and Joints	—	1	—	—
Skin	—	—	—	—	
Other Forms	—	—	—	—	
Nervous System	Epilepsy	—	—	—	1
	Chorea	1	—	—	1
	Other Conditions	—	1	—	3
Deformities	Rickets	—	9	—	—
	Spinal Curvature	3	13	—	7
	Other Forms	7	153	3	55
Other Defects and Diseases	11	131	9	59	

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL
INSPECTION IN 1928.

SCHOLARSHIP HOLDERS, BURSARS, ETC.

Defect or Disease.					Routine Inspections.		Special Inspection.	
					Requiring Treatment: (2)	Requiring to be kept under observation, but not requiring Treatment. (3)	Requiring Treatment (4)	Requiring to be kept under observation, but not requiring Treatment. (5)
(1)								
	Malnutrition	..	..	..	—	5	—	—
	Uncleanliness	..	..	..	—	6	—	—
Skin	Ringworm :				—	—	—	—
	Scalp ..	..	..	..	—	—	—	—
	Body ..	..	..	..	—	—	—	—
	Scabies ..	..	..	..	—	1	—	—
	Impetigo ..	..	..	..	—	1	—	—
	Other Diseases (non-Tuberculous)	..		..	—	—	—	—
Eye	Blepharitis ..	..	..	..	—	2	—	—
	Conjunctivitis	..	..	..	1	—	—	—
	Keratitis ..	..	..	..	—	1	—	—
	Corneal Opacities	..	..	..	—	1	—	—
	Defective Vision (excluding squint)	..	..	..	48	41	—	—
	Squint ..	..	..	..	1	1	—	—
	Other Conditions	..	..	..	—	—	—	—
Ear	Defective Hearing	..	..	..	1	—	—	—
	Otitis Media	..	..	..	—	—	—	—
	Other Ear Diseases	..	..	..	—	—	—	—
Nose and Throat.	Enlarged Tonsils only ..	..	..	..	12	19	—	—
	Adenoids only ..	..	..	..	1	1	—	—
	Enlarged Tonsils and Adenoids	..	..	..	2	—	—	—
	Other Conditions ..	..	..	..	1	11	—	—
	Enlarged Cervical Glands (non-Tuberculous) ..	..	..	..	—	2	—	—
	Defective Speech ..	..	..	..	—	—	—	—
	Teeth—Dental Disease ..	..	..	..	169	4	—	—
Heart and Circulation.	Heart Disease :				2	4	—	—
	Organic ..	..	..	..	—	4	—	—
	Functional ..	..	..	..	—	4	—	—
	Anæmia ..	..	..	..	—	—	—	—
Lungs	Bronchitis ..	..	..	..	—	—	—	—
	Other Non-Tuberculous Diseases ..	..	..	..	—	1	—	—
Tuberculosis.	Pulmonary :				—	—	—	—
	Definite ..	..	..	..	—	—	—	—
	Suspected ..	..	..	..	—	—	—	—
	Non-Pulmonary :				1	—	—	—
	Glands ..	..	..	..	—	—	—	—
	Spine ..	..	..	..	—	—	—	—
	Hip ..	..	..	..	—	—	—	—
Other Bones and Joints	..	..	..	—	—	—	—
	Skin ..	..	..	..	—	—	—	—
	Other Forms ..	..	..	..	—	—	—	—
Nervous System.	Epilepsy ..	..	..	..	—	—	—	—
	Chorea ..	..	..	..	—	—	—	—
	Other Conditions	..	..	..	—	—	—	—
Deformities.	Rickets ..	..	..	..	—	—	—	—
	Spinal Curvature	..	..	..	—	—	—	—
	Other Forms ..	..	..	..	2	21	—	—
	Other Defects and Diseases	..	..	..	2	14	—	—

Total number examined .. 704

Number of Individual Children found to require Treatment (excluding uncleanliness and dental treatment) .. 75

