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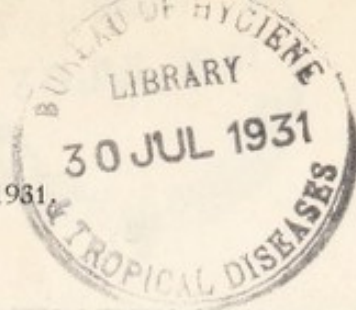
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HERTFORDSHIRE COUNTY COUNCIL.

ANNUAL REPORT

ON

SCHOOL HEALTH

(TWENTY-THIRD)

CONCERNING PUBLIC ELEMENTARY SCHOOLS IN

HERTFORDSHIRE

RELATING TO THE YEAR

1930

BY

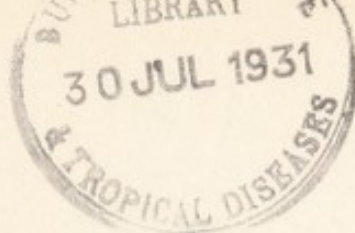
H. HYSLOP THOMSON,

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.

- * **BALLANCE, A. C., B.Ch.** ... Hatfield Rural.
Westfield, Hatfield.
- * **BARKER, A., B.Ch.,** Sawbridgeworth Urban and Hadham Rural
Manor House, Much Hadham. (part of).§
- * **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).||
- * **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.
- * **HARDIE, C. F., M.A., M.B.,** Barnet Urban and Barnet Rural.
L.R.C.P.
Highfield, Wood Street, Barnet.
- * **HARVEY, W., M.D., D.P.H.,** Bushey and Chorleywood Urban, Watford
Council Offices, Bushey. Rural.
- * **HINE, A. L., L.R.C.P., M.R.C.S.,** National Children's Home School.
Kirkwick Avenue, Harpenden.
- * **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.
*The Gables, New House Park
Gardens, St. Albans.*
- * **ROSE, A., M.A., M.B., Ch.B.** ... East Barnet Valley Urban.
*Cranbourne House, Station Road,
New Barnet.*
- * **SUGGIT, B., M.B., C.H.B.** ... Baldock Urban.
Baldock.
- * **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. Barker, rest of Hadham R.D. under Dr. Wigfield.

|| Great Munden, Little Munden, Puckeridge C.E., Puckeridge R.C., and Standon under Dr. Wigfield, 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.

Annual Report on School Health.

CHAPTER I.—ADMINISTRATION.

The following Report, which is the twenty-third 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 estimated population and the average number of children on the books in the Urban and Rural Districts. The estimated population for the county for 1929 was 384,100. The figures relating to the population for 1930 have not yet been received from the Registrar-General. The average number of children on the books was 42,141, compared with 41,800 for the previous year, showing an increase of 341.

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 for the most part visits and inspections in excess of what are actually required have been made indicating that the work of school medical inspection has been carried out in an efficient manner during the year.

TABLE I.—Areas of Assistant School Medical Officers.

Districts.	Acreage.	Estimated Population, 1929.	Average Number of Children on Books.	Assistant School Medical Officer.
<i>Urban.</i>				
1 Baldock . . .	362	3,017	339	Suggit, B.
2 Barnet . . .	3,114	14,220	1,525	Hardie, C. F.
3 Berkhamstead . . .	1,208	7,747	767	Gross, M.
4 Bishop's Stortford . . .	3,371	9,730	962	Dunn, R. D.
5 Bushey . . .	3,081	10,260	891	Harvey, W.
6 Cheshunt . . .	8,479	14,540	1,963	McClymont, J.
7 Chorleywood . . .	1,989	3,192	187	Harvey, W.
8 East Barnet Valley . . .	2,644	16,060	1,671	Rose, A.
9 Harpenden . . .	1,633	8,001	874	{ Fraser, H.
10 Hemel Hempstead . . .	7,184	15,070	—	{ Hine, A. L.
11 Hertford . . .	1,501	11,770	1,358	Dunn, R. A.
12 Hitchin . . .	3,675	13,710	1,624	Macfadyen, N.
13 Hoddesdon . . .	1,576	5,630	940	Dunn, R. A.
14 Letchworth . . .	3,652	13,200	1,817	Macfadyen, N.
15 Rickmansworth . . .	2,790	9,686	993	Clarke, A. E.
16 Royston . . .	1,003	3,828	402	Macfadyen, N.
17 St. Albans . . .	2,703	26,610	3,220	Paton, R. R. K.
18 Sawbridgeworth . . .	2,678	2,579	401	Barker, A.
19 Stevenage . . .	4,545	5,657	577	Grosvenor, A. A.
20 Tring . . .	4,407	4,220	497	Gross, M.
21 Ware . . .	629	6,229	897	Dunn, R. A.
22 Watford . . .	2,238	54,670	6,520	{ Buchanan, J.
23 Welwyn Garden City . . .		8,074	1,070	{ Cox, W. J.
				Grattan, H. W.
Total Urban . . .	64,462	268,700	29,495	
<i>Rural.</i>				
1 Ashwell . . .	22,049	3,529	399	Macfadyen, N.
2 Barnet . . .	9,216	5,497	593	Hardie, C. F.
3 Berkhamstead . . .	18,383	5,088	580	Gross, M.
4 Buntingford . . .	28,470	4,785	627	Wigfield, F. P.
5 Hadham . . .	25,468	5,417	627	{ " " " "
6 Hatfield . . .	23,486	10,310	1,388	Ballance, A. C.
7 Hemel Hempstead . . .	19,994	7,965	1,054	Gross, M.
8 Hertford . . .	33,468	7,523	960	Dunn, R. A.
9 Hitchin . . .	55,174	14,320	2,031	Macfadyen, N.
10 St. Albans . . .	37,066	18,290	1,499	Paton, R. R. K.
11 Ware . . .	33,953	11,710	1,328	{ Dunn, R. A.
12 Watford . . .	26,854	17,470	1,181	{ Wigfield, F. P.
13 Welwyn . . .	6,480	3,496	379	{ Harvey, W.
				Grattan, H. W.
Total Rural . . .	340,061	115,400	12,646	
Total for County . . .	404,523	384,100	42,141	

NOTE.—Owing to the census there has been delay in obtaining information regarding the population of the country districts.

TABLE II.—Medical Inspection and Visits, 1930.

	(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. Ballance . . .	10	1,388	427	396	30	33
Dr. Barker . . .	6	539	166	233	18	18
Dr. Buchanan . . .	4	3,065	943	1,139	12	44
Dr. Clarke . . .	4	993	306	247	12	11
Dr. Cox . . .	8	3,455	1,063	1,067	24	47
Dr. Dunn . . .	45	6,156	1,894	1,947	135	143
Dr. Fraser . . .	3	687	212	193	9	13
Dr. Grattan . . .	6	1,449	446	564	18	56
Dr. Gross . . .	23	2,898	892	940	69	83
Dr. Grosvenor . . .	2	577	178	196	6	8
Dr. Hardie . . .	10	2,118	652	653	30	55
Dr. Harvey . . .	15	2,259	695	711	45	37
Dr. Hine . . .	1	187	58	81	3	2
Dr. Macfadyen . . .	46	6,273	1,930	1,746	138	179
Dr. McClymont . . .	10	1,963	604	626	30	31
Dr. Paton . . .	23	4,719	1,452	1,305	69	85
Dr. Rose . . .	6	1,671	512	545	18	22
Dr. Suggit . . .	2	339	102	115	6	11
Dr. Wigfield . . .	22	1,405	432	505	66	71
Totals . . .	246	42,141	12,964	13,209	738	949

The children detailed for inspection during 1930 were :—

- (a) those newly admitted to school life,
- (b) those born in the year 1922,
- (c) those born in the year 1918,
- (d) those not previously inspected and known to be about to leave school.

TABLE III.—Inspections, Refusals, and Presence of Parents, 1930

Sex.	District.	Inspections.			Total.	Refusals.	Percentage.	Parents present.	Percentage.*
		Entrants.	Born in 1922.	Born in 1918 and Leavers.					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Boys	Urban . . .	1628	1815	1227	4670	1	·02	881	54·1
	Rural . . .	711	775	537	2023	3	·1	259	36·4
	Urban and Rural	2339	2590	1764	6693	4	·06	1140	48·7
Girls	Urban . . .	1610	1800	1187	4597	—	—	868	53·9
	Rural . . .	628	777	514	1919	1	·05	239	38·0
	Urban and Rural	2238	2577	1701	6516	1	·01	1107	49·5
Boys and Girls	Urban . . .	3238	3615	2414	9267	1	·01	1749	54·01
	Rural . . .	1339	1552	1051	3942	4	·1	498	37·2
	Urban and Rural	4577	5167	3465	13209	5	·04	2247	49·1

* 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 5 refusals during the year, as compared with none last year. The percentage of parents present at the medical inspections was 49·1 compared with 46·0 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. In the present chapter extracts from the reports received from the Assistant School Medical Officers are given.

Dr. Rose (Barnet).

The chief defects, as in former years, were of teeth, tonsils, and adenoids and cervical glands. These defects are now systematically dealt with at the East Barnet Dental Clinic and at the Barnet Cottage Hospital. Every suspicious case of bronchitis or defective nutrition is referred to Dr. Ford for examination. Parents are now realizing the advantage of early and prompt treatment of defects and the children benefit accordingly. Every year one can easily note the steady improvement that is taking place in general health and physique among the school children of this area.

Dr. Dunn (Hertford).

The usual routine inspections, three to each school, have been carried out. The total number of children examined was 46 less than those in 1929, namely 1,932 as compared with 1,978. This is the lowest number since 1924. One of the years chosen for examination was 1917, and this, it will be remembered, was a year with a very low birth-rate. It would appear from the capitation fee that the total number of children on the books has slightly increased.

During the year a new County Council school was opened at Burford Street, Hoddesdon. This accommodates the "over-elevens" of the district. As a result the Hoddesdon High Street County Council school and the buildings which accommodated the Hoddesdon Church of England boys were closed down. Both these schools were antiquated and unsuitable. The erection of a new school for Broxbourne is nearing completion, and will be opened early in the new year.

School closure was recommended in only two cases, viz. at Bramfield and Datchworth, on account of a widely spread epidemic of measles in October and November. Certificates for falling below 60 per cent. were also issued for the above two schools and for an outbreak, also of measles, at Christ Church School, Ware, in May.

The attendance of mothers was about the average, but it varies considerably at different schools.

The "following up" of defects by the nurses continues to be satisfactory. Most of the defects noted received treatment, but there is still difficulty in the Rural schools in getting dental treatment carried out. Much useful work might be done for minor defects if school clinics were available.

I continue to find a fair number of "lazy eyes"—by which I mean children who have normal sight in one eye which they use to the exclusion of the other; this latter then deteriorates from disuse. It is doubtful if these children will ever regain binocular vision, however carefully the error of the faulty eye is corrected, even if it is regularly exercised by wearing a patch over the good eye.

Dr. Macfayden (Letchworth).

The past year has been noticeable for the introduction of milk into the schools. The form in which it is given is attractive to the children and is a distinct factor in the success of the scheme. Many children who are said not to be able to take milk at home, take it in the schools. They are encouraged by the example of others, and the fact that they have ceased to be an interesting phenomenon at home. Wherever possible I have encouraged the use of the best standards of milk, as I think that this is a duty incumbent on the authorities who have introduced the milk.

The very marked improvement which has resulted in the physique of some of the children would suggest that they are systematically starved of some vital factor in their diet.

The cleanliness and health of the children have improved, but measles has played havoc with the attendance in some of the schools. Measles, whooping cough, and mumps have followed each other to the detriment of the health of the children, and I believe that early class closure would be sometimes a great help in preventing the spread of the disease.

There has been a diminution in the number of children presented for examination this year.

Dr. Cox (Watford).

In all, 1,067 children were examined in the course of routine inspection. Of these 1,067 children 390 (or 36 per cent.) were found to be suffering from defects which required medical treatment. Altogether the 390 children were suffering from 448 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 majority of cases treatment was obtained promptly by the parents, on, or shortly after, receiving notification of the defect from the medical inspector.

The following table gives a list of ailments for which parents were advised to obtain treatment either at the hands of their family doctor, or at the Dental Clinic, or in the case of enlarged tonsils, by operative or other treatment by the staff of the Peace Memorial Hospital or their own medical attendant. The results of this procedure are also shown in the table. In addition advice was given in many instances to parents attending the inspections with regard to functional heart disease, anaemia, poor nutrition, and various minor ailments

<i>Disease.</i>	<i>Number of children affected.</i>	<i>Number treated.</i>	<i>Under treatment.</i>	<i>No action taken by parents.</i>
Carious Teeth	249	202	39	8
Tonsils and Adenoids	109	102	6	1
Defective Vision	85	79	6	1
Orthopaedic Cases	4	2	2	—

The above table indicates that the response of the parents to notices about the defects found was a 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 reiterate the advice given to the parent at the inspection, also in some cases she has required to use argument and persuasion so that parents might see the need for treatment. It is very evident, however, that very few parents are defaulters in the matter of obtaining treatment for their children. The majority of parents are only too anxious to obtain treatment when once the necessity for it has been pointed out. The old attitude of resentment of medical inspection which at one time was occasionally manifested appears to have practically died out. In this connection 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.

The Special School for mentally defective children continues its good work very much on the same lines as in past years. In the summer months work on the school allotment is a very useful feature in the school's curriculum. In the winter the football team distinguishes itself in matches with other schools, and it has been found possible to turn this feature to good account in one case in particular, where a boy has been given the chance of becoming a professional footballer. Boxing has also been taken up by the boys with great zest and apparently with beneficial results to their physique and morale. Music, drawing, and various handicrafts are also taught in the school with much success. In addition to the pupil who a year or two ago became a draughtsman and was able to obtain a good post through training received in the school, another boy has made such progress as a vocalist and pianist that he seems likely to become self-supporting.

Opportunity is given at this school for the development of any latent ability in the various pupils and the mistresses are at great pains to discover in what direction it is possible to give training which will fit a particular child for earning his living. In addition pupils are guided by help and advice after leaving the school.

These facts should be an encouragement to parents of mentally defective children to seek for their admission to the school, as some indeed do. Other parents, however, are unable to realize that it is for the child's benefit to attend the school, but this is a short-sighted policy. The mentally defective child stands little chance in competition with his normal fellows in a large class at an ordinary school. Usually he is more likely to succeed in acquiring some rudiments of education in a smaller school where special attention can be given to his case. The highest praise is due to the Misses Schulze for their unremitting attention to a difficult work. It is hoped that head teachers will assist the work by bringing forward cases for examination where it is thought that a child will benefit from admission to the Special School.

Dr. Buchanan (Watford).

In the course of medical inspection I found two children with lateral spinal curvature, one with flat foot, and ten with

knock knee. It is interesting to note that there were no cases of bowleg. All the cases of knock knee were of a mild character and all are likely to yield to treatment of a non-operative kind. It is noteworthy that the cases occurred in stout heavy children, thus showing that excessive weight of body is a contributory cause of this complaint.

Six of the bone cases were treated at the Massage Clinic. We are particularly fortunate in having this well-equipped and excellently staffed Clinic in Watford; the amount of good it is doing is very great.

Systematic instruction in hygiene is given in all the senior schools as a special subject. Teachers appear to differ in their methods: (a) Weekly lessons of thirty minutes each. (b) Lessons once a month. (c) Weekly lessons are given in one term for each year of the three years course. This averages 40 lessons in three years.

In the Junior departments instruction is given incidentally as occasion arises. No doubt these occasions arise daily but I consider that regular lessons would be advisable as well. Children of over five years of age are capable of benefiting from systematic instruction in cleanly personal habits.

Great credit is due to the teachers for the encouragement they give to self-respect and good habits and to the standard of personal hygiene which they set before the children, the result of which is seen in the healthier atmosphere of the schools and in the growing refinement of the children.

The number of cases of rheumatic heart disease continues to show improvement. The following is a copy of some observations which I made on this subject and gave to the teachers; I suggested that they should be used as a dictation exercise so that each child might take home a copy.

“Rheumatism and its allies, Rheumatic Fever, Heart Disease, and Chorea (St. Vitus' Dance), have a great tendency to run in families—i.e., are hereditary.

“In the case of children under twelve the rheumatic poison is more prone to affect the heart than the joints. The illness is often mistaken for a common cold, while permanent injury is done to the heart.

“The children of rheumatic parents should avoid wearing wet or damp clothing. They should not reside in damp houses or underground basements. It is important that septic teeth and tonsils should receive attention.

“What are called ‘growing pains’ in the muscles and joints are often an indication of rheumatism in the system.

Frequent attacks of tonsilitis or sore throat may be caused by rheumatic poison.

“ St. Vitus’ Dance is caused by the rheumatic poison acting on the brain. It is often preceded by excessive fidgetiness, nervousness, twitching, mental dullness, and lassitude.

“ Rheumatism is a complaint which is likely to recur.”

Dr. Wigfield (Puckeridge).

From the health point of view 1930 was a good year and the general immunity of the people from serious illness was reflected in the state of affairs manifested by the inspection of school children. The percentage of defects was less than in the previous year and well below the county average for 1929.

Epidemic disease has been much less troublesome than in the preceding year—measles and diphtheria each accounting for the temporary closure of one school.

Cases of dirt and neglect have shown a satisfactory decline, and where it has been necessary to draw attention to uncleanliness the instances have been recrudescences in families whose names appear repeatedly in the “ Exclusion ” book.

The outstanding feature of this year has been the establishment of the long desired dental clinic in the locality. Buntingford was a beginning, but 1930 saw the extension of the dental facilities to Puckeridge and Bishop’s Stortford and at both centres a great deal of valuable work, which will doubtless receive due mention elsewhere in the County report, has been done. Though distrust of new ideas is frequently obvious in rural populations one has encountered much less difficulty than might have been expected in persuading parents to take advantage of the dental attention now brought within the reach of their children. The full effects of the systematic examination and the treatment afforded will not be seen until it has been in operation long enough to cover a complete generation of school children, but no one doubts either the present value or the ultimate result.

Dr. McClymont (Cheshunt).

There is little of note to report from my examination of scholars and schools at Cheshunt for the year 1930. The year has been a healthy one on the whole. There has been some absenteeism due to catarrh, chicken pox, and measles; the two latter were specially reported by teachers and doctors. Several

cases of chicken pox I picked out for personal visits, knowing the parish and people as I do. The measles epidemic was a mild one, occurring almost entirely amongst young previously unaffected children (5 to 7 years). The schools were never closed.

A morning milk ration has become fairly general, with the exception of two schools in the poorer districts. The dress cleanliness and physique of the children are good. The sanitary condition of the schools is good, with the exception of the washing accommodation at the school at Waltham New Town, to which attention has been called. The considerable numbers of houses built at Goffs Oak (about 80) calls definitely for an enlargement of the school and staff there.

Dr. Balance (Hatfield).

The result of the School Inspections showed that a very large percentage of the defects were remedied and only in a few cases was treatment refused. There is a distinct improvement in the general clothing and cleanliness of the children, with the exception of certain families, and in the case of most of these poverty and a large number of children of school age explain the condition.

With the exception of one school I always found the preparations and arrangements adequate and the Headmaster and Nurse interested in the medical welfare of the children.

Cases followed up at the Minor Ailment Clinic attended regularly.

On the whole there were fewer defects in the first age group than in previous years, but little change in the other two age-groups.

Dr. Gross (Hemel Hempstead).

Out of a total of 938 children examined at routine medical inspections 351 were found to have defects. That is 37.4 per cent. had defects as compared with 38 per cent. in the previous year. These defects were exclusive of dental defects.

Twenty-six children have been recorded as showing definitely subnormal nutrition, 4 as showing definite signs of rickets, and 4 as being anaemic, making a total of 34. No marked change is noted in regard to the general standard of nutrition of children in the district.

The correct recording of the standard of nutrition at school medical inspection is not a simple matter. No doubt

the correct way would be to have in one's mind's eye the picture of a child of good nutrition and to mark all children who do not come up to this standard as subnormal. There are, however, one or two disturbing factors in this procedure. When one works for some time in the same district one begins to find oneself calling normal nutrition the standard which the children in that particular district on the average attain and this may be a very different standard to what should be hoped for.

Broadly speaking I am of opinion that the general standard of nutrition of children in this district is definitely below the standard which should be hoped for. The cases recorded as subnormal are therefore definitely so.

A welcome feature in connection with any endeavour to improve the general standard is the increasing habit of supplying children with milk at school in the middle of the morning. The usual amount taken is a third of a pint which is supplied in bottles and usually extracted through straws.

The question also arises as to how far the subnormal nutrition of children is due rather to faulty food absorption rather than to sheer lack of food and in this connection it might be of some interest to supply some children with a regular daily dose of Vitamin-containing food at school and to note the results. The unstable and incomplete knowledge of vitamins renders the choice of materials to be used somewhat problematical, but I would suggest that Cod Liver Oil plus Marmite or Bemax (one of the latter for vitamin B) should be comprehensive. The use of "control" children would, of course, be desirable.

Fifty-five cases of heart affections were found and of these 9, or 16 per cent., had organic heart disease. In cases of organic disease the school activities of children were restricted where considered advisable by me and parents were informed of the presence of the defect.

Nineteen cases of deformity have been recorded; the majority of these were chest deformities, but there were also recorded 3 cases of flat foot and one of wryneck. Where considered necessary certificates were issued for the appropriate centre. Notes received from the Orthopaedic Centres would be more handy if the name of the school which the child attends were inserted.

It is gratifying to find the interest which parents and teachers often evince in medical inspection. Advice is usually well received. Nurses generally in this district are very helpful and, I think, responsible for much remedying of defects.

Dr. Grattan (Welwyn Garden City).

The health of the pupils has been good. There were, however, outbreaks of measles and chickenpox early in the spring.

Of the seven cases of diphtheria notified in the district during the year, five (including one "carrier") occurred amongst school children. Three of the cases attended Handside Senior School, two of the patients being sisters who attended different classes—1 B and 2 B. A nasal "carrier" (the third case) was detected among the pupils of class 1 B, and was believed to be the source of the infection.

The other two cases among pupils occurred in Peartree School in classes 7 and 8.

Peartree School was closed on account of measles from the 4th to the 16th of March and the Infants' Class in the same school was not re-opened until a week later.

A proposal was made to include measles and whooping cough among the notifiable diseases, but the necessary sanction was not obtained.

The question of the control of those infectious illnesses which are not usually notifiable was considered by the Local Education Committee and a conference was held with the School Managers, certain members of the Health Council, the Head Teachers, and the School Nurses.

A scheme was devised for ascertaining the names and addresses of pupils who were absent from school on account of suspected infectious illness. A book was compiled and issued to each school, which has resulted in producing the necessary information with the minimum of trouble to the teaching staff. I have ventured to give details which might be useful to others.

The Head Teacher sends the information thus obtained to the District Medical Officer of Health, and Assistant School Medical Officer, while the book with the duplicate page is kept at the school for the information of the school Nurse.

On receipt of the particulars of the absentees the Medical Officer sends a circular letter to the parents with an appropriate leaflet in the case of measles, whooping cough, and influenza.

In the case of absence on account of sore throat, a letter is sent to the parents to advise them to consult a doctor if they have not already done so, as sore throats may be a symptom of scarlet fever, diphtheria, rheumatism, or rheumatic fever.

Cases of measles which required medical attention were brought to notice by the above system of notification and the

results achieved by means of the circular letters were encouraging.

As regards schools in the Welwyn Rural District Dr. Grattan reports :—

The health of the pupils has been good and there has been very little illness of an infectious nature. Only three notifications of scarlet fever and one of diphtheria were received in the whole district during the year under review. Of these only one case of scarlet fever occurred among pupils of elementary schools (Ayot St. Peter).

Pupils over 11 years of age from Ayot St. Lawrence, Ayot St. Peter, and Woolmer Green now attend Welwyn School, where there are ample facilities for instruction in woodworking, cooking, laundry work, and science.

Mid-day meals were provided at Welwyn School at the commencement of the summer term and have been a great boon.

An average of about 50 two-course hot meals are served daily at a cost of about three pence. A considerable amount of fresh vegetables are provided free from the school garden.

The standard of cooking in the homes of all classes is low in this country as compared with some other European countries. There is widespread want of knowledge of the principles of elementary cooking in the homes of many of the working classes.

Of all the measures which have been adopted to raise the physical standard of the nation the teaching of cooking and the provision of hot meals for pupils in elementary schools are of the first importance.

Various improvements have been carried out in Ayot St. Peter's School. Hopper windows have been fitted and better arrangements for heating the schoolroom have been provided by the installation of a large "tortoise" stove in place of the small open fireplace.

A new ablution room has been built and pupils can now wash under cover. A hot mid-day meal is provided at a small charge and has proved to be most popular. The parents of seventeen of the nineteen pupils on the books contribute to the scheme which was started on the 1st of October.

Dr. Hardie (Barnet).

I have been inspecting school children for twenty years, and this year I have been comparing the condition of the children and the attitude of the parents and teachers towards the School Medical Officer with their attitude twenty years ago.

In 1910 as regards the cleanliness of the children, nits and dirty heads were very common, while tonsils and adenoids, defective vision and teeth were with difficulty treated. Parents attended badly and often resented the inspection. Teachers were in some cases unaccustomed to the work, and had not appreciated its value. Special cases were rare, and the School Medical Officer was tolerated rather than welcomed.

In 1930 the children were clean and well fed; nits and dirty heads were very rare. Defects were rapidly dealt with, and it was appreciated that a sick child is difficult to teach and that money spent in curing defects is a real economy. Parents attended very well and appeared to appreciate very much what is being done. Teachers were most helpful and their sympathetic attitude was of great value.

During my routine inspection it is a growing custom for special cases, i.e. children not due for routine inspection, to be brought forward for examination as to possible defects. I think it most important to encourage teachers and parents to seek inspection early in doubtful cases and not to wait for routine inspection. Anaemia appeared to be more prevalent than usual, children suffering from this condition being languid and having poor appetites.

Tonsils and adenoids have been very well dealt with. All tonsils were enucleated and the improvement in the mental and physical condition has been very marked in many cases. Middle ear disease and mastoid disease are getting rarer, despite the prevalence in the district of many streptococcal throats. The dental clinic is a very great asset to the district of Barnet, and is greatly appreciated by the parents and will be later by the children. The organizing of games and physical exercises does much to improve the physique and health of the children and is of real benefit to them.

Dr. R. Paton (St. Albans).

There was in spring a severe epidemic of measles throughout the whole district and the attendance, especially in the infant departments, was seriously depleted, and in late autumn an epidemic of mumps started, which involved not only the more senior classes but also the teaching staffs of the schools. I am of opinion that some of the older schools do not come up to modern requirements, especially Christ Church, the Abbey Schools, and St. Michael's Schools. but would not urge further expenditure at the present juncture. The Abbey Managers have in hand a plan for a new school in the outskirts of the

City. I suggest that new test type cards be issued to the schools as the white backgrounds of the cards is no longer white and a blurred effect is present especially at the most used part of the cards.

As regards the schools in St. Albans Rural District, Dr. Paton reports :—

An epidemic of measles occurred during the early summer and Sandridge School was closed as also was Gustard Wood. These epidemics appear to follow those of the City and are more likely to occur in future owing to the increasing travel facilities to and from the villages.

The standard of cleanliness is improving in the rural schools, but there is still evidence of belief in the old Arab proverb : " A handful of life is the sign of a generous mind." The action of master, nurse, and attendance officer has been nullified by that of the Magisterial Bench with special reference to cases at Sandridge.

The collection of excreta and the treatment of it remain a difficulty in some areas. Redbourn is especially bad in this respect. At the boys' school the Managers have received permission to enter the nearest district cesspool, but no action has been taken so far to put the work in hand. At the other school a cesspool does exist and is connected with the urinal. The emptying of this cesspool has been neglected, but instructions have been issued and this is now being carried out regularly. Defective pails have been renewed where necessary. At Colney Heath School the cesspool adjoining the school requires very frequent emptying owing to the high level of the subsoil water. Every endeavour is made to prevent nuisance when this work is being carried out.

Dr. Grosvenor (Stevenage).

Stevenage C.C. School.—The buildings of these schools and the offices are satisfactory. The children I have examined are, as a rule, healthy, faulty teeth and adenoids being the chief defects. With few exceptions the boys are well clothed and shod.

Stevenage C.E. School.—These buildings are old-fashioned, but have in recent years been much improved by alterations in windows, door-ways, and office accommodation. The children, both girls and infants, are in nearly every case very well clothed, and also have good boots. Faulty teeth and adenoids and a few cases of imperfect vision are the chief defects.

Dr. Barker (Sawbridgeworth).

During the routine inspections and examinations of the past year nothing of great note has occurred. The standard of cleanliness is fairly high, and the cases of poor clothing and ill-nourishment have been confined to those children who come from homes where there are large families.

I have met with very few instances where treatment recommended has not been carried out. The better arrangements for dental attention are beginning to show some results, and I consider that this is a very important part of these examinations. The teachers should be urged to impress upon the children that the regular cleaning of the teeth is of the utmost value.

Dr. A. L. Hine (National Children's Home School, Harpenden).

Throughout the year the general health of the children has been good, no epidemics. On 9th December I made an inspection of the premises and found everything in good order as far as the schools were concerned, save that in one or two classrooms there are some old, out-of-date desks which require replacing by more modern ones. The surface of the playground is very rough and uneven and is a frequent source of falls on the part of the children during play hours and should be attended to.

Dr. A. E. Clarke (Rickmansworth Urban).

Dr. Clarke submits the following particulars as to the effect of milk on the nutrition of a number of school children:—

No milk. 19 children.

Average gain in height, .605 inches.

Average loss in weight, 2.84 ounces.

Six children gained in weight; total gain, 5 lb. 4 oz.

Nine children lost weight; total loss, 8 lb. 8 oz.

Four children remained stationary.

Grade A milk. One-third pint daily. 29 children; 4 did not complete term.

Average gain in height, .610 inches.

Average gain in weight, 6.88 ounces.

14 children gained in weight; total gain, 16 lb.

8 children lost weight; total loss, 5 lb. 4 oz.

3 children remained stationary.

Irradiated milk. One-third pint daily. 30 children ; one did not complete experiment.

Average gain in height, .741 inches.

Average gain in weight, 8.06 ounces.

17 children gained in weight ; total gain, 24 lb. 6 oz.

11 children lost weight ; total loss, 9 lb. 12 oz.

1 child remained stationary.

The experiment was not of course scientifically carried out, the children being weighed in their clothes. The teacher points out that the children were wearing much thinner clothes at the end of the term than at the beginning. All the children were about the same age and were chosen indiscriminately.

CHAPTER III.—PHYSICAL RECORDS AND DEFECTS.

The number of children inspected during 1930 was 13,209, compared with 13,694 for the previous year ; this includes 104 special inspections. The average number of children on the books was more than last year, being 42,141, compared with 41,800. The number of schools included in the scheme of inspection was 246, compared with 247 last year. There has been no change in the system adopted for recording the results of inspection.

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 4,338, compared with 4,981, or 32·8 per cent., as against 36·4. The number of directions given with a view to the treatment or correction of minor ailments and defects was 5,910, compared with 6,790 last year.

Table V gives particulars of the various defects found in the course of the medical inspection of 13,209 children and of the numbers referred for treatment and requiring to be kept under

TABLE IV.—Defects and Directions, 1930.

Sex.	District.	Total In- spections.	Defects for which directions were given.			
			Number of children requir- ing Directions.	Percentage.	Number of Directions given.	Percentage.
Boys	Urban	4670	1451	31·1	1952	41·8
	Rural	2023	767	37·9	1114	55·1
	Urban and Rural .	6693	2218	33·0	3066	45·8
Girls	Urban	4597	1424	31·0	1868	40·6
	Rural	1919	696	36·3	976	50·9
	Urban and Rural .	6516	2120	32·5	2844	43·6
Boys and Girls	Urban	9267	2875	31·0	3820	41·2
	Rural	3942	1453	37·1	2090	53·0
	Urban and Rural .	13209	*4338	32·8	*5910	44·7

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

observation. The defects for which treatment was most frequently required were dental disease, 20·1 per cent. compared with 22·6 per cent. last year; defective vision, 3·6 per cent. compared with 3·7 last year; enlarged tonsils, 7·7, compared with 8·0 last year, non-tuberculous cervical glands, 1·4 per cent., compared with 2·3 last year; and enlarged tonsils and adenoids, 3·8 per cent. compared with 4·5 per cent. last year.

TABLE V.—Return of Defects found in the course of the Medical Inspection of 13,209 children in 1930.

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	62	297	43	275	105	572	.8	4.3
	Uncleanliness—								
	Head	22	45	77	113	99	158	.7	1.2
	Body	60	121	43	62	103	183	.8	1.4
Skin	Ringworm—								
	Head	—	—	1	—	1	—	.01	—
	Body	2	1	1	—	3	1	.02	.01
	Scabies	3	2	5	—	8	2	.06	.01
	Impetigo	13	21	8	6	21	27	.2	.2
	Other Diseases	15	15	12	9	27	24	.2	.2
Eye	Blepharitis	26	13	20	19	46	32	.3	.2
	Conjunctivitis	6	6	2	8	8	14	.06	.1
	Keratitis	—	—	—	—	—	—	—	—
	Corneal Opacities	1	—	—	—	1	—	.01	—
	Defective Vision	235	212	240	259	475	471	3.6	3.6
	Squint	71	49	79	40	150	89	1.1	.7
	Other Conditions	1	14	8	4	9	18	.07	.1
Ear	Defective Hearing	15	33	15	28	30	61	.2	.5
	Otitis Media	4	8	6	15	10	23	.07	.2
	Other Ear Diseases	15	7	11	21	26	28	.2	.2
Nose and Throat	Enlarged Tonsils	511	767	509	784	1020	1551	7.7	11.7
	Adenoids	46	62	40	57	86	119	.6	.9
	Enlarged Tonsils and Adenoids	281	206	220	174	501	380	3.8	2.9
	Other Conditions	—	—	—	—	—	—	—	—
	Enlarged Cervical Glands (non-tuberculous)	114	501	69	371	183	872	1.4	6.6
	Defective Speech	9	40	6	15	15	55	.1	.4
	Teeth—Dental Diseases	1342	1125	1317	1036	2659	2161	20.1	16.4
Heart and circulation	Heart Disease								
	Organic	2	17	1	13	3	30	.02	.2
	Functional	32	76	26	60	58	136	.4	1.0
	Anæmia	13	34	12	23	25	57	.2	.4
Lungs	Bronchitis	—	6	2	9	2	15	.01	.1
	Other Non-Tuberculous Diseases	39	23	24	9	63	32	.5	.2
Tuberculosis	Pulmonary—								
	Definite	4	2	3	3	7	5	.05	.04
	Suspected	1	—	1	—	2	—	.01	—
	Non-pulmonary—								
	Glands	4	5	4	5	8	10	.06	.07
	Spine	—	1	—	—	—	1	—	.01
	Hip	—	—	1	—	1	—	.01	—
Other Bones and Joints	—	—	—	—	—	—	—	—	
	Skin	1	—	—	—	1	—	.01	—
	Other Forms	—	—	—	1	—	1	—	.01
Nervous System	Epilepsy	1	7	—	2	1	9	.01	.07
	Chorea	—	5	—	2	—	7	—	.05
	Other Conditions	3	10	9	7	12	17	.1	.1
	Rickets	5	22	1	6	6	28	.04	.2
	Deformities	43	46	31	31	74	77	.6	.6
	Thyroid Glands	3	1	13	8	16	9	.1	.07
	Other Defects and Diseases	57	44	48	31	105	75	.8	.6

Closure of Schools.—Schools were closed on 28 occasions during 1930, compared with 57 occasions during 1929. The chief causes of school closure during 1930 were measles 18, compared with 12 occasions last year; diphtheria 4 occasions; and scarlet fever 2 occasions.

In the memorandum which has been referred to in previous reports the Board of Education emphasizes the fact that "if

TABLE VI.—Closure of Schools during 1930.

	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*	—	—	—	—	—	—	—	5
Rural	8†	1	—	3	1	—	2‡	—	15
No. of Re-closures—									
Urban	3	—	—	—	—	—	—	—	3
Rural	2	1	—	1	—	—	1	—	5
Total : Urban	8	—	—	—	—	—	—	—	8
Rural	10	2	—	4	1	—	3	—	20
All in 1929	18	2	—	4	1	—	3	—	28

* Includes 1 Measles and Whooping-cough.

† „ 1 Measles, Mumps and Scarlet Fever.

‡ „ 1 Mumps and Measles.

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.

Prevention of Infectious Disease.—In last year's report special reference was made to the steps which should be taken with a view to the prevention of the spread of infectious diseases in schools, and it is desirable that these steps should be kept constantly in mind and be uniformly carried out as far as is practicable. The importance of following up children absent from school with suspected infectious disease is emphasized by Dr. Grattan, who has adopted special measures to obtain accurate information as to the cause of absence in suspected cases with a view to the taking of appropriate action.

The routine measures to be adopted in the prevention of infectious disease in schools are defined and discussed as follows :—

(1) Exclusion of suspected cases—any child who presents symptoms suggestive of any of the common infectious diseases or who appears to be or complains of being ill should immediately be excluded ; (2) the immediate contacts of any case of infectious disease should be excluded except in the case of certain disease of which the contact has previously had an attack. Teachers and parents should be encouraged to exclude all contacts and suspects. (3) The examination of the children of a class in which a case of infectious disease has occurred. In the case of diphtheria the nose and throat of doubtful cases should be swabbed. (4) The following up of children suspected to be absent through infectious disease with a view to suitable action being taken. (5) Disinfection by spraying with formalin or izal and cleaning which includes the disinfections of books, pencils, pens, etc., and washing floors and woodwork with water containing some antiseptic. (5) Ventilation and suppression

of dust ; both are of special importance during the winter months.

Early recognition or at least suspicion of a case of infectious disease with immediate exclusion is the first essential step to take to prevent the spread of infection. To facilitate this, the following information regarding infectious diseases has been circulated in the schools.

Public Elementary Schools.

Infectious Diseases.

Infectious diseases occur as isolated cases or in epidemic form, the latter especially in schools, and to prevent their spread certain immediate steps must be taken. When a child has, or is suspected of having, any infectious disease the first and most important thing to do is to exclude the child from school, isolate at home, and *call in the doctor*. There are certain symptoms which should always be regarded with suspicion, and when they occur in a child a *doctor should always be called in by the parent*. These symptoms are sore throat, swelling of glands in neck, rash, sickness, fever.

Common Infectious Diseases.

SCARLET FEVER.—Symptoms : Sickness, headache, sore throat, fever, flushed face ; rash on second day consists of scarlet rash, first on neck and chest. *Patient* should not return to school until two weeks after release from isolation ; there must be no discharge from nose or ears. *Contacts* excluded for one week after release from isolation. Early isolation.

DIPHTHERIA.—Symptoms : Fever, headache, sore throat, swelling of neck, vomiting, some difficulty in swallowing, discharge from nose ; may be difficulty in breathing. Early treatment very important. *Patient* excluded two or three weeks after end of attack. *Contacts* excluded two weeks after isolation. Early isolation.

MEASLES.—Early symptoms like a cold, most infectious at this stage. Running of eyes and nose, redness of eyes, fever ; may be vomiting. Rash on third or fourth day, first on face. Chief complication bronchitis. *Patient* excluded for three weeks from date of appearance of rash. *Contacts* : Infants and children who have not had the disease excluded for three weeks from date of onset of last case in house. Early isolation, and keep child in bed.

GERMAN MEASLES.—Much milder than measles. Symptoms: slight fever, sore throat, enlarged and tender glands in neck, rash first day of illness. *Patient* excluded one week from date of appearance of rash. *Contacts*: Infants and other children who have not had the disease three weeks from date of last exposure to patient with rash.

WHOOPIING COUGH.—Early symptoms like cold, running of eyes and nose, cough, slight fever; after a week cough becomes worse and develops "whoop". Complications, bronchitis, and pneumonia. *Patient* excluded for six weeks from commencement of cough. *Contacts*: Infants only, for six weeks from date of onset of last case or three weeks from last exposure to infection.

CHICKENPOX.—Slight fever and headache, but in majority of cases no symptoms before rash which appears first on the face; fresh crops appear for some days. *Patient* excluded for three weeks or until all scabs have disappeared. *Contacts*: Infants and other children who have not had the disease three weeks from date of last exposure to infection.

MUMPS.—Fever, headache, and sore throat in some cases; pain and swelling of glands below ear, first one side then the other, lasts for seven to ten days. *Patients* excluded until seven to ten days after all swelling has disappeared. *Contacts*: No exclusion.

Medical Inspection of Pupils at Grammar and Technical Schools.—During the year consideration has been given to a scheme for the medical inspection of pupils at Grammar and Technical Schools and the following arrangements for such inspection have been approved by the County Council.

There are fifteen secondary schools in the county with a total attendance of 5,543 pupils. The age of admission varies from under ten to over fourteen years, but the majority are between eleven and twelve. The leaving age is sixteen and over.

At certain of these schools there exist arrangements for medical inspection and it is considered desirable that the following scheme to extend the existing arrangements should be adopted:—

All pupils attending secondary and junior technical schools to be examined—

- (a) On admission, if not previously examined at a public elementary school.

- (b) At the age of twelve years.
- (c) At the age of fifteen years.
- (d) On special occasions, when a special examination is indicated.

When children are transferred from elementary to secondary schools the school record and county report cards, which contain information as to the child's health and physical condition, should be sent to the School Medical Officer, as should also the cards of children transferred from one secondary school to another.

The actual medical inspection should generally be carried out by the Assistant School Medical Officers who are responsible for medical inspection in connection with elementary schools except in those schools where medical practitioners have been appointed for this purpose, in which cases existing arrangements shall continue.

The services of a school nurse will be available to assist the medical inspector during his examination of the pupils, arrangements being made with the District Nursing Associations for the services of the nurse in those districts in which a whole-time County Council health visitor or school nurse will not be available. (It is not proposed that the nurse should visit the school apart from the special visit she makes to assist the Assistant Medical Officer in the examination of pupils.)

When paying visits to the school for the purpose of the examination of pupils, the Assistant School Medical Officer should see that the sanitary and hygienic conditions of the school are generally satisfactory and should confer with the head master or head mistress as to the health generally of the pupils in the school.

A box for the filing of school record cards should be kept in each school and copies of the results of each examination should be forwarded to the County Medical Office by the Assistant School Medical Officers within fourteen days from the date of examination.

Treatment of Defects.—Such treatment will refer chiefly to defective vision, carious teeth and enlarged tonsils and adenoids and minor ailments. It may be assumed that the parents of most of the pupils will be in a position to meet the cost of treatment for defective teeth and enlarged tonsils and adenoids and the cost of glasses. Certain cases will, however, doubtless arise where financial assistance towards the cost of treatment will be necessary, and it is suggested that applications for assistance should be dealt with by the Urgency Sub-Committee.

ERRATUM.

On page 29 in fourth line of fourth paragraph please read
0·7 instead of 9·7 per cent.

It is proposed that arrangements should be made to notify the parents of pupils in whom defects and minor ailments are detected as to the nature of the defect, and as to the form, if any, of the treatment recommended by the Assistant School Medical Officer.

This scheme will not apply to any grammar or junior technical school where there already exists an efficient scheme for medical inspection.

Malnutrition.—The number of children in which some degree of malnutrition or impaired nutrition was found was 677, compared with 754 for 1929. Of the total number of children examined, in 0·8 per cent. malnutrition was sufficiently marked to necessitate the child being referred for treatment, compared with 0·7 last year, while in 4·3 per cent. there was a slight degree of malnutrition which necessitated the children being kept under observation, compared with 4·8 last year. From these figures it will be observed that the actual number of children showing some evidence of malnutrition has decreased, although the percentage referred for treatment is slightly higher. Generally, the nutrition of the school children has been good; it is only in exceptional cases that some marked malnutrition is observed. The increased extension of the scheme for supplying milk to school children by means of milk clubs is of value in relation to the nutrition of the school children. By this means children who decline milk at home have been taught to take it.

Cleanliness.—Of the total number of children examined 257 were referred for treatment or to be kept under observation for uncleanliness of the head, as compared with 358 for 1929. Of the total number of children examined, 9·7 per cent. were referred for treatment for this condition, compared with 1·1 last year. The number of children with uncleanliness of the body was 286, compared with 284 for 1929, while the percentage referred for treatment was 0·8 compared with 0·5 last year. These figures indicate that while there has been a further definite improvement in the condition of the heads of the children there has been no improvement in the condition of the bodies of the children during the year.

Scabies and Ringworm.—Ten cases of scabies have been reported during the year, compared with 10 last year, and of the number reported, 8 were referred for treatment and two to be kept under observation. One case of ringworm of the

head was discovered during routine inspection during the year, compared with five last year, but seven other cases were reported among children not due for inspection. The percentage of children referred for treatment with ringworm of the head was 0·01, compared with 0·03 last year.

Defective Vision and Squint.—Some visual defect was found in 946 of the children examined, compared with 951 during 1929. Of the total number of children examined 475, or 3·6 per cent., were referred for treatment, compared with 3·7 last year. The number of children with squint referred for treatment was 150, compared with 171, and the number of children with eye disease referred for treatment was 64, compared with 61 last year. These figures indicate that there has been little change as regards the incidence of visual defects during the year.

Teeth.—Of the children examined, 4,820, or 36·5 per cent., were found to have some dental defect, compared with 5,301, or 38·7 per cent. last year. Of the total number of children examined 20·1 per cent. were referred for treatment, compared with 22·6 last year. From these figures it will be seen that fewer children were found to have defective teeth and that there was a decrease in the number of children referred for treatment, which would indicate an improved dental standard amongst the children.

Tuberculosis.—Twelve cases of definite plumonary tuberculosis were recorded out of the total number of cases examined compared with 15 last year. Twenty-two cases of non-pulmonary tuberculosis were recorded amongst the children examined, compared with 25 last year; a decrease in both types of the disease.

Adenoids and Enlarged Tonsils.—Some enlargement of the tonsils was found in 2,571 cases, compared with 2,721 cases in 1929. For this condition 7·7 per cent. of the children examined were referred for treatment, compared with 8·0 last year. With regard to adenoids, 205 cases were reported, compared with 202 last year, while 0·6 per cent. were referred for treatment, compared with 0·8 last year. There were 881 cases of tonsils and adenoids occurring together, while 3·8 per cent. of the children examined were recommended treatment for this condition, compared with 4·5 last year. These figures point to some definite improvement in the school children as regards the prevalence of adenoids and enlarged tonsils.

Enlarged Glands.—Some enlargement of the cervical or submaxillary glands was found in 1,055, compared with 1,256 last year, a reduction of 200. This is no doubt the result of the improvement which has been referred to above in the dental and throat condition of the children. It is chiefly through septic tonsils and septic teeth that infection is conveyed to the cervical and submaxillary glands.

Non-Tuberculous Respiratory Diseases. — Seventeen children were found to have bronchitis, compared with 33 last year, and 95 were recorded as suffering from other respiratory conditions, compared with 78 last year. It will be observed that while there is a considerable reduction in the number of children who have had bronchitis, there is a considerable increase in the number of children who have had other respiratory conditions.

Physically Defective Children.—During the year 91 children were recorded as suffering from defective hearing, compared with 100 last year, the percentage referred for treatment for this condition being 0·2. The number of children suffering from defective speech was 70, compared with 69 last year, and the percentage referred for treatment for this condition was 0·1, the same as last year. The presence of deformities is reported in 151, the percentage referred for treatment being 0·6, compared with 0·8 last year. There is not much variation in these figures except in the case of deformities, which show a reduction of 45 cases.

Nervous Diseases.—Ten cases of epilepsy were reported, compared with fourteen last year. There were seven cases of chorea, compared with five last year. Other nervous conditions were found in 29 children, compared with 28 last year. The importance of the early recognition and suitable treatment of cases of chorea cannot be too strongly emphasized, as the history of many cases of organic disease of the heart dates from an attack of chorea in childhood.

Enlarged Thyroid.—Some enlargement of the thyroid gland was found in 25 children, compared with 11 last year. In 16 of the 25 cases treatment was recommended. The number of cases of enlargement in the three age-groups was as follows: 5–6 years, 2 girls; 7–9 years, 2 boys and 8 girls; 10–12 years, 2 boys and 11 girls; the total number of girls being 21, as compared with 4 boys.

Rickets.—This condition was found in 34 children, the same as last year. Of these 6 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, the same as last year. The percentage of cases of otitis media recommended for treatment was 0·07 compared with 0·2 last year, and for other ear diseases 0·2. The percentage of children referred for treatment for anaemia was 0·2, the same as last year. The number of children with evidence of cardiac disease, including both organic and functional conditions, was 227, compared with 225 last year, of which 61 were referred for treatment and 166 were kept under observation. The percentage referred for treatment for cardiac disease was 0·02 for organic disease, compared with 0·03 last year, and 0·4 for functional disorder.

Vaccination.—The percentage of school children who are unvaccinated continues to rise. Of 13,209 children examined 4,368 were vaccinated and 8,841 were unvaccinated, the percentage of vaccinated being 33·1, compared with 33·9 last year, and the percentage not vaccinated being 66·9.

This high percentage of unvaccinated children gives cause for some anxiety as the appearance of an infectious and virulent type of small pox might have widespread fatal results before it could be controlled. The chief cause of the high percentage of "not vaccinated" is conscientious objection on the part of the parents.

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

With the exception of extended facilities for dental treatment there has been no special alteration in the arrangements provided for the treatment of the defects and minor ailments during the year.

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

1,189 school children were operated upon under your Council's scheme for tonsils and adenoids, compared with 1,190 last year. There is some evidence from the reports of the Assistant School Medical Officers that removal of the tonsils is carried out more frequently than is absolutely necessary.

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 946, compared with 951 in 1929, and the number referred to ophthalmic surgeons was 880, compared with 910. The number of children supplied with glasses was 769, compared with 662 last year.

Dental Treatment.—The present arrangements for the provision of facilities for dental treatment are as follows: (a) Two whole-time dental surgeons. (b) Seventeen County Council dental clinics at Hertford, Hatfield, St. Albans, Watford, Stevenage, Hitchin, Letchworth, Waltham Cross, High Barnet, New Barnet, Hoddesdon, Radlett, Kings Langley, Bishop's Stortford, Puckeridge, Welwyn, and Whitwell. (c) Three voluntary clinics at Harpenden, Welwyn Garden City, and Lemsford. (d) Arrangements with dental surgeons to carry out treatment in the case of school children at Royston, Barley, Barkway, Buntingford, Berkhamstead, and Tring.

It will be seen from the arrangements for dental treatment referred to above that some additional provision for dental treatment has been made since last report. Efforts are being made to concentrate on the 6-8 age group with subsequent re-examination, but the enthusiasm of helpers in the dental field make it difficult to do so. It is, however, the only method by which the dental problem in the County will ultimately be solved.

Treatment of Ringworm.—Arrangements for the X-ray treatment of ringworm continue with the authorities of the Royal Free Hospital, Gray's Inn Road. During the year 12 cases of ringworm have been treated by this method, compared with 22 last year, and the results obtained are in every way satisfactory.

Minor Ailments.—The number of defects treated at the two minor ailment clinics at Hitchin and Hatfield was 168, and the number treated as a result of following up by the school nurses was 1,904, compared with 1,907 last year.

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 87 per cent. were successfully treated or still under treatment, compared with 80·1 per cent last year.

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, and 8 Massage Clinics.

The Massage Clinics are at Harpenden, Hatfield, Hitchin, Letchworth, St. Albans, Watford, and Welwyn Garden City and Hoddesdon. 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, and application of Splints and Plasters.

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, the County Branch at Brockley Hill, St. Bartholomew's Hospital, Watford Peace Memorial Hospital, and Letchworth Cottage Hospital.

An interesting new development to which reference must be made is the opening by the Hertfordshire Branch of the British Red Cross Society of a training centre in St. Albans for the instruction and training in useful handwork of young persons who owing to their crippled and disabled condition are precluded from following an ordinary occupation. A more detailed report of the work carried out at this new training centre will no doubt be available next year.

In the following table particulars are given of the work carried out at the various clinics and centres during the year.

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 .	1	5	1	7
	Deformity of lower limb .	46	14	2	62
	Deformity of head & trunk	6	13	2	21
Bones & Joints (Acquired).	Deformity of upper limb .	—	1	1	2
	Deformity of lower limb .	144	51	31	226
	Deformity of head & trunk	1	8	11	20
Bones	Infections	—	4	6	10
	Injuries & Fractures . .	4	48	217	269
	New Growths	—	4	8	12
	Amputations	—	1	7	8
Joints	Infections—Arthritis . .	—	4	142	146
	Tuberculosis	3	10	12	25
	Injuries	3	14	168	185
Central Nervous System.	Infantile Paralysis . . .	11	37	13	61
	Hemiplegia	3	12	9	24
	Spastic Paralysis	2	14	3	19
	Encephalitis Lethargica .	—	3	5	8
	Other Conditions	1	—	14	15
Peripheral Nervous System.	Injuries to Nerves . . .	4	1	20	25
	Neuritis & Sciatica . . .	—	—	81	81
	Other Conditions	—	2	12	14
Connective Tissues	Scars, fibrositis, etc. . .	—	—	55	55
Muscles & Tendons		10	102	153	265
Constitutional . .	Rickets	9	—	—	9
	Rheumatism	—	1	93	94
Vascular System .		1	4	13	18
Other Conditions		10	8	28	46
		259	361	1107	1727

EXPLANATORY NOTES.

Acquired Deformities of Lower Limbs.

Includes all cases of knock knees and bow legs.

Muscles and Tendons.

Includes cases of postural kyphosis, scoliosis and early flat feet.

The only cases included under the heading "Rickets" are those having no definite deformity.

When a case of rickets has a definite deformity, this case is included under the special heading which refer to such deformity.

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.
In-patients .	11	10	22			
Out-patients .	2	1	10	259	361	1107
Total .	13	11	32	259	361	1107

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 was 17 compared with 16 last year. This is one of the most important duties of the School Nurse and there is no doubt that the steady improvement in the cleanliness of the school children is due to the routine inspection of their condition by the School Nurse and to the steps which are taken to secure improvement of the condition when this is found to be unsatisfactory. During the year the number of children found to be verminous was 431, compared with 437 for the previous year. The total number of examinations and re-examinations of school children made by the School Nurses for cleanliness and minor ailments was 252,894, compared with 253,061 last year, and the number of children cleaned and re-cleaned was 2,003, compared with 2,808.

The work of the School Nurses in the following up of the various defects detected by school medical inspection continues to be excellent. The aim of following up is to secure the carrying out of suitable treatment where such is indicated. From the following table it will be seen that throughout the County 87·8 per cent. of the defects reported upon were treated

satisfactorily or were receiving medical advice. This is a very satisfactory percentage and reflects great credit on the work of the School Nurses. It indicates that the scheme of school medical inspection by means of hospitals, clinics, and the following up of School Nurses is securing good results in the treatment of defects. In the following table Miss Harrington, the County Health Visitor and County Superintendent of Nurses, gives particulars of the excellent work carried out during the year.

Work of School Nurses during 1930.

	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 ...	208	25	12	245
Number of Children ...	29,631	5,803	6,520	41,954
Medical Inspections and Clinics attended ...	1,379	425	238	2,042
Number of other Visits to Schools ...	3,601	400	251	4,252
Number of Examinations and Re-examinations for cleanliness and minor ailments ...	199,322	31,597	21,975	252,894
Number of Individual Children found verminous	390	26	15	431
Number of Individual Children found unclean	1,468	263	272	2,003
Number cleaned and re-cleaned ...	2,515	216	254	2,985
Number of visits to Parents <i>re</i> defects and uncleanliness ...	11,018	1,502	1,286	13,806
Total number of defects reported on ...	7,466	1,718	1,325	10,509
Number treated satisfactorily and number receiving medical advice	6,501	1,461	1,186	9,148
Percentage treated satisfactorily and receiving medical advice ...	87·0	85·0	89·5	87·0

CHAPTER VI.—THE MENTALLY AND PHYSICALLY ABNORMAL CHILD.

Special attention is given to the mentally and physically abnormal child, particulars of whom are obtained from School Medical Officers, School Nurses, and School Attendance Officers. Whenever possible arrangements are made to provide special instruction for such children either by sending them to a special school or otherwise. A great deal of excellent work is now done by the Education Committee in providing for the special instruction and training of mentally and physically defective children. The blind, the deaf and dumb, the epileptic, the physically defective, as well as the mentally defective child, now receives special instruction with a view to enable him to acquire some aptitude in some form of manual work which may enable him to earn his livelihood when adult age is reached.

The Mentally Defective Child.—Every effort is made to detect mental deficiency at an early age, as it is important that special instruction should not be delayed. To what extent special instruction is followed by satisfactory and permanent improvement in the mental condition depends upon the grade of defect. It is undesirable to have in a special school cases which are undoubtedly ineducable, but the absence of available accommodation makes the inclusion of such cases at the present time unavoidable. During the year 54 children were examined as to their mental condition compared with 115 last year. Of this number 28 were recommended for admission to a special school, and 18 were referred as ineducable to the Committee under the Mental Deficiency Act. At the present time there are 115 children attending certified schools for mentally defective children. All children, with one or two exceptions, are specially examined by Dr. Boycott, who employs the Stanford revision of the Benet Simon tests in arriving at a decision as to the standard of intelligence of each individual child.

The Dull and Backward Child.—During the year reports were received of 18 children of this type. Some of these children are regarded by the teachers as feeble-minded, and it is very important that the real intelligence standard of any doubtful child should be estimated without delay, so that the correct methods of instruction may be employed. Dull and backward children require special attention and all such cases are specially brought to the notice of the teacher. In several of the schools in the County there are special classes for backward children.

The Blind Child.—During the year particulars were received of 3 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 1 deaf or partially deaf child who was recommended for admission to a special school. At the present time there are 21 totally deaf or deaf and dumb children in certified schools for the deaf.

The Epileptic Child.—During the year particulars were received of 1 epileptic child. 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. At the present time there are 9 physically defective children in special schools.

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

RELATING TO THE YEAR ENDED 31ST DECEMBER, 1930.

1. The numbers in residence on the 31st December, 1930, were: Hertfordshire children—44 boys, 30 girls, total 74; out-county children—22 boys, 23 girls, total 45, making a total of 119 children under 16 years of age. In addition there were 10 feeble-minded young women in residence, making a grand total of 129. The Managers are pleased to report that the health of the children has been good, and that apart from about 13 cases of influenza, there has been no outbreak of infectious disease during the year.

There have been three changes in the teaching staff, including the appointment of a new Headmistress—Miss A. Gaynor—in place of Mrs. Pullan. Miss Gaynor was formerly headmistress of a Special School for Mentally Defective Children at Prudhoe, and the Managers consider themselves fortunate in securing her services, and they have every confidence in her ability. Two other newly appointed assistant teachers, viz. a trained certificated teacher and an uncertificated teacher, are proving themselves useful acquisitions to the teaching staff.

In the school the usual curriculum has been followed, but in order to meet the desire to provide the boys with more handwork teaching the Managers have recently appointed a full-time Crafts Instructor to take the place of the part-time county staff woodwork instructor who attended at Kingsmead School on two days a week only. The Crafts Instructor

will devote not less than three days a week to the teaching of the boys, the remainder of his time will be spent in carrying out maintenance repairs at the school, which will no doubt effect a considerable saving in the cost of general repairs.

Each year it becomes increasingly obvious that it is very desirable that there should be some suitable Institution to which could be transferred those children who on reaching the age of 16 are found to be unfit for returning home to their parents, and the Managers are hopeful that such Institutional accommodation will be forthcoming in the near future.

The Managers submit with this report the reports from officials dealing with their respective departments, which they consider satisfactory.

With regard to the financial conditions, the net expenditure out of the county rates for the financial year to the 31st March, 1930, is £2,882 9s. 7d. The net cost per head falling upon the county rates is £22 17s. 6d. excluding staff and £20 8s. 10d. including staff. For the year ended 31st March, 1929, the net cost per head on the county rates was £20 18s. 7d., excluding staff and £18 13s. 8d. including staff, the increase being mainly due to the fact that there were more county and less out-county children in residence at the school during the year in question.

L. FAUDEL-PHILLIPS,

Chairman.

EDUCATION OFFICE,
HERTFORD.

February, 1931.

School Medical Officer's Report.

2. The health of the children in the school during 1930 has continued to be satisfactory, and apart from influenza there has been no outbreak of infectious disease, and only one case of accident occurred.

During the year 32 children were admitted to the school; of these 17 were county cases and 15 were out-county cases. There were 26 children discharged during the year, of which 21 were county cases and 5 were out-county cases.

In the following table particulars are given of the children admitted and discharged during the year:—

Number of	Boys.		Girls.		Adults.	Total.
	Herts.	Out-County.	Herts.	Out-County.		
Admissions	8	5	8	10	—	32
Discharged into care of parents	6	—	8	1	—	15
Discharged into care of parents pending admission to Certified Institution	1	1	—	—	—	2
Discharged to other Institutions	2	—	—	1	—	3
Discharged to other Authorities	3	1	—	1	—	5
Discharged as unsuitable or otherwise dealt with	—	—	1	—	—	1
Total Discharged	12	2	9	3	—	26

It will be observed from the above table that no adults over the age of sixteen years were admitted or discharged during the year. The existing accommodation for these cases consists of ten beds, which were fully occupied during the year.

Improvement in Physical Condition.

3. It is satisfactory to be able to report that the health of the children during the year has continued to be good apart from a slight outbreak of influenza, of which there were 13 cases, all being treated in the school. There was one case of erysipelas, which was also treated in the school.

The nutrition of the children during the year has continued to be satisfactory. As is usually the case, several of the children lost weight when at home for their summer holidays, but they all regained the weight lost on their return to school. In three cases there has been some loss in weight since the beginning of the year, namely $\frac{3}{4}$ lb. in two children who had been ill with influenza, and $3\frac{1}{4}$ lb. in the case of the child who had suffered from erysipelas. All the other children increased in weight during the year, the greatest individual increase being $23\frac{3}{4}$ lb., $19\frac{1}{2}$ lb., $16\frac{1}{4}$ lb., and 16 lb. in the case of boys, and $20\frac{1}{4}$ lb., $17\frac{1}{4}$ lb., $15\frac{1}{4}$ lb., and 14 lb. in the case of girls. There was only one accident during the year—a case of fracture, which was admitted to the Hertford County Hospital. Nine cases were admitted to the Hertford County Hospital for operative treatment for tonsils and adenoids, and 30 children received dental treatment. One child was referred for special ophthalmic examination.

Special attention is given to the physical welfare of the children, and to the importance of diet, games in the open air, and physical exercises in securing improved health and physical tone.

Improvement in Mental Condition.

4. As regards improvement in the mental condition of the children, this is observed to progress along certain definite lines. Children below a certain standard of intelligence make little or no progress; in an intermediate group there is distinct improvement, but of a temporary character, which is shown by the tendency to forgetfulness and relapse when the child is removed from the school. In a higher grade group definite improvement of a permanent character is noted, sufficient indeed to enable the pupil on discharge to train for some remunerative employment or actually to take up work, although even in the highest grade cases, with few exceptions, some guidance and supervision continue to be necessary.

Although every effort is made to restrict admission to children of a fairly high standard of intelligence, a certain number of cases of rather low grade are admitted. This is at present unavoidable, but as these cases are reviewed from time to time they are not retained for any extended period unless there is some definite evidence of improvement.

Conclusions.

5. The work in this school has been carried out during the year in the usual efficient and methodical manner, and there is nothing that calls for special report or comment. Increased attention is being paid to the instruction of the older pupils in manual work. This is the most important part of the school curriculum, as efficient training in manual work is very necessary if the higher grade pupils are to be capable of undertaking some form of employment on leaving school.

The routine examination of the children in the school shows that except in the low grade and specially troublesome type of case a definite improvement in the behaviour and conduct of the child is soon obtained, and this improvement, if marked and associated with capacity to undertake

systematic hand work, even of a simple form to commence with, is an indication that some capacity for manual work is likely to be developed. The necessity of continuing the training in manual work after the age of sixteen has been reached is, however, frequently emphasized. The work of the school will be rendered easier when institutional accommodation becomes available for low grade cases as not only will the average standard of intelligence of those admitted to the school be higher but less difficulty will be experienced in discharging those cases which after trial prove to be ineducable or otherwise unsuitable.

H. HYSLOP THOMSON,
School Medical Officer.

Headmistress's Report.

6. Since my appointment as Headmistress in May the school has been in the process of reorganization. General schemes of work have been drawn up for use in the various classes, together with new time-tables. A graded and uniform Number Scheme is in use throughout the school. Individual records of progress in Reading and Number are kept on charts or cards.

English.

Reading and Articulation.—Sand-trays, plasticine, cardboard letters, small blackboards, and pictures with words attached are all used to teach the elements of reading.

When sounds of letters have been learnt, the children pass on to word-building, using cardboard letters and short words for word-matching and sentence-building.

From this stage they pass on to the reading of a graded Primer, and from Primers to graded Readers. The most advanced can read a Standard III Reader.

During the past six months numbers of new Readers and Primers have been added to stock, as the majority of the reading books already in the school were of an antiquated and uninteresting type.

In the three lower classes special lessons in Speech Training are taken regularly, and in all classes speech defects are dealt with as occasion arises.

The two lower classes learn nursery rhymes and very simple poems, and the three upper classes such good poems as are within their comprehension and powers of memorizing.

Writing.—Writing is introduced by means of sand-trays and templates. Beginners use coloured chalks and small blackboards, the more proficient use pencils and paper ruled in double lines, and the most advanced write in books using pen and ink.

Script writing is used throughout the school.

Stories.—Fairy stories, Nature stories, tales of adventure and hero stories are told, or read, to the children.

The two top classes have History and Geography stories regularly. The children are encouraged to re-tell stories they have heard or read.

Conversation Lessons.—These are based on Nature, the surroundings of the children and their interests, and on pictures and stories.

Arithmetic.

Sticks, beads, counters, beans, shells, ball-frames, and wooden bricks are used in introducing Numbers.

In the lowest class Number is also taken in game form, by means of ball-bouncing, skipping, shopping games, etc.

Cardboard coins are used to teach money values.

A uniform and graded Number scheme is in use throughout the school. Many shopping exercises are given, and all children who are able learn to read the clock face.

Drawing.

Mass and expression drawing is taken.

The children begin with coloured chalks and small blackboards, terrachrome crayons and pastel paper, and pass on to drawing with pastels on pastel paper.

Sense Training.

Sense training lessons are principally taken by the lowest class. They have much sorting and matching—colour, size, shape, length. Montessori apparatus is used for this, supplemented by additional sorting and matching games.

Singing.

Children are grouped for singing into upper and lower divisions—three classes in the upper, and two in the lower.

The lower division sings nursery rhymes and easy Folk and traditional songs, with a few easy songs by modern composers. The upper division sings folk and traditional songs, together with easy songs by classical and modern composers.

Breathing and voice exercises are taken regularly in both divisions.

Physical Training and Games.

Physical exercises are taken regularly, using the Board of Education Syllabus of Physical Training.

Organized games are taken both indoors and out.

The older boys and girls receive Swimming Instruction at the Public Swimming Bath during the summer months, and during the past season several swimming certificates were obtained.

The girls are taught easy country dances, and the boys enjoy games of cricket and football under the supervision and instruction of the Bootmaking instructor and the male attendant of the Home.

Nature Study.

This is taken in the form of short talks on Nature topics—weather, growth, plant life, animals, birds, etc.—discussion of Nature specimens brought into school, and weather observations. Gardening is taken by the older children.

Manual Work.

This comprises Woodwork, Bootmaking, and Gardening.

Since May the time-table has been arranged so that the older boys spend at least half of their time engaged in manual work.

Each subject is taught by a practical and experienced man.

Under the Bootmaking instructor the boys learn to make and repair footwear, in the Woodwork room articles are made for use in the school and for sale.

In the gardens of the Institution the boys, and a certain number of the older girls, learn such gardening processes as are within their powers of performance.

Domestic Work.

Four of the older girls receive half-time instruction at the Home, under the Matron, while five more receive instruction on three half-days per week. Each girl is allocated to either laundry work, needlework in the sewing room, or to helping in the kitchen and Home generally, according to which duties appear to be most suitable, and having due regard to the capabilities of each girl.

Handwork and Varied Occupations.

Raffia Work, Rug Work, and Cane Seating are taught.

Varied Occupations.—Paper-modelling, paper-cutting and folding, free cutting, plasticine modelling, stick-laying, paper-mat weaving, bead-threading and tape-sewing are all taught in the lower classes.

Sewing and Knitting.

All girls and some of the boys learn to knit. They knit dish-cloths, team-bands, scarves, hats, bonnets, coatees, pull-overs, jackets, and other useful articles.

Each Monday afternoon is devoted to darning a batch of stockings which is sent from the Home.

All the girls try to learn to sew, even in the lowest class. Bags, dusters, cushion-covers, aprons, towels, pillow-cases, pinafores, curtains, underwear, scarves, collars and embroidered cloths, and bed-spreads are all made.

Leather Work.

Some of the older girls are taught suède leather work. They make purses, bags, table-centres, and other useful articles.

Religious Instruction.

This is taken in the form of Scripture stories from both Old and New Testaments, together with stories bearing on moral and character building.

Suitable texts are committed to memory and hymns are also memorized.

Discipline.

The children are slowly acquiring habits of self-control, obedience, attention and application.

There is still much room for improvement regarding response and general application to work, especially among the older children. It is hoped that, by having a greater variety of work and fewer changes of staff, the children will in time become more alert generally, and will form a habit of steady application to and enjoyment of work.

A. GAYNOR,
Headmistress.

Report of Beechen Grove Special Day School, Watford.

The following report by Miss Schultz gives information of the excellent work which is being carried out in this special school. The particulars given regarding the after-history of many of the old pupils bear testimony to the value of the instruction which is given in this school. The success of some of the pupils in the occupations which they have taken up is particularly gratifying, as this is the main purpose for which such special schools are provided.

This school continues to maintain its high standard of work.

The three R's, personal hygiene, music, physical exercises, and rhythmic movements are taken during the morning sessions, whilst various forms of handwork, such as gardening, woodwork, leathercraft, basketry, housewifery, modelling, drawing, etc., are usually taken during the afternoons. Plain and fancy needlework, raffia work and rug-making also form part of the curriculum and are taken on that part of the day when the light is best.

Work in the garden has been carried on successfully during spring, summer and autumn and, without doubt, this branch of work has had a beneficial effect on the children both mentally and physically. Lady Salisbury's Challenge Shield was gained for the best garden produce from any Hertfordshire school garden, the silver medal being awarded the previous year.

Miss K. Schulze took the boys and girls on two separate occasions on a visit to the Zoological Gardens, where a profitable day was spent, the children afterwards writing compositions on their observation of the animals and other items of interest.

An exhibition and sale of work was held at the Watford Horticultural Show on 23rd and 24th July.

Children won several prizes at the Bushey Art and Crafts Show. The judges declared the work to be of too high a standard to judge with the ordinary schools. Games have been taken on the Recreation Ground. The football team has again done well, only one match lost up to date. The team is now trained by an old boy—who has signed amateur forms for Watford F.C. and who in addition to training with the Watford F.C., is apprenticed to motor engineering. In his spare time he helps the boys with boxing and physical training. Another boy was last Easter apprenticed for three years to a contractor for carpentry. This boy was at one time under Dr. Sparrow but was signed off by him. The garden work and football proved most beneficial in this boy's case and his wages run as follows: 15s. first year of apprenticeship, £1 second year, £1 5s. third year, and splendid reports have been received regarding him. Another boy left school in August and is working as a warehouse boy, wages 27s. 6d. weekly. Of two other boys who left during the year, one earns 15s. weekly at a drug store, and the other 16s. weekly at a dairy. Another boy who left school at Christmas is working at the Speedometer works at a weekly wage of 15s. On three evenings in the week this boy is being trained (gratis) at the Boxing School with a view to becoming a professional, as he showed promise in this direction during his school boxing times. W. A. continues to do well at music. He passed Grade III Singing Examination, missing Grades V and IV during 1930.

H. H. has passed another examination (her third) in pianoforte playing, and E. A. her second examination in same (Trinity College of Music Examinations). Both children depend entirely on school tuition as neither has a piano in the home.

E. E. has now left school and is earning 14s. 6d. weekly at the Yeast Vite works. Reports regarding old children from employers are good and most encouraging, the children taking their places in the world and earning good livelihoods, leading good and respectable lives. Amongst some of the vocations taken up by old scholars we have an artist, a mechanic, cinema commissionaire (6 years), handyman for builder, a rough carpenter, waitress in Lyons (4 years and still there), two Ovaltine workers (5 years), laundry hand (2 years), Batters works (7 years), carpenter's apprentice, two gardeners, domestic servant, two at Magneto works, two golf groundsmen, and others in factories.

More than 75 per cent. of the children are workers.

Mr. Williams, N.S.P.C.C. Inspector, was the boy's first boxing instructor (gratis).

CHAPTER VIII.—STRUCTURAL AND SANITARY ALTERATIONS.

There is nothing of special importance to report upon in regard to structural and sanitary conditions of the schools. The general standard of the schools in the county is becoming higher as time passes as a result of increased and up-to-date new construction. In the rural districts some of the schools are still far from satisfactory, but this condition is improving slowly. The reports of the Assistant School Medical Officers show that the importance of the sanitary condition of the schools is now fully appreciated by the teachers, and it is seldom that serious defects occur which are not immediately reported. All reports received regarding unsatisfactory structural or sanitary conditions are referred to the County Surveyor for investigation.

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

The value of open-air instruction and physical training is now too well known to call for much emphasis. Sun and fresh air exercise an invigorating influence on the pale, under-nourished child, while physical training improves the muscular

tone, health, and carriage of children who would otherwise lack vitality and smartness. It is important, however, that no child unfit for the necessary physical effort should be given physical training. This especially applies to the child with organic heart disease whose condition can be made worse by increased effort and muscular movement. The following extracts from the annual report of Mr. Richardson, the organizer of Physical Training in the County, indicates the scope of the scheme for such training, which is being carried out.

Extracts from Mr. Richardson's Report.

If the teacher once appreciates the value of physical education, and therefore has a right attitude towards it, and able to see the admirable results which follow vigorous enjoyable lessons, he will not grudge the time either to perfect himself in the necessary technique or the amount devoted to its practice in the time-table. To secure this appreciation is still the organizer's hardest job, for it is fundamental to progress.

Physical Exercise.

There continues to be a steady improvement in the formal lessons, and, as a whole, they are running more smoothly. There is a saving of time and in consequence more work is being attempted. Whilst this gives cause for satisfaction, one still sees many lessons which have failed to give the children a good "stretch". The successful results of a lesson will be reflected in the improved carriage and glowing appearance of the children, who should give the impression, when returning to the classroom, of having had a really good time. Such lessons are only possible when the teacher views his lesson as a connected whole, and not a series of disjointed movements and above all, carefully plans and knows his lesson. During the work of the Teachers' Classes, this point of continuity has received special attention.

Playing Fields.

The position in regard to playing fields has steadily improved since last year, and at the present time there are few schools unable to secure the use of a field or ground should it be desired. The condition of these facilities of course varies, very few having any marked pitches other than those which the schools are able to prepare themselves. This question of marking is an important factor in games training.

There are still a few schools in rural areas without playing fields, although the number is diminishing. During the year facilities have been secured for the following: Barkway, Boreham Wood, Buntingford S.M., Little Hadham, Tonwell, Benington, Stapleford, Knebworth C.C., Offley, St. Paulswalden, London Colney, Bricket Wood, Stanstead Abbots, Wareside, and Sarratt.

In the case of Knebworth the children attending the senior school now have excellent conditions provided on the splendid playing fields of the village. All necessary pitches are marked out, and the head teacher and his staff are making good use of the ground.

The suggestion contained in the last annual report that where recreation grounds owned by local authorities are within easy reach of

the school, arrangements should be made to reserve and mark pitches for use during school hours, has been followed at Bushey, Knebworth and Hitchin.

There is a little doubt that in the very near future the cost of upkeep of playing fields owned or leased by the County Council will need to be considered. At present a field to a teacher is something comparatively new, and in very few cases has it got beyond the idea that it is a place where cricket and football are played. Gradually, as the possibilities and uses of a playing field are more widely known and practised, and this is being undertaken by means of teachers' classes, then consideration should be given to the playing surface, planning, etc., and it will be realized that adequate space is no longer in itself sufficient.

The County Council at the present time lease 3 fields, make grants to Managers in 21 cases towards the cost of rent and upkeep, whilst there are 10 schools having a field as a part of the school site.

Training of Teachers.

Teachers' Classes conducted by the Organizer.

(a) *Physical Training.*

(i) *Hitchin Wilshere Dacre School.*—A series of six lecture demonstrations, each of one hour duration.

(ii) *St. Albans.* Two classes, one for men and one for women teachers—a series of ten lectures each of two hours' duration. These classes attracted 37 women and 11 men teachers.

(b) *Organized Games.*—A lecture demonstration on the methods of conducting an organized lesson on the playing field during summer months was given at the following places: Cheshunt, Hitchin, Letchworth, Welwyn Garden City, and Buntingford. These demonstrations attracted a very large number of teachers, who expressed appreciation and agreed that they had been helpful.

Vacation Courses.

The practice of making grants towards the cost incurred by teachers who, being responsible for the physical training in central and senior schools, are willing to attend a vacation course in order to get additional training to fit them for their work, has been continued. Six men and two women elected to attend the Scarborough' course, but at the last moment through reasons beyond the control of the teachers themselves, two men were reluctantly compelled to withdraw.

As soon as possible after these teachers return to work, they are visited in their schools to follow up their training, and one appreciates very quickly the fact that they have a better and wider conception of physical training. This point has been discussed with the head teachers, and each one agrees that the benefit the teacher has received is being rapidly passed on to the children with excellent results. The head master of Watford Victoria Senior Boys' School reports that the change brought about through and by the physical training is so marked that he is anxious to develop the advanced work. To this end he has arranged demonstrations to be given by one class to the rest of their school fellows, under the direction of the teacher responsible for physical training. He believes it is of great value for his children to undergo and see this well-organized bodily activity which makes for alertness, concentration, and perfect control of brain over body. And experience goes to show that he is right.

The small amount which is expended on these vacation courses is, without doubt, well spent.

Senior Schools.

The last annual report reviewed very briefly the effect of reorganization on the physical training. Since that time the lines of development are more clearly marked and in view of the fact that a special memorandum has been prepared for consideration by the Authority, there is no need to give details in the report. However, there is one important point which one would like to make, and that is that the knowledge gained by watching the few schools who are attempting the suggested advanced work leaves no doubt as to its value. This being so it is hoped that the Authority will develop this side of the senior school curriculum to the full.

Scope of the Work.

The organizer is single-handed, and is responsible for the whole of the physical education in the primary schools. This includes:—

(1) The organizing of work in 325 departments, containing approximately 1,400 teachers, the work of whom, with very few exceptions, has to be supervised.

(2) *Playing Fields*.—The organization of the games and the gradually growing responsibility for "lay-out".

(3) *Games Apparatus*.—To guide the choice of suitable apparatus provided by the grant made to each school.

(4) *Swimming*.—There are 12 baths and 3 pools, and approximately 3,000 children attend weekly during the summer months for instruction. Tests are conducted for the award of the county certificates.

(5) *Training of Teachers*.—To hold classes for the instruction of teachers in physical training, games, etc., during evenings or on Saturday mornings.

(6) *Playgrounds*.—To issue paint and to advise on the marking for games, etc.

(7) *Senior and Central Schools*.—The control of gymnastic apparatus and the supervision of the more advanced work.

(8) *Physical Training Literature*.—The compiling and issuing at frequent intervals of pamphlets, etc., to assist the teachers in their physical training work.

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.

CHAPTER X.—HEALTH EDUCATION.

Last year the question of the teaching of hygiene in schools received special attention and a special investigation was carried out at the request of the Chief Medical Officer of the Board of Education as to the extent to which such instruction was being given.

The conclusion drawn from the investigation was that while a certain amount of instruction in the principles of hygiene was given in many schools in the County, there was no systematic scheme of instruction, and this was specially evident in the Senior Schools where such instruction would obviously be of most value.

It is generally accepted that the health of the individual and consequently the health of the community, depends in large measure upon personal habits and home conditions. Some knowledge of the simple laws of hygiene is necessary to avoid habits or conditions of life which may be injurious to health. The elements of hygiene and the maxims to secure the preservation of health should, therefore, be taught in school, especially in senior schools. This would form a foundation which would lead in later years to a true appreciation of the value in relation to health of personal habits and home conditions.

In his Annual Report on the Health of the School Child for 1929 the Chief Medical Officer of the Board of Education in commenting upon this question of the Teaching of Hygiene in Schools, states: "There are three practical factors which control the teaching of hygiene in schools. First, the teacher must be properly trained to teach in this subject as in others. Secondly, he must have a scheme, programme, syllabus, or whatever it may be called. Thirdly, he must be required by his Authority to teach the subject, and suitable provision must be made for it in the curriculum of every school. Now, presumably, the first two of these three desiderata are provided. The teacher is trained at the Training College and the Board have issued a Handbook of Suggestions and "a knowledge of its contents should be regarded as part of the necessary equipment of every teacher". It seems that what is sometimes lacking is the definite requirement of the Local Education Authority that in every school of their area and to every child for whose education they are responsible hygiene should be effectually taught."

CHAPTER XI.—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 12,964 and the actual number carried out was 13,209. The percentage of defects found on examination for which directions were considered necessary was 32·8 compared with 49·6 last year. Schools were closed on 28 occasions, compared with 57 last year; the chief cause being measles.

The general nutrition of the children during the year was satisfactory, the number of children requiring treatment for this condition being 0·8, compared with 0·7 for 1929, but the total number under normal standard was less.

There is a further improvement in the cleanliness of the children as regards their heads only. The percentage of children with uncleanliness of the head referred for treatment was 0·7 compared with 1·1 last year, while that of children with uncleanliness of the body referred for treatment was 0·8 compared with 0·5 for 1929.

There is a slight decrease in the percentage of children referred for treatment for defective vision, namely, 3·6, compared with 3·7. The number of children supplied with glasses during the year was 662.

There is a further decrease in the number of children with defective teeth, the percentage being 36·5, compared with 38·7 for the previous year, and the percentage referred for treatment being 20·1, compared with 22·6. During the year increased facilities have been provided for dental treatment, and these figures would appear to indicate that the facilities provided are having definite results.

Twelve cases of definite pulmonary tuberculosis were recorded, compared with 15 cases last year.

There is a slight decrease in the number of children referred for treatment for enlarged tonsils, namely, 7·7 per cent., compared with 8·0 per cent. for 1929. With regard to adenoids, there is also a slight decrease in the number referred for treatment, namely, 0·6, compared with 0·8 last year. There is a distinct decrease in the number of children referred for treatment for tonsils and adenoids occurring together, the percentage being 3·8 compared with 4·5 for the previous year.

The percentage of children referred for treatment for defective hearing was 0·2, the same as last year. The number of children with deformities was 151, compared with 196 last

year, the percentage referred for treatment being 0·6, compared with 0·8 last year.

The percentage of children who have not been vaccinated continues to be far above what it should be in view of the presence of small-pox in the country. Of the 13,209 children examined the percentage of vaccinated was 33·1 and the percentage of not vaccinated 66·9.

The results obtained in the treatment of defects and minor ailments continue to be satisfactory, and have reached a higher level than last year. The percentage of defects treated during the year was 87·1, compared with 80·1 for 1929. These figures indicate the excellence of the good work carried out by the School Nurses.

The figures given above may be regarded as satisfactory compared with those of 1929. They indicate that there is a steady improvement in the general health and well-being of the school children and that the facilities for treatment provided by your Council are yielding good results.

In conclusion it is considered desirable that reference should be made to the importance of adopting in the schools some recognized system of instruction in hygiene. A knowledge of the simple laws of hygiene and of the measures necessary to promote health is of undoubted value in relation to the prevention of sickness and disease.

TABLE I.—Return of Medical Inspections for 1929.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

Entrants	4,563
Intermediates	5,141
Leavers	3,401
Total	<u>13,105</u>

Number of other Routine Inspections Nil.

B. OTHER INSPECTIONS.

Number of Special Inspections	104
Number of Re-inspections	—
Total	<u>104</u>

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1930.

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	104	572	1	—
Uncleanliness—				
Head	99	158	—	—
Body	102	183	1	—
Skin	Ringworm—			
	Head	1	—	—
	Body	3	1	—
	Scabies	8	2	—
	Impetigo	21	27	—
Eye	Other diseases	27	24	—
	Blepharitis	45	32	1
	Conjunctivitis	8	14	—
	Keratitis	—	—	—
	Corneal Opacities	1	—	—
Ear	Defective Vision	434	469	41
	Squint	146	89	4
	Other Conditions	9	18	—
	Defective Hearing	28	61	2
Nose and Throat	Otitis Media	10	23	—
	Other Ear Diseases	24	28	2
	Enlarged Tonsils	1006	1549	14
Enlarged Cervical Glands (Non-Tuberculous)	Adenoids	82	118	4
	Enlarged Tonsils and Adenoids	492	380	9
	Other conditions	—	—	—
Defective Speech	14	55	1	—
Teeth—Dental Diseases	2644	2161	15	—
Heart and Circulation	Heart Disease—			
	Organic	3	30	—
	Functional	56	135	2
Lungs	Anaemia	25	55	—
	Bronchitis	2	15	—
	Other Non-Tuberculous Diseases	63	32	—
Tuberculosis	Pulmonary—			
	Definite	7	5	—
	Suspected	2	—	—
	Non-pulmonary—			
	Glands	8	10	—
	Spine	—	1	—
	Hip	1	—	—
Other Bones and Joints	—	—	—	
Nervous System	Skin	1	—	—
	Other forms	—	1	—
	Epilepsy	1	9	—
Rickets	Chorea	—	7	—
	Other conditions	10	17	2
Deformities	6	28	—	—
Thyroid Glands	74	76	—	1
Other Defects and Diseases	16	8	—	1
	104	75	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 Group—			
Entrants	4,563	919	20·1
Intermediates	5,141	1,011	19·7
Leavers	3,401	585	17·2
Total (code groups)	13,105	2,515	19·2
Other routine inspections	—	—	—

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	7	5	12
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
	(ii) Suitable for training in a School or Class for the partially blind	At no School or Institution	—	—	—
		Attending Certified Schools or Classes for the Blind	2	3	5
		Attending Public Elementary Schools	—	—	—
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	13	21
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
	(ii) Suitable for training in a School or Class for the partially Deaf	At no School or Institution	1	—	1
		Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	—	—	—
Mentally Defectives	Feeble-minded (cases not notified to the local Control Authority)	At other Institutions	—	—	—
		At no School or Institution	—	—	—
		Attending Certified Schools for Mentally Defective Children	70	45	115
	Notified to the Local Control Authority during the year	Attending Public Elementary Schools	19	12	31
		At other Institutions	—	—	—
		At no School or Institution	2	1	3
		Feeble-minded	—	—	—
		Imbeciles	—	—	—
		Idiots	—	—	—

			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	2	—	2
Physically Defective	Suffering from epilepsy which is not severe	At no School or Institution	1	1	2
		Attending Public Elementary Schools	5	9	14
		At no School or Institution	—	—	—
	Infectious pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	1	1
		At other Institutions	—	—	—
		At no School or Institution	1	1	2
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	11	11	22
		At Certified Residential Open-air Schools	—	—	—
		At Certified Day Open-air Schools	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	13	9	22
		At Certified Residential Open-air Schools	—	—	—
		At Certified Day Open-air Schools	—	—	—
		At Public Elementary Schools	596	503	1099
Non-infectious but active pulmonary and glandular tuberculosis	At other institutions	—	—	—	
	At no School or Institution	16	19	35	
	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	10	5	15	
	At Public Elementary Schools	—	—	—	
	At other Institutions	—	—	—	
	At no School or Institution	2	—	2	
Delicate children (e.g. pre- or latent tuberculosis, mal-nutrition, debility, anæmia, etc.)	At Certified Hospital Schools	—	—	—	
	At Certified Residential Cripple Schools	4	5	9	
	At Certified Day Cripple Schools	—	—	—	
	At Public Elementary Schools	95	70	165	
	At other Institutions	1	3	4	
	At no School or Institution	1	1	2	
	Active non-pulmonary tuberculosis	At no School or Institution	—	—	—
At Certified Hospital Schools		—	—	—	
At Certified Residential Cripple Schools		4	5	9	
At Certified Day Cripple Schools		—	—	—	
At Public Elementary Schools		95	70	165	
Crippled children (other than those with active tuberculous diseases), e.g. children suffering from paralysis, etc., and including those with severe heart disease	At other Institutions	1	3	4	
	At no School or Institution	1	1	2	
	At no School or Institution	1	1	2	

Table IV.—Return of Defects treated during the Year ended 31st December, 1929.

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	24	36
Ringworm—Body	—	5	5
Scabies	2	4	6
Impetigo	39	515	554
Other Skin Disease	—	18	18
Minor Eye Defects— (External and other, but excluding cases falling in Group II.)	22	115	137
Minor Ear Defects	6	59	65
Miscellaneous— (e.g. minor injuries, bruises, sores, chilblains, etc.)	99	1164	1263
Total	180	1904	2084

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)	880	—	—	880
Other Defects or Disease of the eyes (excluding those recorded in Group I)	—	—	—	—
Total	880	—	—	880

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	769
(b) Otherwise	<i>Nil.</i>

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	769
(b) Otherwise	<i>Nil.</i>

GROUP III. TREATMENT OF DEFECTS OF THE 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.		
1189	—	1189	—	1189

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentists at the following Clinics: *Barnet, Bishop's Stortford, East Barnet, Hatfield, Hertford, Hitchin, Hoddesdon, King's Langley, Letchworth, Lemsford, Puckeridge, Radlett, St. Albans, Stevenage, Waltham Cross, Watford, Whitwell Dental Clinics (County Council).*

Routine Age Groups	4,251
Specials	1,794

Grand Total 6,045

(b) Found to require treatment 5,298

(c) Actually treated 4,898

(d) Re-treated during the year as the result of periodical Examination *Nil.*

(2) Half-days devoted to . { Inspection 56 } Total 694
 { Treatment 638 }

(3) Attendances made by children for treatment 7,728

(4) Fillings { Permanent Teeth 874 } Total 1,225
 { Temporary Teeth 351 }

(5) Extractions { Permanent Teeth 1,671 } Total 15,353
 { Temporary Teeth 13,682 }

(6) Administrations of general anæsthetics for Extractions 1,987

(7) Other Operations { Permanent Teeth 151 } Total 203
 { Temporary Teeth 52 }

(1) Number of Children who were :—

(a) Inspected by the Dentists at the *Harpenden, Welwyn and Welwyn Garden City Voluntary Dental Clinics.*

Routine Age Groups	720
Specials	244

Grand Total 964

(b) Found to require treatment			762
(c) Actually treated			<u>595</u>
(d) Re-treated during the year as the result of periodical Examination			<u>95</u>
(2) Half-days devoted to	{ Inspection	7 }	Total 106
	{ Treatment	99 }	
(3) Attendances made by children for treatment			<u>879</u>
(4) Fillings	{ Permanent Teeth	151 }	Total 507
	{ Temporary Teeth	356 }	
(5) Extractions	{ Permanent Teeth	185 }	Total 1,632
	{ Temporary Teeth	1,447 }	
(6) Administrations of general anæsthetics for extractions			<u>378</u>
(7) Other operations.	{ Permanent Teeth	11 }	Total 17
	{ Temporary Teeth	6 }	
(1) Number of Children who were :—			
(a) Inspected by Dental Surgeons in <i>Berkhampstead, Buntingford, Royston and Tring.</i>			
Routine Age Groups.			876
Specials			<u>195</u>
Grand Total			<u>1,071</u>
(b) Found to require treatment			<u>865</u>
(c) Actually treated			<u>592</u>
(d) Re-treated during the year as the result of periodical Examination			<u>60</u>
(2) Half-days devoted to	{ Inspection	10½ }	Total 76½
	{ Treatment	66 }	
(3) Attendances made by children for treatment			<u>679</u>
(4) Fillings	{ Permanent Teeth	65 }	Total 96
	{ Temporary Teeth	31 }	
(5) Extractions	{ Permanent Teeth	157 }	Total 1,301
	{ Temporary Teeth	1,144 }	
(6) Administrations of general anæsthetics for extractions			<u>256</u>
(7) Other Operations	{ Permanent Teeth	4 }	Total 62
	{ Temporary Teeth	58 }	
GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.			
(i) Average number of visits per school made during the year by the School Nurses			17
(ii) Total number of examinations of children in the Schools by the School Nurses (including examinations and re-examinations)			252,894
(iii) Number of individual children found unclean but not verminous			2,003
(iv) Number of individual children found verminous			431
(v) Number of times children have been cleansed and re-cleansed under arrangements made by the Local Education Authority			2,985
(vi) Number of cases in which legal proceedings were taken :—			
(a) Under the Education Act, 1921			<i>Nil</i>
(b) Under School Attendance Bye-laws			<i>Nil</i>

