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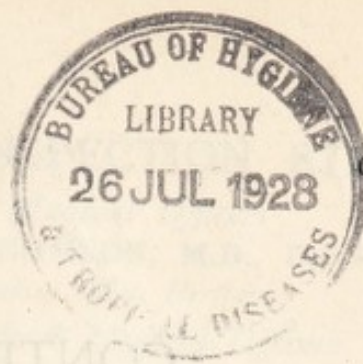
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HERTFORDSHIRE COUNTY COUNCIL.

ANNUAL REPORT

ON

SCHOOL HEALTH

(TWENTIETH)

CONCERNING PUBLIC ELEMENTARY SCHOOLS IN

HERTFORDSHIRE

RELATING TO THE YEAR

1927

BY

H. HYSLOP THOMSON,

M.D., D.P.H.,

School Medical Officer and County Medical Officer of Health.

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MEDICAL INSPECTION STAFF.

School Medical Officer.

H. HYSLOP THOMSON, M.D., D.P.H.

County Medical Office, Hertford.

Assistant School Medical Officers.

- †† **AVELING, K. J., M.B., B.S.,** Bushey Urban.
M.R.C.S., M.R.C.P.
Chalk Hill, Watford.
- * **BALLANCE, A. C., B.Ch.** ... Hatfield Rural.
North Place, Hatfield.
- BUCHANAN, J., M.B.** ... Watford Borough (part of).†
20, Station Road, Watford.
- * **CLARKE, A. E., M.D., M.R.C.S.** Rickmansworth Urban.
Rickmansworth.
- * **COX, W. J., M.B., D.P.H.** ... Watford Borough (part of).¶
Municipal Offices, Watford.
- * **DUNN, R. A., M.D., D.Hy.** ... Bishop's Stortford, Hertford, Hoddesdon and
The Cedars, Bengoe, Hertford. Ware Urban, and Hertford and Ware
Rural (part of).||
- †† **EVANS, R., D.Sc., M.B.** ... Chorleywood Urban.
Croxley Green.
- * **FRASER, H., M.B., C.M.** ... Harpenden Urban.
Harpenden.
- GRATTAN, H. W., M.R.C.S.,** Welwyn Garden City Urban and Welwyn
F.R.C.P., D.P.H. Rural.
Bridge Road, Welwyn Garden City.
- GROSS, MALCOM, M.B., D.P.H.** Berkhamstead and Tring Urban, Berkham-
Town Hall Hemel Hempstead. stead and Hemel Hempstead Rural.
- * **GROSVENOR, A. A., M.D.** ... Stevenage Urban.
Stevenage.
- †† **GILROY, E. W., M.D., B.S.** ... Hemel Hempstead Rural (part of) and
Hemel Hempstead. Watford Rural (part of).‡
- * **HARDIE, C. F., M.A., M.B.,** Barnet Urban and Barnet Rural.
L.R.C.P.
Highfield, Wood Street, Barnet.
- * **MACFADYEN, N., M.B.,** Hitchin, Letchworth and Royston Urban,
Letchworth. M.R.C.S., D.P.H. Ashwell and Hitchin Rural.
- * **McCLYMONT, J., M.D.** ... Cheshunt Urban.
Enfield.
- * **PATON, R. R. K., M.B., Ch.B.,** St. Albans City and Rural.
D.P.H.
96 Victoria Street, St. Albans.
- LAVY, E. E., M.A., M.D.** Sawbridgeworth Urban and Hadham Rural
Little Hadham. (part of).§
- * **ROSE, A., M.A., M.B., Ch.B.** ... East Barnet Valley Urban.
Cranbourne House, Station Road,
New Barnet.
- †† **SHADBOLT, L. P., L.R.C.P.** ... Hemel Hempstead Rural (part of) and
Bushey Grove, Watford. Watford Rural (part of).**
- * **SUGGIT, B., M.B., C.H.B.** ... Baldock Urban.
Baldock.
- †† **TURNER, J. W., D.P.H.,** Berkhamstead and Tring Urban, and
M.R.C.S., L.R.C.P. Berkhamstead Rural.
Sherwood House, Berkhamstead.
- WIGFIELD, F. P., M.B., B.S.** Buntingford, Hadham (part of)§ and Ware
Puckeridge. Rural (part of).||

SCHOOL-NURSING STAFF.

FOUR HEALTH VISITORS and SCHOOL NURSES.

88 NURSES of Local Nursing Associations.

- * Medical Officer of Health.
† Alexandra, Callow Land, St. Andrew's, and Victoria C.C. Schools.
§ High Wych, Allen's Green, and Thorley under Dr. Reckitt, rest of Hadham R.D. under Dr. Ewing.
|| Great Munden, Little Munden, Puckeridge C.E., Puckeridge R.C., and Standon under Dr. Ewing, rest of Ware R.D. under Dr. Dunn.
¶ Beechen Grove C.C., Central C.C., Chater C.C., Parkgate Road C.C., Field C.C., Holy Rood R.C., Oxhey C.C., and Defective Schools.
‡ Bovingdon C.C., Bourne End C.E., Flamstead C.C., Gt. Gaddesden C.E., Gt. Gaddesdon Row C.E., Chipperfield, Markyate Sebright, Markyate Street, Leverstock Green and Nash Mills.
** Kings Langley C.E., Kings Langley C.C., Abbots Langley C.E., Bedmond, Langleybury C.E. Aldenham C.E., Radlett C.E., West Hyde C.C., Sarratt C.E., Leavesden C.E.
†† Ceased work on 30th September, 1927.



Annual Report on School Health.

CHAPTER I.—ADMINISTRATION.

The following Report, which is the twentieth of its series, gives particulars of the work of School Medical Inspection and of the treatment of defects in school children carried out during the year.

In the following tables particulars are given of the work of the respective Assistant School Medical Officers during the year.

In Table I particulars are given regarding the population and the average number of children on the books in the Urban and Rural Districts. The estimated population for the county for 1927 was 364,100, compared with 355,300 for 1926, and the average number of children on the books 41,255, compared with 40,536 for the previous year.

Table II gives information regarding the actual number of inspections and visits to schools made by the Assistant School Medical Officers during the year. If the various columns are referred to it will be seen that the work has on the whole been efficiently carried out during the year, as with one exception all the Assistant School Medical Officers made more visits to the schools than were actually required.

TABLE I.—Areas of Assistant School Medical Officers.

Districts.	Acreage.	Estimated Population, 1927.	Average Number of Children on Books.	Assistant School Medical Officer.
<i>Urban.</i>				
1 Baldock	362	2,757	380	Suggit, B.
2 Barnet	3,114	12,950	1,462	Hardie, C. F.
3 Berkhamstead	1,208	7,489	766	Turner, J. W.
4 Bishop's Stortford	3,371	8,944	953	Dunn, R. D.
5 Bushey	3,081	9,145	865	Aveling, K. J.
6 Cheshunt	8,479	14,460	2,040	McClymont, J.
7 Chorleywood	1,989	2,990	202	Evans, R.
8 East Barnet Valley	2,644	15,030	1,476	Rose, A.
9 Harpenden	1,633	6,968	730	Fraser, H.
10 Hemel Hempstead	7,184	14,200	—	—
11 Hertford	1,501	11,070	1,361	Dunn, R. A.
12 Hitchin	3,675	13,200	1,646	Macfadyen, N.
13 Hoddesdon	1,576	5,472	766	Dunn, R. A.
14 Letchworth	3,652	12,550	1,864	Macfadyen, N.
15 Rickmansworth	2,790	9,438	967	Clarke, A. E.
16 Royston	1,003	3,726	455	Macfadyen, N.
17 St. Albans	2,703	26,640	3,222	Paton, R. R. K.
18 Sawbridgeworth	2,678	2,396	386	Lavy, E. E.
19 Stevenage	4,545	5,108	552	Grosvenor, A. A.
20 Tring	4,407	4,148	537	Turner, J. W.
21 Ware	629	6,039	942	Dunn, R. A.
22 Watford	2,238	52,580	6,168	{ Buchanan, J. Cox, W. J.
23 Welwyn Garden City		6,700	701	Ballance, A. C.
Total Urban	64,462	254,000	28,441	
<i>Rural.</i>				
1 Ashwell	22,049	3,426	408	Macfadyen, N.
2 Barnet	9,216	4,958	569	Rose, A.
3 Berkhamstead	18,383	4,827	643	Turner, J. W.
4 Buntingford	28,470	4,725	730	Ewing, A. W.
5 Hadham	25,468	5,217	671	{ Lavy, E. E. Ballance, A. C.
6 Hatfield	23,486	9,406	1,298	{ Gilroy, E. W. Shadbolt, L. P.
7 Hemel Hempstead	19,994	7,737	1,029	{ Dunn, R. A. Macfadyen, N.
8 Hertford	33,468	7,168	970	{ Paton, R. R. K. Dunn, R. A.
9 Hitchin	55,174	14,150	1,986	{ Macfadyen, N. Paton, R. R. K.
10 St. Albans	37,066	17,480	1,511	{ Dunn, R. A. Ewing, A. W.
11 Ware	33,953	11,320	1,434	{ Shadbolt, L. P. Gilroy, E. W.
12 Watford	26,854	16,630	1,149	{ Gilroy, E. W. Ballance, A. C.
13 Welwyn	6,480	3,056	416	Ballance, A. C.
Total Rural	340,061	110,100	12,814	
Total for County	404,523	364,100	41,255	

TABLE II.—Medical Inspection and Visits, 1927.

	(1) Number of Schools.	(2) Average number of Children on Books.	(3) Estimated number of Inspections re- quired.	(4) Actual number of Inspections made.	(5) Minimum number of School-visits re- quired, one per term.	(6) Number of School- visits paid.
Dr. Aveling . . .	4	865	266	—	12	—
Dr. Ballance . . .	17	2,415	743	831	51	59
Dr. Buchanan . . .	4	3,159	972	1,158	12	51
Dr. Clarke . . .	4	967	297	300	12	14
Dr. Cox . . .	8	3,009	926	1,021	24	47
Dr. Dunn . . .	45	6,121	1,883	2,232	135	147
Dr. Evans . . .	2	202	62	65	6	4
Dr. Fraser . . .	3	730	225	241	9	14
Dr. Gilroy \ . . .	10	905	278	104	30	25
Dr. Gross / . . .	—	—	—	74	—	5
Dr. Grosvenor . . .	2	552	170	212	6	7
Dr. Hardie . . .	7	1,462	450	459	21	33
Dr. Lavy . . .	6	523	161	245	18	21
Dr. Macfadyen . . .	46	6,359	1,957	2,033	138	199
Dr. McClymont . . .	10	2,044	628	699	30	32
Dr. Paton . . .	23	4,733	1,456	1,455	69	133
Dr. Rose . . .	9	2,045	629	723	27	40
Dr. Shadbolt . . .	10	1,273	392	475	30	46
Dr. Suggit . . .	2	380	117	118	6	8
Dr. Turner . . .	12	1,946	599	401	36	31
Dr. Wigfield . . .	22	1,569	483	561	66	66
Totals . . .	246	41,255	12,694	13,307	738	982

The children detailed for inspection during 1928 are :—

- (a) those newly admitted to school life,
- (b) those born in the year 1920,
- (c) those born in the year 1916,
- (d) those not previously inspected and known to be about to leave school.

TABLE III.—Inspections, Refusals, and Presence of Parents, 1927

Sex.	District.	Inspections.			Total.	Refusals.	Percentage.	Parents present.	Percentage.*
		Entrants.	Born in 1918.	Born in 1914 and Leavers.					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Boys	Urban . . .	1763	1348	1460	4571	—	—	872	49.5
	Rural . . .	801	665	689	2155	—	—	228	28.5
	Urban and Rural	2564	2013	2149	6726	—	—	1100	43.3
Girls	Urban . . .	1756	1359	1426	4541	—	—	876	49.9
	Rural . . .	801	600	639	2040	—	—	207	25.8
	Urban and Rural	2557	1959	2065	6581	—	—	1083	42.3
Boys and Girls	Urban . . .	3519	2707	2886	9112	—	—	1748	49.7
	Rural . . .	1602	1265	1328	4195	—	—	435	27.2
	Urban and Rural	5121	3927	4214	13307	—	—	2183	42.6

* Percentage of parents present at first inspections.

Table III gives the number of children examined in the various age groups. These groups are entrants, children 8 years of age, children 12 years of age, and leavers who were not previously examined at the age of 12. There were no refusals during the year. The percentage of parents present at the medical inspections was 42.6 compared with 42.3 last year.

CHAPTER II.—REPORTS OF ASSISTANT SCHOOL MEDICAL OFFICERS.

One of the duties of the Assistant School Medical Officers is to submit at the end of each year a report dealing with the work of School Medical Inspection in the schools in their districts during the previous twelve months. In these reports reference is made to various aspects of the work of School Medical Inspection, which are of interest and value in relation to the administration of the scheme. Some of the points referred to by the Assistant School Medical Officers are also distinctly of local interest. In the present chapter it is proposed to include extracts from the reports submitted by the Assistant School Medical Officers :—

Dr. Dunn (Hertford).

It was deemed advisable to close three schools towards the end of the year for outbreaks of diphtheria ; the results appeared to be distinctly satisfactory. On the whole the number of mothers attending the first inspections was small, though the number varies in different schools. The following up by the nurses continues to be well carried out. They seem to be able to get most of the defects attended to. Thanks to their efforts the general cleanliness is well maintained ; it is now rare for me to have to issue an exclusion certificate for vermin. The defects found are very much the same year by year. Difficulty is experienced at times in deciding when to recommend tonsillectomy. Does removal of tonsils when not absolutely necessary produce any ill effect, e.g. a greater risk of pneumonia or bronchitis? The Dental Clinics at Hertford and Bishop's Stortford have done a considerable amount of useful work. I am anxious to be able to send children with minor ailments to a local clinic for treatment especially deafness due to wax, ear discharges, impetigo, etc.

Dr. Macfadyen (Letchworth).

In reviewing the year's work I cannot help being struck with the fact that the standard of inspection rises year by year. The defects noticed are sometimes only slight departures from the normal, and do not by any means all require medical treatment. There is, however, evidence that the condition of the rural children is not as good as that of the urban, nor are their defects so well remedied. An improvement has resulted in some villages from the simple fact that the Nurse has been provided with a motor-car and takes children in to the clinics

herself. One finds too that where for instance tonsils and adenoids have not been very successfully remedied, the report of this soon goes round and parents are reluctant to have their children treated. On the other hand, when good results follow, it acts as a good advertisement for treatment. Better results are, however, obtained year by year.

Malnutrition goes generally with the general care of the child, and is certainly more frequent in rural than in urban schools. In many cases bad feeding and neglect are the result of ignorance and of poverty, but this poverty is too often accentuated by the spending of an appreciable amount of the income on alcoholic liquors. In one village where malnutrition and frequent epidemics of colds, etc., were conspicuous I managed to find out that the expenditure on beer and spirits was at the rate of 10s. per cottage per week. Under such circumstances it would be difficult for the best mother to feed a large family properly. It is to me a matter of real education that children and parents should have sensible knowledge of food and its values and the importance of proper feeding from the earliest years.

Dr. Cox (Watford).

The Medical Officer of Health of the Borough of Watford is responsible for the medical inspection of seven schools in Watford. The children of these schools constitute about half the total number in the elementary schools of the Borough.

In all 1,016 children and five pupil teachers were examined in the course of routine inspection. Of these 1,021 persons 290 (or 28 per cent.) were found to be suffering from defects which required medical treatment. Altogether the 290 were suffering from 397 defects, as it is quite common for one child to have two conditions which require treatment, e.g. enlarged tonsils and carious teeth.

In the great majority of cases treatment was obtained promptly by the parents, on or shortly after receiving notification of the defect from the Medical Inspector.

The figures for the year indicate that the response of the parents to notices about the defects found was a very ready one. The excellent results obtained are also largely due to the energy and tact of the School Nurse in following up. In a large proportion of the cases it has been necessary for her to visit the homes in order to reinforce the advice given to the parent at the inspection, also in some cases she had needed to use argument and persuasion in order that parents might see the necessity for treatment. One cannot urge too strongly

the importance of the presence of parents at the time of medical inspection. As a rule their attendance ensures their co-operation and interest in the matter and treatment is then more readily obtained. In this matter great assistance is rendered by the head teachers who use their influence to obtain good attendance of parents at the medical inspection.

Generally speaking the nutrition and physical development of Watford school children is very good as compared with the average industrial town. There are various local factors which tend to bring about this satisfactory state of affairs. Naturally the ability of the parents to provide food is the chief factor, which is mainly dependent on regular employment and adequate wages. In this connection it is satisfactory to note that unemployment is less prevalent in Watford than in many large centres of population. The height and weight of children are chiefly dependent upon a liberal and suitable diet. It is not suggested that all the children in Watford receive this, as it is obvious in some instances that this is not the case. It is satisfactory, however, that such a large proportion of children in Watford are tall and well nourished and if tables of average height and weight for each age could be produced, Watford would undoubtedly compare favourably with the majority of large towns. There are, however, undoubtedly children who do not receive the kind of food which is necessary to promote growth and development, the defect in food being probably that of quality rather than quantity, being in fact due to a deficiency of fatty and nitrogenous foods. Many parents are probably not aware of the necessity for a diet containing abundance of these elements and there is undoubtedly room for instruction in these matters.

In the course of medical inspection a favourable opportunity to give advice about diet frequently presents itself, as many children are brought for examination who are suffering from anaemia and a slight degree of malnutrition.

No report on medical inspection would be complete without reference to the Special School which has carried on its work with its usual success. It must be understood that the word success in connection with an institution of this type is a relative term. The special school cannot be expected to convert the mentally defective child into a normal individual. It would be useless to expect such an impossibility, but its work may be considered highly successful from the fact that excellent results are produced from what is often most unpromising material. The fact that children from this school have obtained

scholarships in art and music speaks for itself. It also demonstrates the fact that some children who are lacking in self-control and mental balance and are defective in some respects, as e.g. the mathematical faculty, may at the same time possess latent talent in other directions. It has in several cases been the fortunate experience of such children to attend the special school, where their special "bent" has been discovered and educated. The most trying period of life, however, for these children is that which follows school life. This type of individual requires care throughout the whole of life. Some system of after care is required much more effective than that which exists.

The work of the children of this school on their allotment deserves special mention. It is essential for the mental and physical development of these children that they should spend a large proportion of their school time on the allotment in order to develop a capacity for manual work which most of them undoubtedly possess, and also to give them exposure to sunlight and fresh air.

The usual routine visits to schools for cleanliness have been paid by the School Nurse, and her inspections have involved a large amount of work. Altogether no less than 24,432 inspections and re-inspections have been made. Whilst the school children of Watford are clean as compared with those of many large industrial towns, it is necessary for this high standard of cleanliness to be maintained. It is found that during the holidays there is frequently a lapse in the matter of cleanliness, and that an active campaign to improve matters is necessary when the children return.

Dr. Buchanan (Watford).

When the schools closed in December there was one child absent owing to ringworm.

The improvement in the cleanliness of the children has been well maintained during the year; no proceedings were taken against parents whose children were excluded for verminous condition. This result is largely due to the constant watchful care of the School Sister; it is only by unrelaxing effort that the standard can be maintained. To some extent credit is due to the children themselves, for it has become unpopular to be branded as dirty.

In nearly all the schools there are a certain number of children who are naturally of a low grade of mentality and some who are backward owing to ill-health and consequent irregularity of attendance at school. In three of the latter schools there are special classes for these children which appear

to be working well. The children undoubtedly benefit from the special training they receive, and the normal classes are not retarded by their presence.

In the ordinary course of school inspection I have met with seven cases of malnutrition ; four of these have been treated, two are under treatment and one was recently notified. Taking the children as a whole they have a well nourished appearance ; although it is probable that if I were to examine every child I should find in each school a few who are below par. I asked the teachers recently to report to me any apparent cases of malnutrition ; from their replies I estimate that about one per cent. of the children in the schools under my care are suffering from malnutrition. On my next visits to the schools I will see these children and if necessary issue notices to the parents and keep the children under observation.

Fifteen years ago malnutrition was very apparent in the schools, due in the majority of cases to under-feeding, injudicious feeding or septic mouths. The children as a whole had a poor appearance, and many were in a verminous condition. The schools of to-day offer a great contrast ; the atmosphere is purer, and among the children healthiness and cleanliness prevail. The homes from which the children come have changed too ; this I can say from personal knowledge. The mothers, especially the young mothers, are smart and neat and their houses orderly. They take a pride in turning their children out well.

The number of cases of organic heart disease appears to be gradually decreasing. This beneficial result I attribute to the better food and clothing which the parents can afford to give their children, and to the extra care bestowed by the mothers.

Dr. Ewing (Puckeridge).

The parent of to-day whether rural or urban takes more pride in his children's appearance. I am convinced that the average school child is better clothed and shod than say five years ago. Parents have found it pays to avoid chills and rheumatism. Parents learn from the newspapers the efforts made by County and Local Authorities to improve the health of the Community, and this tends to stimulate their own personal desire to do what they can for their children, both during school life and in many cases to continue their efforts after they have left. The post school age, 14-16, is in my opinion a very vital one and it is necessary that there should exist some National Scheme to benefit children of this age.

As regards operation for tonsils and adenoids, unless these exhibit definite signs of disease or some symptoms due to their enlargement no surgical intervention should be made. Many cases on the borderline improve if left alone at puberty and seem to leave no trouble behind them.

At the present time much attention is being paid to the causes and prevention of rheumatic infections. The number of valvular lesions one meets is very small and in some of these the parents are unable to give any definite history of acute rheumatic fever. With a view to prevention it is desirable that certain cases should be brought up for special examination; these should include (a) children who are nervous and fidgety especially those who have suddenly developed these symptoms; (b) children who have vermin and colds, sore throats and tonsilitis, and (c) children who easily get cramp or muscular and joint pains.

Dr. McClymont (Cheshunt).

The large epidemic of measles in 1926 almost completely immunized the parish and only one case among school children was reported this year. Eighteen children had scarlet fever, five diphtheria and three cases of non-pulmonary tuberculosis were reported. The coal strike and the bad trade of the country reacted seriously on the horticultural industry of this district. During the winter and early spring of 1927 this was reflected on the school children, and many were noticeably thinner and of poorer vitality than in normal times. Vaccination remains as neglected a precaution as ever, and nothing but an outbreak of small pox will compel the people to avail themselves of this protection. Most of the fathers of families have good gardens or allotments, and an improvement in the weight and health of the children is always to be noticed when the summer supply of nutritious vegetables is available.

One regrets the smallness of the number of tonsils and adenoids that have been attended to. I always advise operation in those cases in which there is evidence of the condition being permanent and try to impress this upon the parents. The school dentist has of course found many more dental defects than I have reported and this department is in great favour.

Dr. Ballance (Hatfield).

The schools of the Hatfield and Welwyn Areas have been regularly inspected. On the average the nutrition of the children has been good. Very few cases of vermin have been

reported, and these are as a rule confined to a few dirty households.

I think the minor ailments clinic serves a useful purpose and enables defects to be carefully watched and when possible remedied. Some 160 cases of defects were under observation and about 80 of these were remedied. More dental clinics are undoubtedly required, especially for the outlying districts.

Dr. Grosvenor (Stevenage).

During 1927 I examined 210 children attending the County Council and Church of England Schools in Stevenage. The County Council school is used for boys only and those examined proved to be a healthy lot. There were none found to be suffering from heart disease and few had defective teeth. Their clothing was satisfactory and with the exception of four or five all were of average physique. In the girls and infants school defective teeth were more common. All those showing signs of caries or sepsis were referred to the dental clinic and most of them accepted treatment. Cases of enlarged tonsils and adenoids which were fairly common were referred for treatment to Hitchin Hospital. Eyesight defects were not very common. The physique and clothing, boots, etc., were with few exceptions satisfactory.

The buildings of the Church of England School which are old have been much improved by additional windows. The health of the children and also their homes are on the whole satisfactory. The vast majority of the children are unvaccinated.

Dr. Shadbolt (Watford Rural).

Outbreaks of epidemic disease have been much less in evidence than was the case last year. So far with the exception of Radlett Girls' School, closed for four days in March, it has not been necessary to close any of these schools. There is continued improvement in the matter of personal cleanliness, due no doubt to the influence of the school nurses. Exclusion from school on account of vermin or general uncleanness is becoming quite a rare event. I would suggest that a leaflet be drawn up indicating in plain and simple language the salient points in Home Hygiene, emphasizing the importance to growing children of fresh air and sunlight, of attention to the teeth including maintenance of sound teeth, the kinds of food to be avoided or recommended, also insistence by the parents that children should go to rest at the usual time during the

operation of summer time—a most important point and one often neglected.

Should the school nurses be furnished with such leaflets they could pursue their propaganda with greater unanimity and precision than at present.

Dr. Turner (Berkhampstead).

The general health of the children in the schools in the above district has been good.

The dental clinic at Tring is very beneficial and greatly appreciated. The number of defects is still increasing. I regret to say I have noted several children who have not had the treatment suggested carried out, due I am informed to dislike of hospitals and operations, and generally I believe to neglect; I must say, however, these cases are only a very small percentage. On the other hand it is pleasing to note the marked improvement in the children who have undergone the treatment advised. The nutrition of the children is on the whole good, but it varies in different districts. The work of the School Nurses has as usual been very good.

Dr. Hardy (Barnet).

The increase in eye defects has been largely due to the increasing help received from the teachers, who are taking a real interest in the health of the children and bring forward many suspicious cases. With regard to teeth, the arrangements for treatment are very unsatisfactory. There is no dental clinic, and I am hoping an arrangement can be made with a local dentist to attend at any rate to the most urgent cases.

* With regard to the treatment of tonsils and adenoids, this is carried out in the Barnet Cottage Hospital. Some of the cases, however, do not have complete enucleation, but I am hopeful that an Ear and Throat Surgeon will shortly be appointed to deal with these cases. The actual number of cases dealt with is satisfactory. With regard to the eye defects these are satisfactorily dealt with by several local doctors of special experience. Of 70 cases dealt with 26 had myopia, several of them of a severe type, 17 had astigmatism, and 27 had hypermetropia. From a comparatively small number of cases it is difficult to draw accurate conclusions but there appears to be a tendency towards an increased proportion of myopic cases. This may be one of the causes of the increased number of eye defects. The actual number of cases treated in the year are satisfactory, and the early detection of errors particularly myopia should prove of untold benefit to the children.

With regard to nutrition, there is general marked improvement, due I think to increasing appreciation of fresh air, fewer clothes, better food, and in many cases greatly improved housing conditions. I think also that the falling birth rate and smaller families is probably a factor.

Generally one may say there is a steadily increasing interest and appreciation of the work, both by parents and teachers, particularly as regards the early discovery and treatment of eye cases, and infectious cases sent to the school in ignorance of the parents.

Dr. Suggit (Baldock).

Eight visits were paid to the two schools for medical examination and 118 children were examined; fifty-four of these children were unvaccinated. Pond Lane and Church of England Infants' Schools were closed for a fortnight towards the end of January owing to influenza. The Church of England Infants' School was again closed for one week from 4th March owing to chicken pox and lack of ventilation. Baldock Schools were top of the County for attendance during the second quarter of the year. The sanitation is satisfactory. I noted 21 children out of the 118 whom I considered were not well nourished which gives a percentage of 17.8. Eleven of these required special care and good food, that is 9.3 per cent. This includes two children each from two homes. Two other children were much neglected, one of whom is suffering from rickets and is under general treatment. Another is a member of a large family where there has been overcrowding and is attending the tuberculosis dispensary.

Dr. Paton (St. Albans).

The standard of cleanliness has been well maintained this year and the school nurse is finding the parents more willing to have minor defects remedied. There have been no serious epidemics in St. Albans since the end of January, when influenza was prevalent. A small epidemic of diphtheria broke out at Garden Fields School when over a period of three months twelve children were affected. One carrier of nasal diphtheria was discovered which possibly caused the greater number of these cases. No important structural alterations have taken place at any of the schools with the exception of the Abbey School, where an outside staircase of iron has been provided for the Girls' School.

There were two children in the Rural District who were frequently excluded from school for verminous heads, the parents were prosecuted twice, and on the second occasion

were fined 5s. At Colney Heath there is now a nurse for the village and conditions there show improvement. There is little difficulty in getting the defects remedied throughout the rural district. Influenza was prevalent in the first quarter throughout the district, but the only other serious epidemic was one of mumps at Colney Heath when nearly all the children in the school were infected. A tabulated statement of the defects found on examination is appended.

Dr. Rose (East Barnet Valley).

The majority of the children to be examined are seen if possible during the first school term of the year. In the East Barnet Valley District, the School Nurse visits every house where defective children are noted. The card "M.T.I." is now in great demand, and a great improvement can be noted in the way defects are dealt with especially throat cases referred for operation. All untreated cases are carefully followed up and pressure brought to bear on the parents to have them remedied. Total number of children examined in East Barnet Valley District 529.

The chief defects are enlarged tonsils, carious teeth and defective eyesight. The general level of nutrition in this district is good. As regards uncleanliness, members of the same family come up for notice year after year; a few dirty families keep on spoiling a good school record.

Dr. Evans (Croxley Green).

In the two schools in Chorleywood the nutrition of the children is in most cases quite up to the average standard. During my examination of 65 children I noticed only one who was decidedly below the average and the district nurse was asked to take special note of the case and to follow it up with a view to improvement. During my visits to the schools I found everything satisfactory. I tested several children for defective sight, and prescribed glasses for them, and I also visited these cases at their homes to see that the glasses were suitable.

Dr. Clarke (Rickmansworth).

The schools in my district have been visited each term. During the year 70 children have been recommended for treatment at hospital or clinic. Nearly all of these children were cases of enlarged tonsils and adenoids or defective teeth or both. With few exceptions the nutrition of the children was good and the average physique was quite up to the average. Most of the cases recommended for treatment accepted the advice given.

CHAPTER III.—PHYSICAL RECORDS AND DEFECTS.

The number of children inspected during 1927 was 13,307, compared with 13,456 for the previous year; this includes 92 special inspections and 12 inspections of physical training. The average number of children on the books was more than last year, being 41,255, compared with 40,536. The number of schools included in the scheme of inspection was 246, compared with 247 for 1926. There has been no change in the system adopted for recording the results of inspection.

TABLE IV.—Defects and Directions, 1927.

Sex.	District.	Total Inspections.	Defects for which directions were given.			
			Number of children requiring Directions.	Percentage.	Number of Directions given.	Percentage.
Boys	Urban	4571	1445	31·6	1979	43·3
	Rural	2155	884	41·0	1343	62·3
	Urban and Rural	6726	2329	34·6	3322	49·4
Girls	Urban	4541	1468	32·3	1965	43·3
	Rural	2040	874	42·8	1340	65·7
	Urban and Rural	6581	2342	35·6	3305	50·2
Boys and Girls	Urban	9112	2913	32·0	3944	43·3
	Rural	4195	1758	41·9	2783	63·5
	Urban and Rural	13307	*4671	35·1	*6627	49·8

Table IV gives particulars of the inspections in relation to district and sex, and of the percentages of defects and directions given. Of the total number of children examined, defects for which directions were given were found in 4,671, compared with 4,562, or 35·1 per cent., as against 33·9. The number of directions given with a view to the treatment or correction of minor ailments and defects was 6,627, compared with 6,605 last year.

Table V gives particulars of the various defects found in the course of the medical inspection of 13,307 children and of the

* The difference between the two totals is due to more than one direction being given in the case of certain children.

TABLE V.—Return of Defects found in the course of the Medical Inspection of 13,307 children in 1927.

Defect or Disease.		Boys.		Girls.		Total.		Percentage.	
		Number referred for Treatment.	Number requiring to be kept under Observation.	Number referred for Treatment.	Number requiring to be kept under Observation.	Total number referred for Treatment.	Total number requiring to be kept under Observation.	Percentage referred for Treatment.	Percentage requiring to be kept under Observation.
	Malnutrition	98	294	82	318	180	612	1.3	4.6
	Uncleanliness—								
	Head	45	41	134	89	179	130	1.3	1.0
	Body	75	93	61	60	136	153	1.0	1.1
Skin	Ringworm—								
	Head	4	—	2	1	6	1	.04	.01
	Body	—	—	—	—	—	—	—	—
	Scabies	3	1	6	1	9	2	.07	.01
	Impetigo	15	6	12	6	27	12	.2	.09
	Other Diseases	13	11	10	11	23	22	.2	.2
Eye	Blepharitis	34	15	25	15	59	30	.4	.2
	Conjunctivitis	4	5	3	3	7	8	.05	.06
	Keratitis	—	—	—	1	—	1	—	.01
	Corneal Opacities	—	1	—	1	—	2	—	.01
	Defective Vision	250	205	264	178	514	383	3.9	2.9
	Squint	55	42	65	40	120	82	.9	.6
	Other Conditions	4	11	12	6	16	17	.1	.1
Ear	Defective Hearing	24	35	30	39	54	74	.4	.6
	Otitis Media	6	1	3	2	9	3	.07	.02
	Other Ear Diseases	22	15	33	14	55	29	.4	.2
Nose and Throat	Enlarged Tonsils	513	790	552	819	1065	1609	8.0	12.09
	Adenoids	89	62	79	68	168	130	1.3	1.0
	Enlarged Tonsils and Adenoids	258	133	250	125	508	258	3.8	1.9
	Other Conditions	—	—	—	—	—	—	—	—
	Enlarged Cervical Glands (non-tuberculous)	400	560	287	460	687	1020	5.2	7.7
	Defective Speech	20	36	7	16	27	52	.2	.4
	Teeth—Dental Diseases	1438	1091	1436	1034	2874	2125	21.6	16.0
Heart and circulation	Heart Disease								
	Organic	11	12	8	12	19	24	.1	.2
	Functional	15	37	18	25	33	62	.2	.5
	Anæmia	20	30	19	24	39	54	.3	.6
Lungs	Bronchitis	4	5	—	5	4	10	.03	.08
	Other Non-Tuberculous Diseases	30	27	34	21	64	48	.5	.4
	Pulmonary—								
	Definite	1	5	1	4	2	9	.01	.07
	Suspected	1	—	1	2	2	2	.01	.01
Tuberculosis	Non-pulmonary—								
	Glands	3	8	1	1	4	9	.03	.07
	Spine	—	—	—	—	—	—	—	—
	Hip	—	1	—	1	—	2	—	.01
	Other Bones and Joints	—	—	—	—	—	—	—	—
	Skin	—	—	—	—	—	—	—	—
	Other Forms	—	—	—	1	—	1	—	.01
Nervous System	Epilepsy	1	1	—	1	1	2	.01	.01
	Chorea	—	2	1	1	1	3	.01	.02
	Other Conditions	13	3	16	4	29	7	.2	.05
	Rickets	6	18	2	6	8	24	.06	.2
	Deformities	45	40	48	28	93	68	.7	.5
	Thyroid Glands	—	—	12	12	12	12	.09	.09
	Other Defects and Diseases	43	47	26	49	69	96	.5	.7

numbers referred for treatment and requiring to be kept under observation. The defects for which treatment was most frequently required were dental disease, 21.6 per cent. compared with 20.9 per cent. last year; defective vision, 3.9 per cent. compared with 3.4 last year; enlarged tonsils, 8.0 compared with 7.6 last year, non-tuberculous cervical glands, 5.2 per cent. compared with 5.9 per cent.; and enlarged tonsils and adenoids, 3.8 per cent. compared with 3.9 per cent. last year.

Closure of Schools.—Schools were closed on 88 occasions during 1927, compared with 78 occasions during 1926. The chief causes of school closure during 1927 were measles 18, compared with 46 occasions last year; whooping cough 8 compared with 15; influenza 49 occasions; diphtheria 6 occasions; and mumps 4 occasions.

Reference to Table VI indicates that the chief outbreak of infectious disease responsible for school closure during 1927 was influenza.

TABLE VI.—Closure of Schools during 1927.

	REASONS FOR CLOSURE.								Total number of Closures for all reasons.
	Measles.	Scarlet Fever.	Whooping-cough.	Diphtheria.	Chicken-pox.	Influenza.	Mumps.	Other Causes.	
No. of Closures—									
Urban	5*	—	—	2	1	16†	—	1	25
Rural	10¶	—	5‡	4	—	26§	4	1	50
No. of Re-closures—									
Urban	—	—	—	—	—	4	—	—	4
Rural	3	—	3	—	—	3	—	—	9
Total : Urban	5	—	—	2	1	20	—	1	29
Rural	13	—	8	4	—	29	4	1	59
All in 1927	18	—	8	6	1	49	4	2	88

* Includes 2 Measles and Whooping Cough, 1 Measles and Scarlet Fever.

† „ 2 Influenza and Mumps; 1 Influenza and Diphtheria.

¶ „ 1 German Measles; 1 Measles and Chicken-pox.

‡ „ 1 Whooping Cough and Measles.

§ „ 1 Influenza and Whooping Cough.

In the memorandum referred to in last year's report, the Board of Education emphasizes the fact that "if during epidemics of infectious disease, the power to exclude individual children from school be used to the best advantage, it is only in special and quite exceptional circumstances that it will be necessary to close a school in the interests of public health." It is further pointed out that as a general rule and apart from exceptional circumstances, closure of the school is not justified unless all the following conditions are simultaneously present (a) evidence pointing to the continued meeting of children in school as a source of infection; (b) cases of infectious disease continuing to occur after every effort has been made to discover the infecting cause, and (c) good reason to expect that closure will considerably reduce the likelihood of exposure to infection.

With reference to certain infectious diseases, such as measles and whooping cough, the memorandum points out that while school attendance may be greatly lowered during the prevalence of such diseases, a large proportion of children have already contracted the disease or been exposed to infection and school closure will therefore do little to prevent further spread of the disease. The Code now provides that if the average attendance of a school is below a certain percentage of the number on the books owing to the prevalence of epidemic disease in the district, and if the school remains open the attendances need not be counted for the purpose of reckoning the average attendance on which the grant is paid.

Special certificates have been provided for this purpose, and action has been taken by the Assistant School Medical Officers during the year to meet this new proposal.

Malnutrition.—The number of children in which some degree of malnutrition or impaired nutrition was found was 792, compared with 743 for 1926. Of the total number of children examined, in 1·3 per cent. malnutrition was sufficiently marked to necessitate the child being referred for treatment, compared with 1·4 last year, while in 4·6 per cent. there was a slight degree of malnutrition which necessitated the children being kept under observation, compared with 4·1 last year. The general inference to be drawn from these figures is that the general standard is a little lower, although well marked cases are fewer.

Cleanliness.—Of the total number of children examined 309 were referred for treatment or to be kept under observation for uncleanliness of the head, as compared with 301 for 1926. Of the total number of children examined, 1·3 per cent. were

referred for treatment for this condition, the same percentage as last year. The number of children with uncleanliness of the body was 289, compared with 313 for 1926, a reduction, while the percentage referred for treatment was 1.0 compared with 1.2 last year. These figures indicate that generally speaking improvement in this direction is being maintained.

Scabies and Ringworm.—Eleven cases of scabies have been reported during the year, compared with 12 last year, and of the number reported 9 were referred for treatment and two to be kept under observation. Seven cases of ringworm were reported during the year, the same as last year. The percentage of children referred for treatment with ringworm of the head was 0.04, compared with 0.02 last year.

Defective Vision and Squint.—Some visual defect was found in 897 of the children examined, compared with 941 during 1926. Of the total number of children examined 514, or 3.9 per cent., were referred for treatment, compared with 3.4 last year. The number of children with squint referred for treatment was 120, compared with 122, and the number of children with eye disease referred for treatment was 67, compared with 51.

Teeth.—Of the children examined, 4,999, or 37.6 per cent., were found to have some dental defect, compared with 4,848, or 36.1 per cent. last year. Of the total number of children examined 21.6 per cent. were referred for treatment, compared with 20.9 last year. During the year arrangements have been made to provide facilities for dental treatment in certain of the districts in which up to the present no such provision has been made.

Tuberculosis.—Eleven cases of definite pulmonary tuberculosis were recorded out of the total number of cases examined compared with 18 last year. Sixteen cases of non-pulmonary tuberculosis were recorded amongst the children examined, compared with 19 last year.

Adenoids and Enlarged Tonsils.—Some enlargement of the tonsils was found in 2,674 cases, compared with 2,653 cases in 1926. For this condition 8.0 per cent. of the children examined were referred for treatment, compared with 7.6 last year. With regard to adenoids, 298 cases were reported, compared with 258 last year, while 1.3 per cent. were referred for treatment, compared with 1.09 last year. There were 766 cases of tonsils and adenoids occurring together, while 3.8 per cent. of the

children examined were recommended treatment for this condition, compared with 3.9 last year.

Enlarged Glands.—Some enlargement of the cervical or submaxillary glands was found in 1,707, compared with 1,884 last year. The cause of the enlargement of these glands is usually septic absorption from carious teeth, enlarged tonsils, or disease of the skin or scalp. The enlargement, which is the result of an adenitis, will usually yield to energetic treatment of the active cause. Such enlarged glands may, however, be invaded by tubercle bacilli, and eventually become tuberculous.

Non-Tuberculous Respiratory Diseases.—Fourteen children were found to have bronchitis, compared with 13 last year, and 112 were recorded as suffering from other respiratory conditions, compared with 99 last year. This shows a slight increase which may be regarded as the result of the cold and wet summer.

Physically Defective Children.—During the year 128 children were recorded as suffering from defective hearing, compared with 139 last year, the percentage referred for treatment for this condition being 0.4. The number of children suffering from defective speech was 79, compared with 91 last year, and the percentage referred for treatment for this condition was 0.2, compared with 0.4 last year. The presence of deformities is reported in 161, the percentage referred for treatment being 0.7, compared with 0.5 last year.

Nervous Diseases.—Three cases of epilepsy were reported, compared with five last year. There were four cases of slight chorea, the same as last year. Severe cases of chorea should always be regarded with suspicion, as encephalitis lethargica may present symptoms very similar to this condition. Other nervous conditions were found in 36 children, compared with 26 last year.

Enlarged Thyroid.—Some enlargement of the thyroid was found in 24 children, all girls. In 12 of the 24 cases treatment was recommended. The number of cases of enlargement in the three age-groups was as follows:—5-6 years, nil; 7-9 years, 5 girls; 10-12 years, 19 girls.

Rickets.—This condition was found in 32 children, compared with 43 last year. Of these 8 were referred for treatment. The majority of the children with rickets are now referred for expert advice, and treatment to the orthopaedic clinics.

Other Defects and Minor Ailments.—Impetigo contagiosa, which is occasionally a cause of school closure, called for treatment in 0·2 per cent. of the children examined, compared with 0·3 per cent. last year. The percentage of cases of otitis media recommended for treatment was 0·07 and for other ear diseases 0·4. The percentage of children referred for treatment for anaemia was 0·3, compared with 0·6 last year. The number of children with evidence of cardiac disease, including both organic and functional conditions, was 138, of which 52 were referred for treatment, and 86 were kept under observation. The percentage referred for treatment for cardiac disease was 0·1 for organic disease and 0·2 for functional disorder.

Vaccination.—The percentage of school children who are unvaccinated continues to increase. Of 13,307 children examined 4,450 were vaccinated and 8,857 were unvaccinated, the percentage of vaccinated being 33·4, and the percentage not vaccinated being 66·6.

The importance of vaccination has been emphasized by the fact that during the first quarter of 1928, twenty cases of small pox have occurred in the county, five of these being school children. The presence of small pox in any district at once raises the question of what steps should be taken in regard to the schools. The following steps are generally recommended: (1) Any child absent from school to be reported at once to the School Medical Officer; (2) no child to be allowed to return to school after a few days' illness without being seen by a doctor; (3) The School Nurse to make frequent visits to school to inspect children and to report any ailing or suspicious child; (4) a vaccination register of the children to be kept giving age of child and number and character of marks so that special attention may be given to unvaccinated children; (5) efforts to be made to vaccinate all unvaccinated children; (6) the question of school closure has been considered, but it has been decided that observation and supervision of the children will be more efficiently carried out by keeping the schools open.

CHAPTER IV.—THE TREATMENT OF DEFECTS AND MINOR AILMENTS.

The work in connection with the treatment of defects and minor ailments has been continued during the year on similar lines to last year. Special arrangements have now been completed to provide facilities for dental treatment in Berkhamstead and Buntingford.

Operative Treatment for Tonsils and Adenoids.—Operative treatment for these conditions is carried out in the hospitals in the county, for which a fee is paid to the operating surgeon, the anaesthetist, and the hospital authority. During the year 1,016 school children were operated upon under your Council's scheme for tonsils and adenoids, compared with 910 last year.

Correction of Defective Vision.—Children with defective vision are referred by the Assistant School Medical Officers to the ophthalmic surgeons in their respective districts. The number of children found to have some degree of defective vision was 897, and the number referred to ophthalmic surgeons was 698. The number of children supplied with glasses was 565, compared with 655 last year.

Dental Clinics and Treatment of Defective Teeth.—The arrangements for the provision of facilities for dental treatment are as follows :—(a) Eight County Council dental clinics in the following districts. Hertford, Hatfield, St. Albans, Watford, Stevenage, Hitchin, Letchworth, and Waltham Cross. (b) Four voluntary clinics at Welwyn, Harpenden, Welwyn Garden City, and Hoddesdon. (c) Arrangements with dental surgeons to carry out treatment in the case of school children at Royston, Buntingford, Berkhamstead, Bishop's Stortford, and Tring. In the Appendix particulars are given by Mr. Allen, the School Dentist, regarding the work carried out at the various clinics.

Treatment of Ringworm.—Arrangements for the X-ray treatment of ringworm have been made with the authorities of the Royal Free Hospital, Gray's Inn Road. During the year 10 cases of ringworm have been treated by this method, compared with 6 last year, and the results are excellent.

Minor Ailments.—The number of defects treated at the two minor ailment clinics at Hitchin and Hatfield was 277, and the number treated as a result of following up by the school nurses was 2,429. Particulars of the various minor ailments and defects treated under this heading are given in

the appendix at the end of the report. Of the total number of defects of all kinds treated in connection with clinics and school nursing 80·4 per cent. were successfully treated or still under treatment, compared with 77·8 last year. A new departure with regard to the treatment of minor ailments is contemplated during the present year. It is proposed to provide the school nurses with the necessary equipment, to carry out minor ailment treatment under medical directions, when following up cases in the home. Such conditions as impetigo, blepharitis, discharging ears and other minor conditions which require skilled nursing treatment will thus be more expeditiously dealt with.

Orthopaedic and Massage Treatment.—School Children suffering from various orthopaedic defects are referred by the Assistant School Medical Officers to the orthopaedic and massage clinics in the County for expert advice and treatment.

The British Red Cross have established in Hertfordshire 6 Orthopaedic Centres, 9 Massage Clinics, and 2 After-Care Centres.

The Massage Clinics are at Harpenden, Hatfield, Hitchin, Letchworth, St. Albans, Watford, Welwyn, and Welwyn Garden City. They are open, at least, 3 days in the week, and some of them 6 days. They are staffed by fully qualified masseuses, and are under the control of the County Supervisor.

A variety of forms of treatment is given, including Massage, Galvanism, Faradism, Radiant Heat, Remedial Exercises, and Re-Education.

The After-Care Centres at Hertford and Hoddesdon are open one day a fortnight, when they are visited by the County Supervisor. Exercises are given, splints are supervised and repaired, and plasters are made and renovated.

The Orthopaedic Centres are at St. Albans, Hitchin, Letchworth, Watford, Hertford, and Hoddesdon. They are visited at regular intervals by the Orthopaedic Surgeon, who there sees all the Infants and School Children who are sent for treatment by the Infant Welfare Doctors and the School Medical Officers. He also sees any cases sent for an opinion by their local Medical Practitioner.

Hospital in-patient treatment is carried out at the Royal National Orthopaedic Hospital and at the County Branch at Brockley Hill. This ensures a continuity of treatment as the Surgeon-in-Charge of the Orthopaedic Centre is on the Staff of both these hospitals. Among the operation cases are several which have been operated on in the out-patient Department of the Orthopaedic Hospital. This is made possible by the fact

that the cases can be seen at regular intervals at the nearest Clinic or at their own homes, and can receive their subsequent treatment at the Clinic. A great economy is thereby effected as these cases would otherwise have to remain in hospital for several weeks, it being impossible to send them home directly after operation unless adequate skilled treatment is available. Another advantage of this procedure is that the usual long period of waiting for admission is avoided. The cases can usually be sent for operation within a month of the recommendation being made, and thus save valuable time.

TABLE VII.—Giving particulars of various defects and morbid conditions dealt with at the Orthopædic Clinics and Centres during the year.

Structure.	Condition.	Under 5.	5 to 15.	Adults	Total
Bones & Joints (Congenital).	Deformity of upper limb .	—	2	1	3
	Deformity of lower limb .	55	13	1	69
	Deformity of head & trunk	7	5	1	13
Bones & Joints (Acquired).	Deformity of upper limb .	1	—	—	1
	Deformity of lower limb .	153	75	46	274
	Deformity of head & trunk	—	10	7	17
Bones	Infections	—	1	1	2
	Injuries & Fractures . .	7	36	108	151
	New Growths	1	2	4	7
Joints	Infections—Arthritis . .	—	6	72	78
	Tuberculosis	—	5	7	12
	Injuries	1	13	85	99
Central Nervous System.	Infantile Paralysis . . .	5	34	17	56
	Hemiplegia	4	14	4	22
	Spastic Paralysis	2	12	2	16
	Encephalitis Lethargica . .	—	1	2	3
	Other Conditions	1	5	7	13
Peripheral Nervous System.	Injuries to Nerves	—	5	16	21
	Neuritis & Sciatica	—	—	64	64
	Other Conditions	—	5	5	10
Connective Tissues	Scars, fibrositis, etc. . .	—	6	17	23
Muscles & Tendons		4	80	74	158
Constitutional . .	Rickets	—	—	—	—
	Rheumatism	—	—	47	47
Vascular System . .		—	—	7	7
Other Conditions		2	4	15	21
		243	334	610	1187

TABLE VIII.—Giving the number of patients sent to Hospital and attending Clinics during the year.

Number of Patients sent to Hospital.			Number of Patients attending Orthopædic Centres and Clinics.		
Under Five.	Five to Fifteen.	Over Fifteen.	Under Five.	Five to Fifteen.	Over Fifteen.
16	26	27	243	334	610

CHAPTER V.—SCHOOL NURSING.

The duties of the nurses in connection with the medical inspection of school children includes (*a*) visiting the school with the Assistant School Medical Officer for routine medical inspection, (*b*) visiting the schools for inspection as regards cleanliness of the children, (*c*) following up cases of defects and minor ailments with a view to the carrying out of suitable treatment, (*d*) assisting in the nursing treatment of minor ailments, (*e*) attending dental or other clinics providing treatment for school children.

The visits of the nurses to the schools for inspections as to personal cleanliness average for the year the same as last year, namely, 15. The beneficial results of these visits to the school by the nurse is indicated by the fact that the number of individual children found verminous was 325, compared with 302 for the previous year, and 432 for 1925. The total number of examinations of children made in the schools by the school nurses, including examinations and re-examinations, was 235,146, and the number of children cleaned and re-cleaned was 2,734.

A further valuable department of the work of the School Nurse is the following up of various minor ailments and defects, so as to secure suitable and successful treatment. In this direction the nurse does excellent work, the value of which cannot be correctly demonstrated by mere figures and statistics. Reference to the following table, however, will show that throughout the county 80·4 per cent. of the defects reported upon were treated satisfactorily or were under treatment. The high percentage for Watford, namely, 98·7, has again to be noted. Reference is made to page 26 to the steps which will shortly be taken to provide the school nurses with the necessary

equipment for carrying out the nursing treatment of cases of chronic minor ailments.

The following table which has been prepared for me by Miss Harrington, the County Health Visitor, and County Superintendent of Nurses, gives particulars of the excellent work carried out by the nurses during the year :—

Work of School Nurses during 1927.

	Returns from Nurses employed by Local Nursing Associations undertaking School Nursing.	Returns from County Council School Nurses.	Watford (Mrs. Stokes).	Grand Total of all School Nursing and Clinic Work.
Number of Schools ...	206	28	12	246
Number of Children ...	28,833	6,254	6,168	41,255
Medical Inspections and Clinics attended ...	887	312	250	1,449
Number of other Visits to Schools	2,914	503	270	3,687
Number of Examinations and Re-examinations for cleanliness and minor ailments	168,034	43,624	23,488	235,146
Number of Individual Children found verminous	287	18	20	325
Number of Individual Children found unclean	1,176	312	119	1,607
Number cleaned and re-cleaned	2,095	416	223	2,734
Number of visits to Parents <i>re</i> defects and uncleanliness	9,436	2,013	964	12,413
Total number of Defects reported on	4,962	1,370	1,032	7,364
Number treated satisfactorily and number receiving medical advice	3,863	1,042	1,019	5,924
Percentage treated satisfactorily and receiving medical advice	77·8	76·0	98·7	80·4

CHAPTER VI.—THE PHYSICALLY AND MENTALLY ABNORMAL CHILD.

Particulars are obtained from the Assistant School Medical Officers, the school nurses, and the school attendance officers from time to time regarding abnormal children who have come under their observation. In addition during the present year information has been received from the teachers regarding the presence in the schools of mentally subnormal children. This information is given in a special report regarding each child on a special form.

The Mentally Defective Child.—During the year 97 children were examined as to their mental condition. Of this number 25 were recommended for admission to a special school, and 19 were referred as ineducable to the Committee under the Mental Deficiency Act. At the present time there are 122 children attending certified schools for mentally defective children. Further particulars of the instruction given to mentally defective children will be found in the Annual Report of the Kingsmead Residential School.

Report of Beechen Grove Special Day School, Watford.—Miss Schulze, the head teacher, reports as follows:—A very successful year's work has been accomplished. The mentality of the children has been considerably improved by the musical appreciation lectures, aural training, singing and pianoforte playing, all taught by Miss Katherina Schulze. Three further Trinity College of Music examinations in pianoforte playing were passed with honours and a boy had just gained Honours in singing at the largest Musical Festival in the country—the London Musical Festival. This was an open class, and the boy's training was given by Miss K. Schulze in the ordinary singing lesson. The adjudicator remarked on "the musical good tone, splendidly managed phrasing, words good and very praiseworthy all round". Another boy will take pianoforte playing at the Festival on Saturday, 17th March. Many children in the school have responded rapidly to the influence of music and can now play the piano for singing, although they have no pianos at home.

Gardening has helped the children physically, and many days have been spent in the garden during the year both for ordinary lessons and gardening. Unfortunately the last few months have prevented further visits owing to the garden being flooded.

One boy who left us at Christmas has been placed with a motor lorry firm, and here he is receiving training without an apprenticeship fee being paid. After one month's training the manager wrote to the effect that the boy had received a splendid training in the school and was doing well and was willing, hard-working and anxious to please. The boy is at present engaged in the woodwork department.

The boy artist is still doing well and has had his salary increased three times during the year.

Leather work has been introduced, and the children are very enthusiastic about it. Raffia embroidering is another special feature.

Twenty children were taken to the Zoo by Miss K. Schulze and the essays on their visit were much praised by H.M. Inspector. Nature walks are taken during suitable weather and football is taken on the recreation ground.

Her Majesty the Queen accepted a crêpe-de-chine scarf made by a girl and hand-painted by a boy and wrote to the effect that "the skill and thought displayed in making the scarf was remarkable and reflected enormous credit, too, upon the skill and patience of the teacher".

The ordinary school work (including the three R's) has improved through the handwork and music. Parents have written and visited the school to express thanks for an appreciation of musical training given in addition to the ordinary training. It would be a boon if a good piano could be given to the school. Children attend school quite early and stay later in order to practice on the piano, which instrument is hopelessly worn out.

The children acted the play "Cinderella" at the social reunion. The play included dances and songs and was arranged and written by Miss K. Schulze. It was a great success, and the children spoke out confidently and with enjoyment. Almost all past scholars are working and doing well. One girl who is checking goods has kept her position for four years.

The Dull and Backward Child.—During the year reports were received of 53 children of this type. Steps have been taken to make special provision for the instruction of dull and backward children in Watford.

The Blind Child.—Interference with instruction in a public elementary school may arise from complete or partial blindness. During the year particulars were received of 5 blind or partially blind children and these were recommended for admission

to special schools. At the present time 17 blind children are attending certified schools or classes for the blind.

The Deaf Child.—During the year particulars were received of 3 deaf or partially deaf children and these were recommended for admission to special schools. At the present time there are 24 totally deaf or deaf and dumb children in certified schools for the deaf.

The Epileptic Child.—The education of the epileptic child is not infrequently complicated by the presence of some degree of mental deficiency. During the year particulars were received of 6 epileptic children. At the present time 4 epileptic children are in special schools for epileptics.

Physically Defective Children.—These are children who are crippled or who suffer from some physical defect. Particulars of the work carried out in connection with the treatment of physically defective children are given in the section dealing with orthopaedic treatment.

Schools for Blind and Deaf Children.

Barclay Home and School for Blind Girls, Wellington Road, Brighton.
 Brighton Asylum for the Blind (Male Children), Eastern Road, Brighton.
 Brighton Institution for the Instruction of Deaf and Dumb Children, 136 Eastern Road, Brighton.
 North Staffs. Joint Councils' Residential Blind Council School, Penkull, Staffordshire.
 North Staffs. Joint Councils' Residential Deaf Council School, Penkull, Staffordshire.
 Kingsdown (Bristol) Council Deaf School, 10 Kingsdown Parade, Bristol.
 Royal Institution for Deaf and Dumb, Friargate, Derby.
 East London Home and School for Blind, Warwick Road, Upper Clapton, N.E.
 Hastings and St. Leonards School for Blind Mentally Defective Children, 48 and 49 Kenilworth Road, Hastings.

Schools for Defective and Epileptic Children.

Sandwell Hall Institution for the permanent care of the Mentally Defective, West Bromwich, Staffordshire.
 Field Heath House School (Roman Catholic), Hillingdon, Essex.
 Littleton House Special School, Uxbridge, Middlesex.
 Knotty Ash Horticultural Special School, Liverpool.
 St. Vincent's Roman Catholic Home for Physically Defective Boys, Eastcote, Pinner, Middlesex.
 The Christian Social Service Union School, Lingfield, Surrey.
 St. Elizabeth's Epileptic School (Roman Catholic), Much Hadham, Herts.
 Chalfont St. Peter Colony for Epileptics, Chalfont St. Peter, Bucks.
 Besford Court House, Worcestershire.
 Heritage Schools of Arts and Crafts for Cripples, Chailey, Sussex.
 Pontville for Feeble-minded Roman Catholics, Ormskirk.
 Hillside House R.C., Buntingford.

CHAPTER VII.—REPORT OF THE MANAGERS OF THE HERTFORD KINGSMEAD SPECIAL RESIDENTIAL SCHOOL

RELATING TO THE YEAR ENDED 31ST DECEMBER, 1927.

1. The numbers in residence on the 31st December, 1927, were: Hertfordshire children 51 boys and 28 girls, total 79; out-county children 11 boys and 22 girls, total 33, making a total number of 112 children under 16 years of age. In addition there were 9 feeble-minded young women in residence, making a grand total of 121 in residence.

The School has been open for eight years, and the Managers consider that good results are being obtained. There is not the slightest doubt that when children are admitted at the age of 7 or 8 better results are obtained than when they are admitted later, but in all cases it is the fact that the children's lives are made considerably brighter and happier by their period of residence at the School, and in many cases they become fit to undertake employment under supervision and thus become at least partially self-supporting; even those who benefit least from the strictly educational point of view are taught the value of discipline and how to look after themselves and how to carry out small household duties and occupations. There will, of course, always be a number of children who, after leaving the School on reaching the age limit, will permanently require control in certified institutions under the Mental Deficiency Act, 1913, but it has again to be pointed out that at the present time it is quite impossible to secure vacancies for children in such institutions. There is also considerable difficulty, and in a good many instances it is impossible, to secure vacancies for such children in Guardians' institutions as "places of safety" pending vacancies being obtained in certified institutions under the Mental Deficiency Act, 1913. There is, therefore, all the more reason why the erection of the proposed Institution for Mental Defectives at Hixberry is of such vital importance and the Managers again wish to draw the attention of the County Council to this increasingly urgent matter.

The Managers submit with this report, reports from officials dealing with their respective departments. With regard to financial conditions, the net expenditure out of the county rates for the financial year ended 31st March, 1927, is £2,903 14s. The net cost per head falling upon the county rates is £22 17s. 3d. excluding staff, and £20 6s. 1d. including staff. For the year ended 31st March, 1926, the net cost per head on the county rates was £20 12s. 1d. excluding staff and £18 9s. 2d. including staff. The increased cost is due to the fact that in respect of the twelve months to the 31st March, 1927, it was not possible to admit any out-county children, all the vacancies being taken up by Hertfordshire children. This, of course, reduced the income.

W. GRAVESON,
Chairman.

School Medical Officer's Report.

2. The health of the children during the year has, on the whole, been good, although some cases of epidemic disease and minor cases of illness which are subsequently referred to have occurred.

The usual methods of inspection and examination of the children before and during residence and on discharge have been continued, and special efforts have been made to have children admitted at an early age and to admit only those children who are likely to secure substantial benefit from the instruction and education received in the school, although children of a border line type as regards suitability are admitted from time to time for observation.

During the year 34 children were admitted, and 37 children and one adult were discharged. Those discharged were dealt with as follows:—

	Boys.		Girls.		Adults.	Total.
	Herts.	Out-County.	Herts.	Out-County.		
Admissions	16	2	8	8	1	35
Discharged into care of parents	10	—	4	1	—	15
Discharged into care of parents pending admission to certified Institution	2	—	2	—	—	4
Discharged to other Institutions	2	—	2	3	1	8
Discharged to other Authorities	—	6	—	1	—	7
Discharged as unsuitable or otherwise dealt with	2	—	2	—	—	4
Total Discharges	16	6	10	5	1	38

It will be seen from the above table that 24 county children were admitted, compared with 10 out-county cases, and that of the 37 children discharged during the year, 26 were county cases and 11 were out-county cases.

Improvement in Mental Condition.

3. Mental deficiency is a permanent impairment of the mind which is incurable. The capacity of the child, however, for certain mental and manual work can be greatly increased by suitable instruction and supervision. The mental characteristics which are weak or lacking in the mentally defective child are memory, concentration and initiative, and it is for this reason that the mentally defective person is unable to compete in the labour market with the normal individual. The disadvantages arising from the weakness or absence of these mental qualities are, however, greatly minimised by residence in an institution where the routine of life is simple and where encouragement and supervision are constantly present. The best response as regards educational improvement and manual work is therefore to be obtained by means of the special residential school followed by the certified institution or colony in which are provided facilities for a continuance of the training and employment in manual work which was commenced in the school.

The real function of a special residential school for mental defectives, such as Kingsmead, is to prepare and train the children for subsequent employment in a certified institution, although a certain proportion of high grade cases will be able, in consequence of the training they have received in the school to take up some form of suitable employment at home.

Improvement in Physical Condition.

4. The nutrition of the children has been good. It has been observed, however, that nearly all the children who return to their homes during the summer vacation lose weight, some to the extent of several pounds.

This is due to difference in food and general routine. It proves, however, that the food supplied to the children in the school is suitable to their requirements and that the questions of supervision and routine are of considerable importance in relation to the physical condition of mentally defective children. The arrangements which were made last year for the hospital accommodation of children suffering from infectious and other diseases have been found satisfactory.

With reference to the health of the children during the year, Dr. Ravensworth Hart reports as follows:—

I beg to make the following report with regard to the children at Kingsmead School during the year ended 31st December, 1927.

The general health of the children has been satisfactory, examinations have been made of all of them, and special examinations have been made as follows:—51 children have been examined or re-examined by the Ophthalmic Surgeon, 37 children have received dental treatment and 24 children have undergone removal of tonsils and adenoids.

An outbreak of scarlet fever occurred during the early months of the year, 15 cases of mild type without serious complications; 10 cases of chicken-pox occurred towards the close of the year and the children are now convalescent.

Four cases have required admission to the County Hospital either for special examination or specialised treatment, and every effort has been made to secure their return to Kingsmead as soon as compatible with the circumstances of the case.

The general standard of the children admitted to the school during the past year has necessitated the greatest care and attention by the resident staff, and four children, after a suitable interval for trial, were recommended for removal owing to their unsuitability for retention in the school.

E. RAVENSWORTH HART.

Conclusions.

5. The work in connection with the care and education of the children in the school has been continued during the year in the same satisfactory manner and with little alteration in routine. The retention in the school of unsuitable children is not desirable, as it seriously interferes with the instruction and training of children of a higher grade. In the absence of suitable institutional accommodation for such cases, however, discharge while good for the institution is definitely bad for the child.

In conclusion I have to state that during my visits to the school I have been satisfied that the efforts to maintain a high standard of education, manual instruction, care, supervision and cleanliness have been continued during the year.

H. HYSLOP THOMSON,
School Medical Officer.

Head Mistress's Report.

6. *Organization.*—Five graded classes and one ungraded mixed class for academical work only. Subdivided sections are arranged for manual work, according to technical instructors' attendance.

Writing and Reading.—Script formation is taken throughout, and a good bold, well formed style is aimed at. Some children attain this better than others, and individual styles are produced. Letters home are written monthly. Older scholars can do this and describe pictures and events without help. Books are neat and well kept. Class III have sense-training with Montessori didactic apparatus, which provides scope for letters, figures, colour, form, etc. to be acquired. The manual activity thus aroused

is helpful for development in later efforts of hand-work. Script copy is also begun by some types.

Number.—Older scholars can grasp all four first rules. Every form of practical work is done to help the children to become familiar with money, time, etc. Shopping is done at a " School Store " set up for practical work.

Drawing.—Mostly a weak subject, through lack of hand control. Any special taste in this subject is encouraged, and these give good results, often showing originality. Designs by older boys, with use of compasses, have been specially creditable this year.

Singing.—Folklore and National Songs give great pleasure. Tune is always an easy attraction, but memory of words is difficult.

Physical Exercises.—Definite tables are worked by older scholars. Eurhythmics are taken by all grades. Games of imitative nature are given to Juniors. These are full of zest and keen enjoyment is taken in them. Organized games include football, cricket, stool-ball, net-ball, etc. Swimming for older scholars.

Manual Work.—Boot-making, woodwork, basketry, chair-caning, rug work and gardening for older boys who are able to do small boot repairs for themselves and also acquire some technique before they leave. Needlework, knitting, plain and fancy, embroidery, crochet, leather work, light basketry and raffia-work for older girls, who also darn their own stockings weekly. Juniors do sewing, knitting, plain mat-weaving, raffia, etc., whilst lowest grades have framework, and reel knitting, etc. developing from sense-training apparatus with bead-threading, etc. and expression work in clay. Soft toys are also made, and these found a ready sale at the Christmas display of work.

In July an exhibition was held in the Shire Hall, Hertford, in connection with the work of the blind and other defectives of the county. Much appreciation of work accomplished by the children was shown. A large bed-spread in elaborate cross-stitch, knitted marcella patterned quilt, infant's layette complete being special co-operate work by older girls. Many thanks are due to members of the Committee and friends who purchased things at our stall. The " sales " on this day reached almost £20. An exhibition of Eurhythmics was also given by the children in the Council Chamber. They wore special costumes made by themselves.

Discipline.—Repressive methods are entirely eliminated. Psychological study, applied to different types, facilitates good results. Children move about in an orderly and sane manner, showing respect, politeness and control.

M. AGNES PULLAN,
Head Teacher.

CHAPTER VIII.—STRUCTURAL AND SANITARY ALTERATIONS.

Special cards are supplied to the Assistant School Medical Officers on which to report the existence of structural or sanitary defects and any recommendations which it is considered necessary to make; on receipt of these cards particulars regarding the defects are forwarded to the County Surveyor:— There is little to report as regards structural and sanitary alterations. No serious defects have been notified by the Assistant School Medical Officers in the Annual Reports. In the Westmill School, Vita glass has been placed in the south window of the Infants' department through the kindness of a lady who is interested in the health of school children. The effect of this upon the health of the children will be noted. Generally speaking the hygienic and sanitary standard of the majority of schools is satisfactory.

CHAPTER IX. — OPEN - AIR INSTRUCTION — PHYSICAL TRAINING — JUVENILE EMPLOYMENT—HEALTH EDUCATION.

Open-air Instruction.—In previous reports reference has been made to the value of open-air instruction in improving the physical and mental condition of growing and delicate school children. This method of instruction is carried out in many schools in the county during the summer months, when the weather permits of the children sitting out of doors. Open-air instruction is of special value in the case of backward and defective children. It is an interesting fact that in the experience of several teachers the children who live some distance from school are in the morning more alert mentally than those who live close at hand.

Physical Training.—The value of Physical Training has been referred to in previous reports. The following are extracts from the Annual Report of Mr. Richardson, the Organizer of Physical Training:—

There continues to be steady progress in all branches of physical training, the general attitude towards the subject is sound, and the value to be obtained by carefully organizing the physical training is becoming more widely recognized.

Physical Exercises.

In last year's report attention was called to the need for "definite" preparation of the physical training lesson, and this is being done with obvious results. The "General Activity Group," however, continues

to be overlooked in some cases, whilst few recognize its full value. It cannot be too strongly emphasized that vigorousness is the first essential, and the successful results of a lesson as a whole will be reflected in the appearance of the children, who should give the impression when returning to the classroom of having had a really good time.

More attention might be given to carriage, not only during the lesson but at other times.

It is suggested in the case of the senior classes that the games which are usually played at the end of a physical training lesson should be linked up more closely with the higher team games. The good preparatory games, as suggested in the county scheme, leading to net-ball, rounders, etc., might have preference.

County Games Scheme.

On the whole, more use is being made of the scheme which was issued to all senior schools during the autumn of 1925, with the result that the playground games are becoming more varied and greater skill shown in ball control. However, all schools have not made as much use of these notes as they might, particularly in regard to the section on "Efficiency Tests", in fact, few schools have taken up this idea of improving the all-round athletic ability of all the children by encouraging them to pass certain standard tests which have been arranged for each age group. The value of these tests lies in the fact that the practice is spread over a long period and the risk of strain is therefore small. The organization of these tests will not take a great deal of time on the part of the teacher, but rather will they prove an excellent feature for the team leaders, who can very easily undertake the recording of the efforts of members of their team.

Marking Playgrounds.

Although the number of playgrounds which have been marked out has increased, there are still a number of head teachers who have not seen the wisdom of so doing. The advantages to be gained by way of saving in time, and the opportunities to play the more advanced team games, to say nothing of a supply of paint being issued free, leaves it a little difficult to understand why all playgrounds should not have been marked.

In this connection it should not be forgotten that not only are markings required for games, but for the general activity exercises which are given in the Physical Training Syllabus, e.g. "Ladder Jumps," "Stepping Stones," etc., these can easily be painted in odd corners of the playground so as not to interfere too much with the space required for games.

Again, a scale in feet and inches can be marked at the bottom of a school wall where children can read off their efforts when practising jumps; this again can provide a suitable "pitch" for an exercise under team leaders.

The experiment of permanently marking a playground with granite chippings when being tarpaved for the first time was tried at West Hyde C.C. School. This was, on the whole, not successful, as the chippings were gradually kicked out by the children.

Playgrounds.

Although there are still a large number of playgrounds with only a gravel surface, yet there has been an increase in the number which have tar-paving. For the purposes of physical training it is considered that a playground can with advantage retain some of its gravel surface which can be used when jumping is being taught.

Whilst the position in regard to playground surface is slightly better than last year, there remains much to be accomplished before a satisfactory stage is reached.

Playing Fields.

The position regarding the number of schools having the use of a field has certainly improved. Last year it was reported that facilities were almost entirely lacking in St. Albans, Bishop's Stortford, and Hitchin, but this year the position is much more favourable. In the case of the former, the honorary secretary reports in the Schools' Sports' Association Handbook 1927-28: "Our facilities have been improved and although some grounds still require attention, the present situation is a decided advance upon previous years." Regarding Hitchin, the local Council has now a 7-acre field which will shortly be available for school children, whilst the Urban Council of Bishop's Stortford has the matter of increased facilities under consideration.

The County of Hertford Playing Fields Association having completed its survey of existing facilities for games, and launched a successful appeal for funds during last summer, is now actively engaged in assisting authorities to obtain fields for the use of both children and adults.

A questionnaire was recently submitted to all schools asking for particulars of playing fields available during school hours, and it was ascertained that 44 rural schools are without fields, whilst in some urban areas, facilities are poor, or inadequate, or situated too far from the school to be of any use.

Swimming.

It is necessary to draw attention to the quarterly report on Physical Training of March, 1927, in which it is stated, "Although Swimming is an integral part of physical education it occupies a different position from other forms of such training. After a child leaves school he has limited opportunities for continuing the physical activities which were, during school life, a source of enjoyment and profit, mainly because such activities are largely 'group' ones requiring organization, space and companions. It is here that swimming can supply the need, so that it is essential where possible that all children before leaving school should have a knowledge of the subject," sacrificing temporarily, if need be, some of the time given to other branches of physical training. In this connection it is generally agreed that swimming is more easily learnt before than after twelve, so that it is suggested that swimming might reasonably start lower down the school, and perhaps the season before the children actually attend at the bath might usefully be spent in getting some preliminary practice in "land-drill". Land-drill should certainly be taught to all children attending at the baths for instruction until they can swim, and even after this stage it can usefully be employed to perfect the stroke.

There is a distinct need for more careful class organization at the baths; it is by no means a "free time" where the children make their own efforts unaided, but is a lesson demanding a great effort on the part of the teacher. The first essential is absolute discipline and instant obedience to the signal; this begets confidence, the first essential the teacher must secure in the children.

A class need not be entirely beginners; perhaps 2 to 1 in a class of 30 children might be a fair proportion. In this case the teacher should take the non-swimmers for an organized lesson for 5 to 10 minutes, whilst those who can swim can practise diving, additional strokes, etc. The

second stage of the lesson might be devoted to allowing the swimmers to help the non-swimmers, or the latter sent to dress whilst further instruction is given to the swimmers.

The subject of swimming requires to be taken more into the school, and not regarded as something that happens in a place apart from the school itself—the team system can be usefully employed in organizing the swimming lesson. There is no lesson in the curriculum which requires more careful organization than the one taken at the swimming baths.

It is desirable that pupil-teachers should be taught to swim, and to know something of the class organization, for they can be of great assistance in the schools to which they are posted for training.

Life-saving Class.—Hertford All Saints Boys' School presented 6 boys for an examination for the elementary certificate of the Royal Life Saving Society, and all were successful.

General.

(a) In a previous report it was pointed out that when the children leave school there are very few organizations which carry on the physical activities which have been such an important feature in the school life of the child, and this was perhaps more pronounced in the case of girls than boys. Furthermore it was suggested that perhaps the Schools' Sports' Associations might find it possible to give the matter their attention, or individual schools might review the position as regards their own scholars. It is a pleasure to state that an endeavour is being made to deal with this problem. The Waltham Cross School Sports' Association formed a net-ball league for all its "old girls", whilst a number of schools have an "Old Students" Association, in which the continuation of school games plays an important part. Among others, those run in connection with Walsworth Girls' School, Hitchin, and Parkgate Senior School, Watford, are very active.

(b) During the year it has been found possible to address gatherings of parents on the physical education of the school child. Talks to Parents' Associations where they exist in connection with the school, at open days, prize distributions, sports days, etc., have been given in order to help head teachers in their endeavour to establish close contact with the parents.

Furthermore the Watford Head Teachers' Association was addressed on "The Teaching of Swimming", and the Letchworth and District Teachers on the "Coaching of Net-ball." It is hardly necessary to point out that further opportunities for similar addresses will be welcomed.

Employment of Children.—With regard to the employment of school children it is necessary to point out that Section 13 (1) of "The Education Act, 1918", came into operation on the 1st day of April, 1920, and that the conditions which now prevail in the county with regard to the employment of children are as follows: (1) A child under the age of 12 shall not be employed, (2) a child of the age of 12 or upwards shall not be employed on any Sunday for more than two hours, (3) a child of the age of 12 or upwards shall not be employed on any day on which he or she is required to attend school before the close of school hours on that day, (4) a child of the age of 12 or upwards shall not be employed on any day before 6 o'clock in the morning nor after 8 o'clock in the evening.

Health Education.—A handbook of suggestions on Health Education has recently been issued by the Board of Education. This handbook outlines the general principles of hygiene upon which the health of the human body depends and with which the older pupils in school should be made familiar. As improvement in national health advances it becomes more and more evident that a stage will shortly be reached when no further improvement can be expected without the active and intelligent co-operation of the individual. For this reason it is important that instruction in the simple and accepted principles of hygiene should form part of every school curriculum.

CHAPTER X.—CONCLUSIONS.

The work of School Medical Inspection has been carried out in a satisfactory manner during the year.

The estimated number of inspections required was 12,694 and the actual number carried out was 13,307. The percentage of defects found on examination for which directions were considered necessary was 49·8 compared with 49·1 last year. Schools were closed on 88 occasions, compared with 78 last year; the chief cause being influenza and measles.

The general nutrition of the children was not quite so good generally last year; some degree of malnutrition existing in 5·9 per cent., compared with 5·5 for the previous year, but the percentage requiring to be referred for treatment was lower, namely, 1·3 compared with 1·4 for 1926.

It is satisfactory to be able to report further slight improvement in the cleanliness of the children. The percentage of children with uncleanness of the head referred for treatment was 1·3, the same as last year, and that of children with uncleanness of the body referred for treatment was 1·0, compared with 1·2 for 1926. This improvement is due to the excellent work and untiring efforts of the school nurses.

There is a slight increase in the percentage of children referred for treatment for defective vision, namely, 3·9, compared with 3·4.

There is a slight increase in the number of children with defective teeth, the percentage being 37·6, compared with 36·1 for the previous year, and the percentage referred for treatment being 21·6 compared with 20·9. Progress has to be reported in regard to the provision of facilities for dental treatment. Arrangements are now being made with local dental surgeons to carry out dental treatment at Buntingford and Berkhamstead.

Eleven cases of definite pulmonary tuberculosis were recorded, compared with 18 cases last year; this shows a distinct improvement.

There is again an increase in the number of children referred for treatment for enlarged tonsils, namely, 8.0 per cent., compared with 7.6 per cent. for 1926. With regard to adenoids, the number referred for treatment is also increased 1.3, namely, compared with 1.09 last year. There is a slight decrease in the number of children referred for treatment for tonsils and adenoids occurring together, the percentage being 3.8, compared with 3.9 for the previous year.

Some enlargement of the cervical or submaxillary glands was found in 12.9 per cent., compared with 14.0 for the previous year. Some enlargement of the thyroid gland was found to be present in 24 children, compared with 47 last year.

The percentage of children referred for treatment for defective hearing was 0.4, the same as last year. The number of children with deformities was 161, compared with 116 last year, the percentage referred for treatment being 0.7, compared with 0.5 for the previous year.

The results obtained in the treatment of defects and minor ailments continue to be satisfactory, the percentage of defects treated being 80.4, compared with 77.8 for 1926. The percentage for Watford was 98.7. This percentage of defects remedied for the County as a whole is the highest which has so far been obtained. These figures speak for themselves and pay tribute to the excellent work of the School Nurses. They also prove that the facilities for treatment provided by the County Council are of definite value.

APPENDIX I.

STATISTICS OF WORK OF MEDICAL INSPECTION FOR THE YEAR.

TABLE I.—Return of Medical Inspections for 1927.

A. ROUTINE MEDICAL INSPECTIONS.	
Number of Code Group Inspections.	
Entrants	5,104
Intermediates	3,952
Leavers	4,147
Total	13,203
Number of other Routine Inspections	12
B. OTHER INSPECTIONS.	
Number of Special Inspections	92
Number of Re-inspections	—
Total	92

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1927.

Defect or Disease.	Routine Inspection.		Specials.	
	Number referred for Treatment.	Number requiring to be kept under Observation.	Number referred for Treatment.	Number requiring to be kept under Observation.
Malnutrition	176	611	4	1
Uncleanliness—				
Head	178	130	1	—
Body	135	153	1	—
Skin	{ Ringworm—			
	Head	6	1	—
	Body	—	—	—
	Scabies	9	2	—
	Impetigo	26	12	1
Eye	{ Other diseases	23	22	—
	Blepharitis	59	30	—
	Conjunctivitis	7	6	—
	Keratitis	—	1	—
	Corneal Opacities	—	2	—
Ear	{ Defective Vision	499	372	15
	Squint	118	80	2
	Other Conditions	16	17	—
	Defective Hearing	54	74	—
	Otitis Media	9	3	—
Nose and Throat	{ Other Ear Diseases	53	29	2
	Enlarged Tonsils	1054	1608	11
	Adenoids	165	129	3
	Enlarged Tonsils and Adenoids	502	257	6
Other conditions	—	—	—	
Enlarged Cervical Glands (Non-Tuberculous)	683	1018	4	2
Defective Speech	26	52	1	—
Teeth—Dental Diseases	2862	2123	12	2
Heart and Circulation	{ Heart Disease—			
	Organic	19	24	—
	Functional	32	62	1
Lungs	{ Anæmia	39	50	—
	Bronchitis	3	10	1
	Other Non-Tuberculous Diseases	63	48	1
Tuberculosis	{ Pulmonary—			
	Definite	2	9	—
	Suspected	2	2	—
	{ Non-pulmonary—			
	Glands	2	9	2
	Spine	—	—	—
	Hip	—	2	—
	Other Bones and Joints	—	—	—
Skin	—	—	—	
Other forms	—	1	—	
Nervous System	{ Epilepsy	1	2	—
	Chorea	1	3	—
	Other conditions	27	7	2
Rickets	8	24	—	—
Deformities	91	68	2	—
Thyroid Glands	11	12	1	—
Other Defects and Diseases	68	95	1	1

B.—Number of Individual Children found at Routine 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.	
Code Groups—			
Entrants	5,104	1,161	22·7
Intermediates	3,952	898	22·7
Leavers	4,147	838	20·2
Total (code groups)	13,203	2,897	21·9
Other routine inspections	12	—	—

Table III.—Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
Blind (including partially blind)	(i) Suitable for Training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind	13	4	17
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	(ii) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind	—	—	—
		Attending Public Elementary Schools	1	3	4
		At other Institutions	—	—	—
		At no School or Institution	1	—	1
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	8	16	24
		Attending Public Elementary Schools	1	1	2
		At other Institutions	—	—	—
		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	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	1	1
Mentally Defectives	Feeble-minded (cases not notified to the local Control Authority)	Attending Certified Schools for Mentally Defective Children	77	45	122
		Attending Public Elementary Schools	14	8	22
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
		Feeble-minded	14	7	21
	Notified to the Local Control Authority during the year	Imbeciles	4	4	8
		Idiots	1	1	2

			Boys.	Girls.	Total.		
Epileptics	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics	2	2	4		
		In Institutions other than Certified Special Schools	—	—	—		
		Attending Public Elementary Schools	1	—	1		
Physically Defective	Suffering from epilepsy which is not severe	At no School or Institution	1	1	2		
		Attending Public Elementary Schools	7	2	9		
		At no School or Institution	—	—	—		
	Infectious pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	At other Institutions	—	—	—	
			At no School or Institution	—	1	1	
			At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	10	4	14	
		Non-infectious but active pulmonary and glandular tuberculosis	At Certified Residential Open-air Schools	At Certified Day Open-air Schools	—	—	—
				At Public Elementary Schools	2	4	6
				At other Institutions	—	—	—
			At no School or Institution	At Certified Residential Open-air Schools	13	14	27
				At Certified Day Open-air Schools	—	—	—
				At Public Elementary Schools	615	600	1215
		Delicate children (e.g. pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At other institutions	At no School or Institution	—	—	—
				At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	21	21	42
				At Public Elementary Schools	17	5	22
Active non-pulmonary tuberculosis	At Public Elementary Schools		At other Institutions	—	—	—	
			At no School or Institution	1	—	1	
			At Certified Hospital Schools	—	—	—	
	Crippled children (other than those with active tuberculous disease), e.g. children suffering from paralysis, etc., and including those with severe heart disease		At Certified Residential Cripple Schools	At Certified Day Cripple Schools	4	3	7
				At Public Elementary Schools	—	—	—
			At Public Elementary Schools	At other Institutions	98	76	174
				At no School or Institution	1	2	3

Table IV.—Return of Defects treated during the Year ended 31st December, 1927.

TREATMENT TABLE.

GROUP I. MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE GROUP V).

Defect or Disease.	Number of defects treated or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm—Scalp	12	65	77
Ringworm—Body	—	24	24
Scabies	4	11	15
Impetigo	51	455	506
Other Skin Disease	12	96	108
Minor Eye Defects— (External and other, but excluding cases falling in Group II.)	35	235	270
Minor Ear Defects	16	185	201
Miscellaneous— (e.g. minor injuries, bruises, sores, chilblains, etc.)	157	1358	1515
Total	287	2429	2716

GROUP II. DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I).

Defect or Disease.	Number of defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioners or at hospital, apart from the Authority's Scheme	Otherwise.	Total.
Errors of Refraction (including squint) (Operations for squint should be recorded separately in the body of the Report)	698	—	—	698
Other Defects or Diseases of the eyes (excluding those recorded in Group I)	—	—	—	—
Total	698	—	—	698

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	565
(b) Otherwise	Nil.

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	565
(b) Otherwise	Nil.

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.		
1016	—	1016	—	1016

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist at the following Clinics : *St. Albans, Hatfield, Waltham Cross, Watford, Stevenage, Hitchin Letchworth, and Hertford Dental Clinics (County Council).*

Routine Age Groups	2,909
Specials	1685
Grand Total	<u>4,594</u>

(b) Found to require treatment 3,397

(c) Actually treated 2,671

(2) Half-days devoted to . { Inspections 13 } Total 445
 { Treatment 432 }

(3) Attendances made by children for treatment 4,855

(4) Fillings { Permanent Teeth 807 } Total 1,035
 { Temporary Teeth 328 }

(5) Extractions { Permanent Teeth 1,017 } Total 7,766
 { Temporary Teeth 6,749 }

(6) Administration of general anæsthetics for Extractions 1,017

(7) Other Operations { Permanent Teeth 199 } Total 257
 { Temporary Teeth 58 }

Welwyn, Welwyn Garden City, and Harpenden Voluntary Clinics, 1927.

(1) Number of Children who were :—

(a) { Routine Inspections 167
 { Special Inspections 313

Total 480

(b) Found to require treatment 431

(c) Actually treated 386

(2) Half-days devoted to .	{ Inspections 3 Treatment 60 }	Total	63
(3) Attendances made by children for treatment			585
(4) Fillings	{ Permanent Teeth 75 Temporary Teeth 77 }	Total	152
(5) Extractions	{ Permanent Teeth 183 Temporary Teeth 849 }	Total	1,032
(6) Administrations of general anæsthetics			214
(7) Other operations	{ Permanent Teeth 28 Temporary Teeth 1 }	Total	29

Dental Surgeons in *Bishop's Stortford, Royston, and Tring, 1927.*

(1) Number of Children who are :—

(a) { Routine Inspections		1,032
{ Special Inspections		54
Total		1,086
(b) Found to require treatment		917
(c) Actually treated		498

(2) Half-days devoted to .	{ Inspections 21 Treatment 67 }	Total	88
(3) Attendances made by children for treatment			716
(4) Fillings	{ Permanent Teeth 104 Temporary Teeth 108 }	Total	212
(5) Extractions	{ Permanent Teeth 240 Temporary Teeth 1,363 }	Total	1,603
(6) Administrations of general anæsthetics			105
(7) Other Operations	{ Permanent Teeth 2 Temporary Teeth 63 }	Total	65

1. Number of children who were inspected during the year at Schools outside the Clinic Areas :—

Kingsmead School, Hertford.

Inspected	118
Treated	37
Administrations of nitrous-oxide	41

Widford.

Inspected	63
Requiring treatment	48

Total number inspected 181

Total number found to require treatment 85

Total number treated 41

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses	15
(ii) Total number of examinations of children in the Schools by the School Nurses (includes examinations and re-examinations)	235,146
(iii) Number of individual children found unclean but not verminous	1,607
(iv) Number of individual children found verminous	325
(v) Number of times children have been cleansed and re-cleansed under arrangements made by the Local Education Authority	2,734
(vi) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921	Nil
(b) Under School Attendance Bye-laws	Nil

