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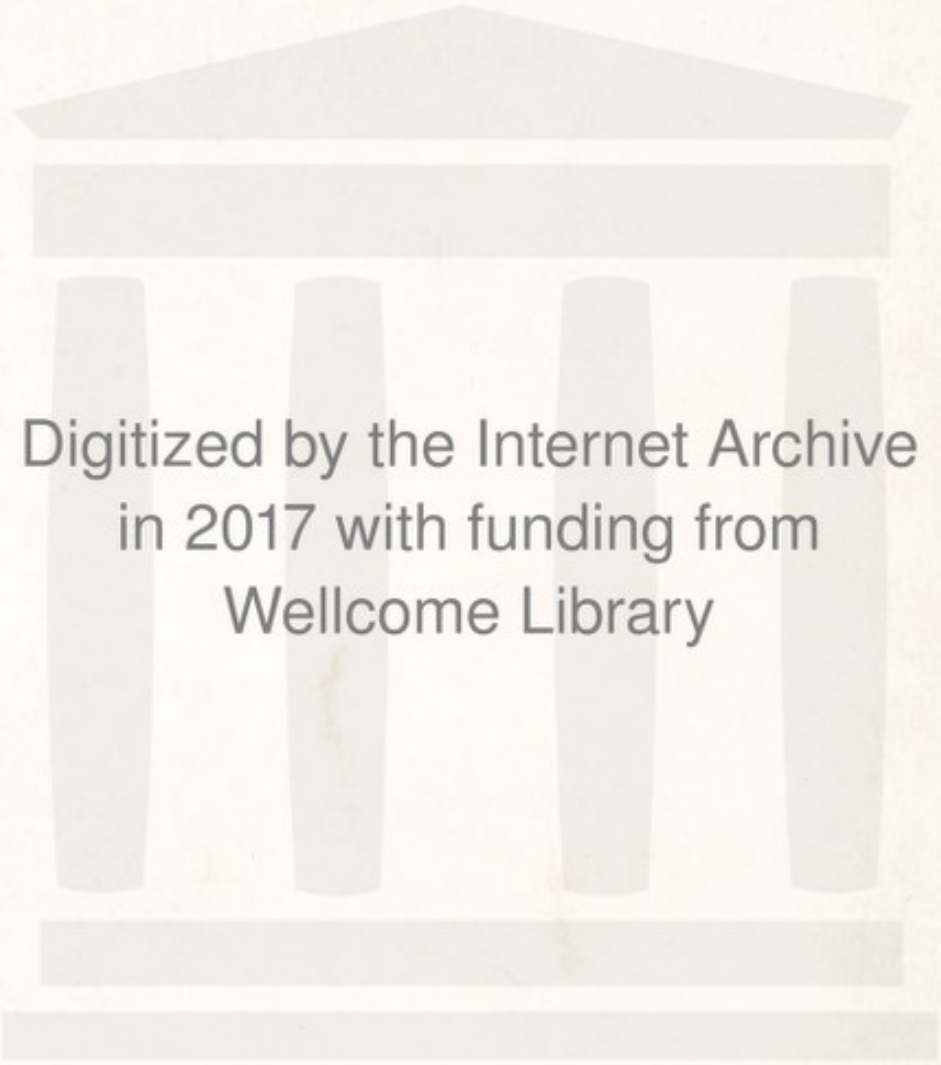

G.C. & S.—1,100—21/6/1935. 1949.

C.P. 56
1935-1936.

HERTFORDSHIRE COUNTY COUNCIL.

ANNUAL REPORT

ON

SCHOOL HEALTH

(TWENTY-SEVENTH)

CONCERNING PUBLIC ELEMENTARY SCHOOLS IN

HERTFORDSHIRE

RELATING TO THE YEAR

1934

BY

H. HYSLOP THOMPSON,

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

County Medical Office, Hertford.

Assistant School Medical Officers.

BARKER, A., B.Ch. ... ... *Manor Cottage, Much Hadham.*	Sawbridgeworth Urban and Hadham Rural (part of).§
BEALE, H. L., M.B., C.M. ... *2, Rothamsted Avenue, Harpenden.*	National Children's Home School.
BUCHANAN, J., M.B. ... ... *20, Station Road, Watford.*	Watford Borough (part of).**
***CLARKE, A. E., M.D., M.R.C.S.** *Rickmansworth.*	Rickmansworth Urban.
***COX, W. J., M.B., D.P.H.** ... *Public Health Dept., Watford.*	Watford Borough (part of).§§
***FRASER, H., M.B., C.M.** ... *Harpenden.*	Harpenden Urban.
***GRATTAN, H. W., M.R.C.S., F.R.C.P., D.P.H.** ... *Bridge Road, Welwyn Garden City.*	Welwyn Garden City Urban, Hatfield and Welwyn Rural.
***GROSS, MALCOLM, M.B., D.P.H.** ... *Town Hall, Hemel Hempstead.*	Berkhampstead and Tring Urban, Berkhampstead and Hemel Hempstead Rural.
***GROSVENOR, A. A., M.D.** ... *Stevenage.*	Stevenage Urban.
***HARDIE, C. F., M.A., M.B., L.R.C.P.** ... *53, Wood Street, Barnet.*	Barnet Urban and Barnet Rural.
***HARVEY, W., M.D., D.P.H.** ... *25, King Street, Watford.*	Bushey and Chorleywood Urban, Watford Rural.
***MACFADYEN, N., M.B., M.R.C.S., D.P.H.** ... *Letchworth.*	Hitchin, Letchworth and Royston Urban, Ashwell and Hitchin Rural.
***McCLYMONT, J., M.D.** ... ... *Enfield.*	Cheshunt Urban.
***PATON, R. R. K., M.B., Ch.B., D.P.H,** *36, St. Peters Street. St. Albans.*	St. Albans City and Rural.
***ROSE, A., M.A., M.B., Ch.B.** ... *29, Station Road, New Barnet.*	East Barnet Valley Urban.
***SUGGIT, B., M.B., Ch.B., D.P.H.,** *Baldock.*	Baldock Urban.
***WHITELAW, A. D., M.D., B.Ch., D.P.H.** *The Castle, Hertford.*	Bishop's Stortford, Hertford, Hoddesdon and Ware Urban, and Hertford and Ware Rural (part of).
WIGFIELD, A. S., M.B., B.S., M.R.C.S., L.R.C.P. *Buntingford.*	Buntingford, Hadham (part of)§ and Ware 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, Garston, 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. Whitelaw.

§§Beechen Grove C.C., Central C.C., Chater C.C., Parkgate Road C.C., Field C.C., Holy Rood R.C., Oxhey C.C., Leggatts Way C.C., and Defective Schools.

Annual Report on School Health.

Chapter I.—ADMINISTRATION.

The following Report, which is the twenty-seventh of its series, gives information regarding the work of School Medical Inspection and of the treatment of defects in school children carried out during the year.

There has been one change in the personnel of the School Medical Staff during the year. Dr. A. E. Clarke, of Rickmansworth, has resigned, and will be succeeded as Assistant School Medical Officer by the Medical Officer of Health for Rickmansworth Urban District when the appointment is made.

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 1934 was 429,350. The average number of children on the books was 44,818, compared with 45,421 for the previous year, showing a decrease of 603.

Table II gives information regarding the actual number of inspections and visits to schools made by the Assistant School Medical Officers during the year. It will be observed that, with one or two exceptions, inspections at and visits to the schools have been made in excess of those required, in several cases to a considerable extent.

TABLE I.—Areas of Assistant School Medical Officers.

Districts.	Acreage.	Estimated Population, 1934.	Average Number of Children on Books.	Assistant School Medical Officer.
Urban.				
1 Baldock	542	3,381	377	Suggit, B.
2 Barnet	3,114	16,850	1,626	Hardie, C. F.
3 Berkhampstead ...	1,208	8,477	816	Gross, M.
4 Bishop's Stortford	3,371	10,400	1,083	Whitelaw, A. D.
5 Bushey	3,081	11,750	1008	Harvey, W.
6 Cheshunt	8,479	15,320	2,015	McClymont, J.
7 Chorleywood ...	1,989	3,395	192	Harvey, W.
8 East Barnet Valley	2,644	21,540	2,044	Rose, A.
9 Harpenden ...	1,633	9,160	899	Fraser, H.
10 Hemel Hempstead	7,184	15,940		Beale, H. L.
11 Hertford	1,503	12,290	1,349	Whitelaw, A. D.
12 Hitchin	3,675	15,220	1,663	Macfadyen, N.
13 Hoddesdon... ...	1,576	7,792	1,019	Whitelaw, A. D.
14 Letchworth ...	3,651	14,390	1,726	Macfadyen, N.
15 Rickmansworth ...	4,727	11,680	1,071	Clarke, A. E.
16 Royston	1,003	3,781	477	Macfadyen, N.
17 St. Albans	2,698	30,980	3,680	Paton, R. R. K.
18 Sawbridgeworth ...	2,678	2,840	388	Barker, A.
19 Stevenage	4,545	5,696	653	Grosvenor, A. A.
20 Tring	4,407	4,488	495	Gross, M.
21 Ware	629	6,685	1010	Whitelaw, A. D.
22 Watford	3,251	57,800	6,868	Buchanan, J.
				Cox, W. J.
23 Welwyn Garden City	2,460	9,445	1,352	Grattan, H. W.
Total Urban ...	70,048	299,300	31,811	
Rural.				
1 Ashwell	22,049	3,546	422	Macfadyen, N.
2 Barnet	9,215	6,894	709	Hardie, C. F.
3 Berkhampstead ...	18,384	5,328	597	Gross, M.
4 Buntingford ...	28,470	4,581	524	Wigfield, A. S.
5 Hadham	25,466	5,476	600	" "
				Barker, A.
6 Hatfield	22,091	12,610	1,372	Grattan, H. W.
7 Hemel Hempstead	19,994	8,720	1,160	Gross, M.
8 Hertford	33,449	7,655	861	Whitelaw, A. D.
9 Hitchin	54,998	14,710	1,927	Macfadyen, N.
10 St. Albans	37,070	21,670	1,584	Paton, R. R. K.
11 Ware	33,953	13,590	1,457	Whitelaw, A. D.
				Wigfield, A. S.
12 Watford	23,903	21,230	1,421	Harvey, W.
13 Welwyn	5,430	4,040	373	Grattan, H. W.
Total Rural ...	334,472	130,050	13,007	
Total for County	404,520	429,350	44,818	

TABLE II.—Medical Inspection and Visits, 1934.

	Number of Schools. (1)	Average number of Children on Books. (2)	Estimated number of Inspections required. (3)	Actual number of Inspections made. (4)	Minimum number of School-visits required, one per term. (5)	Number of School-visits paid. (6)
Dr. Barker ...	6	503	155	171	18	21
Dr. Beale	1	176	54	94	3	4
Dr. Buchanan ...	5	3,033	933	1,142	15	90
Dr. Clarke ...	4	1,071	330	216	12	8
Dr. Cox	9	3,835	1,180	1,169	25	51
Dr. Fraser ...	3	723	222	222	9	18
Dr. Grattan ...	18	3,097	953	1,018	52	72
Dr. Gross	23	3,204	986	1,047	69	89
Dr. Grosvenor ...	2	653	201	240	6	13
Dr. Hardie ...	10	2,335	719	822	30	52
Dr. Harvey ...	15	2,621	806	908	45	48
Dr. Macfadyen ...	45	6,215	1,912	1,877	134	170
Dr. McClymont ...	10	2,015	620	692	30	31
Dr. Paton	24	5,128	1,578	1,716	72	156
Dr. Rose	7	2,044	629	679	21	28
Dr. Suggit	2	377	116	107	6	8
Dr. Whitelaw ...	42	6,448	1,984	2,110	125	116
Dr. Wigfield ...	21	1,340	412	504	63	80
Totals ...	247	44,818	13,790	14,734	735	1,055

The children detailed for inspection during 1934 were:—

(*a*) those newly admitted to school life,
(*b*) those born in the year 1926,
(*c*) those born in the year 1922,
(*d*) those not previously inspected and known to be about to leave school.

TABLE III.—Inspections, Refusals, and Presence of Parents, 1934.

Sex.	District.	Inspections.			Total.	Refusals.	Percentage.	Parents present at first Inspection.	Percentage.*
		Entrants.	Born in 1926.	Born in 1922 and Leavers.					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Boys	Urban ...	1806	1659	1749	5214	2	·04	1017	56·3
	Rural	757	754	705	2216	3	·1	347	45·8
	Urban and Rural	2563	2413	2454	7430	5	·07	1364	53·2
Girls	Urban ...	1761	1673	1779	5213	—	—	1032	58·6
	Rural	671	664	756	2091	1	·05	322	48·0
	Urban and Rural	2432	2337	2535	7304	1	·01	1354	55·7
Boys and Girls	Urban ...	3567	3332	3528	10427	2	·02	2049	57.4
	Rural	1428	1418	1461	4307	4	·09	669	46·8
	Urban and Rural	4995	4750	4989	14734	6	·04	2718	54·4

*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 6 refusals during the year, as compared with 4 last year. The percentage of parents present at the first medical inspection was 54·4 compared with 50·3 last year.

Chapter II.—REPORTS OF ASSISTANT SCHOOL MEDICAL OFFICERS.

This chapter contains extracts from the annual reports of the Assistant School Medical Officers. Special points of interest and importance are referred to in these reports. Attention has been directed during the year under review to the nutrition of the children and to the extent and possible causation of such impaired nutrition as has been detected. The value of milk in improving the nutritional standard of school children is emphasised. The difficulties met with in dealing with defects and minor ailments more especially in the more isolated

rural districts is referred to but this difficulty is much less serious than it was some years ago; it cannot be expected that the same facilities can be provided in rural districts as are available in urban districts. At the same time it is of great assistance to have attention drawn to the difficulties which are met with in the actual work of school medical inspection so that increased efforts may be made to overcome them.

Dr. Hardie (Barnet).

The number of children examined in 1934 was 822, compared with 799 in 1933.

The defects found showed a decrease, being 239, whereas those for 1933 numbered 257. During the past seven years, the number of throat defects has greatly diminished, particularly in the schools in the Urban area. The number of children with defective vision has been fairly constant, the figures for the seven years being 47, 44, 65, 41, 40, 44, and 55. With regard to the decrease in throat defects, I think this is probably due to the great increase of efficient dental treatment, and to better feeding and housing conditions, which have resulted in an improvement in the children's health and development.

The condition of the children's teeth shows great improvement. Mouths are cleaner, and cervical glands are not so frequently found to be enlarged.

The new school at Underhill is from its position a great benefit. The children generally are clean, well kept, and the mothers take great interest in the medical inspection work, the arrangements for which are very good.

Masters and mistresses have been most helpful, they take a real interest in the work, and appear to appreciate its usefulness. I have again been struck by the absence of nits and ringworm on the children's heads, cases presenting either of these troubles being quite rare. I think the provision of milk to school children should be a powerful factor in increasing nutrition and resistance to disease. Milk, pasteurised if necessary, is I think much preferable to milk powders or other substitutes. On enquiry, I found that the children who have the milk are frequently those whose parents can pay readily for it, with the result that the robust children are mainly catered for, and the frailer type tend to be overlooked. Steps should be taken to overcome this defect, as it is obviously the poor and weakly who have the greater need.

Dr. Gross (Berkhampstead and Tring).

In addition to group children and missed cases 60 'special' children were seen at the request of parent, school teacher or nurse, or else by reason of their requiring a special examination because of a particular defect. As compared with last year both the percentage of children with defects and the percentage requiring immediate attention are somewhat higher.

Among the routine inspections 75 children were found exhibiting signs of under-nourishment. This figure is considerably higher than that obtained during the last few years. The principal causes for this under-nourishment are very difficult to determine at a brief medical inspection, even when the parent is present, but I am often led to the conclusion that errors in infant nurture, faulty diet and faulty habits, play a greater part than does actual shortage of food. Of these 75 cases only 3 were severe enough to be classified as malnutrition. There were 67 cases of heart affection found and of these 16 or 23.9% had organic heart disease. The majority of these children attend school regularly and are without symptoms. In certain cases parents and teachers are advised of the condition and warned also as to any special care to be exercised in the question of physical training, including swimming.

Twenty children were noted as having deformity defects. The majority consisted of minor degrees of kyphosis, flat and hollow chests. Cases were also noted of club foot, flat foot, cleft palate, birth paralysis. Suitable cases were referred to an Orthopædic Centre. Fifty-two children were recommended for tonsil and adenoid removal. Some of these children had previously been advised operation by their own medical attendant.

Three cases of diphtheria occurred among children attending Wiggington School. They probably originated from a carrier who had come from another County. Investigations in the village led to the discovery of another untreated case. This was promptly removed to isolation hospital, all the school children were inspected and a number swabbed, some being excluded from school. No further cases occurred. Prompt action contributed in preventing an epidemic here.

A measles epidemic occurred in the Berkhamstead, Northchurch and Potten End areas, heavily involving the schools, especially the infant departments. The school was closed a few days before the end

of the term so that the children should be away for a period just over the incubation period of measles. Although it is generally recognised by competent authorities that neither school closure or disinfection is of appreciable value in checking measles outbreaks, these measures were carried out in this case to allay panic. A certain number of cases of measles also occurred at the Tring Schools.

Dr. Wigfield (Buntingford).

Dr. Wigfield reports that the number of children examined in his district was 504, of whom about 120 received defect forms. He lays stress on the number of children whose defects found on previous examinations had not been treated owing to withholding by the parents of consent for the treatment to be carried out, and states " my experience seems to suggest that the greater number of defects are found at the ages of 7 to 8, and I feel that if it were possible to have a greater percentage of parents present one might be able to explain to them, with greater conviction, the need for a particular line of treatment." Reference is also made to the disparity between the facilities available at different schools for dental treatment and to the difficulty experienced in securing other forms of treatment, and especially examination by an ophthalmic surgeon in the case of children attending the more isolated schools.

Dr. Wigfield emphasises the point that there should be a closer liason between the Assistant School Medical Officers and the Medical Staff of the voluntary hospitals to which school children are sent for treatment, and he suggests some alteration in Form M.T.1 with a view to securing this very desirable aim.

Dr. Harvey (Bushey).

The health of the scholars attending the elementary schools in the Bushey, Chorleywood, and Watford Rural Districts during 1934 was generally satisfactory. The incidence of infectious disease was low. The general standard of nutrition was satisfactory. Special attention was devoted to those children whose nutrition was considered to be below normal, and advice on suitable diets was given to the parents. In some cases open-air treatment at a residential school was recommended, and the children returned greatly improved. There is no shortage of food and malnutrition was found to be due to constitutional causes, or, to improper feeding.

Considerable advance has been made in recent years in the application of open-air principles to the elementary schools. Although the full application of such principles is probably not possible in this climate there is room for their further extension. Closely connected with open-air treatment is the question of clothing, and there has been great improvement in this respect, especially in the case of girls; the clothing of boys is still in many cases too heavy and complicated.

Apart from the improvement in the general health, fewer cases of very bad defects were found. Treatment is now obtained for diseased conditions of the tonsils, teeth, etc., at an earlier stage and before they have seriously affected the health. Parents willingly accept the recommendations for treatment, and the arrangements for carrying out such treatment have worked efficiently.

The School Nurses have performed their duties in a very satisfactory manner, and the results obtained are due, to a great extent, to the way in which they have brought children to the notice of the Medical Inspector, and, to their influence with the parents. A high standard of hygiene has been maintained in the schools.

Dr. McClymont (Cheshunt).

Nothing of medical or sanitary note marked the year except perhaps the good average general health associated with the year of splendid sunshine. There was a small epidemic of measles which affected a proportion of the school children. Of 23 cases of scarlet fever which occurred 18 were school children. No schools were closed during the year on account of epidemic disease.

During routine inspection 692 children were examined, and the defects noted were referred for treatment. One feature of the examination was the improvement in attention to the teeth. "Dental Drill" had recently been instituted in certain schools, and it was satisfactory to note the result. In Waltham New Town School a considerable number of children of caravan dwellers—so-called gipsies but really hawkers—now attend, and their physical condition, cleanliness and clothing are much below the average standard. There has, however, been a considerable amount of house building in Cheshunt, houses of an improved type which are occupied by people who are better off with an improved class of children.

The sanitary condition of the schools is satisfactory, although one would like to see some improvement in the older buildings.

Dr. Rose (East Barnet Valley).

During the year 1934, 679 children, excluding a considerable number of special cases, were submitted for routine examination, of these 48% were found to be defective and 68% unvaccinated.

While dental caries, enlarged tonsils and adenoids, and in a lesser degree, defective eyesight continue to form the great bulk of physical defects discovered at periodic school examinations, it is, in my opinion, very necessary, now that obvious physical defects are so well cared for at clinics, hospitals, and at their own homes by the family doctor, to point out that one of the gravest defects, still very sadly in need of attention, is the matter of personal cleanliness. I would again point out, as I have done in previous years, that where the head teacher insists on cleanliness and will not have uncleanliness at any price, uncleanliness is conspicuous by its absence, with marked effect on the appearance of even the poorest children. There is no excuse whatever, for senior boys and girls especially, coming to school with heads, necks and hands unwashed, and clothing dirty. In bad cases I have instructed teachers and school nurses to exclude them from school until they are clean.

As regards nutrition, with the greatly increased daily rations of milk issued to every child in need of it, I hope to see a considerable improvement in future years. As regards sanitary arrangements, I have drawn attention to the trough closet system still in use at Margaret Road and Trent Schools. These are antiquated, unsatisfactory, and out-of-date, and in my opinion ought to be replaced by up-to-date modern closet arrangements.

Dr. Fraser (Harpenden).

There were 222 children examined during the year. The general physique of the children was generally on a level with that of 1933, although the clothing and footwear were not quite so good. Fifty-three children were referred to the various treatment centres, 18 for vision, 18 for dental treatment and 17 for ear, nose and throat condition.

During the summer there was a severe outbreak of measles which necessitated school closure.

The problem of overcrowding at the C.C. 85 Infants' School has become more urgent during the year. At the end of the year a report was submitted on the sanitary condition of this School.

Dr. Whitelaw (Hertford).

The number of children examined in 1934 was 2,110, of whom nearly 200 required operative treatment for the removal of tonsils and adenoids and approximately the same number were referred to oculists for refraction. About 18 children attended the Orthopædic Centres for examination and appropriate treatment.

Four schools were closed on account of infectious disease. Measles was the cause at Aston which was closed for 3½ weeks early in the New Year; and also at Widford, closed for a fortnight about the same time.

A severe outbreak of mumps necessitated closure of Hertingfordbury School for 2 weeks in April—this school having had no cases for some years.

An extensive outbreak of rubella occurred at Tewin towards the end of the Summer Term, attendance during the last week dropping to 37%; and mumps and chicken pox caused the closure of Stanstead Abbotts School a week earlier than usual.

Other schools receiving certificates of attendance below 60% on account of the prevalence of epidemic sickness in the District were the Practising School (Infants' Department), Bishop's Stortford, on account of chicken pox for the week ending March 3rd; Datchworth for the week ending March 24th (measles), and Benington for the week ending August 2nd (sore throats).

Scarlet fever was prevalent in Hoddesdon during the second half of the year, especially among the children attending the Rye Park Schools.

The epidemic of scarlet fever at Bishop's Stortford finally died down in April.

Three cases of diphtheria occurred at St. Mary's (Boys) School, Ware, in December, and 4 carriers were isolated. Elsewhere only sporadic cases were notified.

Dr. Macfadyen (Letchworth).

The total number of children examined was 1,877, and the principal defects were—enlarged tonsils and adenoids 610, defective vision 229, and defective teeth 282.

The general impression of the inspections this year is satisfactory, and improvement is maintained, though it is slow in the case of tonsils and adenoids and in defects of vision. The question of squinting children seems to me an important one which does not receive the importance it merits. A squint is a serious disability in many ways and the possibility of its prevention and proper treatment is worth careful consideration. Many parents are curiously unwilling to acknowledge that their children squint. School attendance was good during the year and uncleanliness and malnutrition almost absent.

Dr. Paton (St. Albans).

During the year considerable reconstruction and rebuilding of sanitary offices has been carried out by the County Council, and now all the County Council schools in the City have adequate sanitary accommodation. Owing to the lack of funds some of the Church schools are not in such a satisfactory condition.

Sporadic cases of scarlet fever and diphtheria, especially the latter, have occurred in the schools during the year. In the rural district scarlet fever and diphtheria have been prevalent. In Redbourn the schools are somewhat antiquated, and the provision of a new school should be considered. When drainage is available the offices at Park Street School should be reconstructed.

Dr. Grosvenor (Stevenage).

The boys attending the County Council school are, with few exceptions, healthy and well nourished. Septic teeth and enlarged tonsils and adenoids are the chief causes of trouble. The clothing generally was quite satisfactory, and also the boots.

The buildings are quite satisfactory.

The chief ailments found in children attending the C. of E. School were, as in the boys' school, enlarged tonsils and adenoids and septic teeth. These cases, where necessary, were recommended for treatment, and most of the parents willingly accepted its adoption.

I find no evidence in any of the schools of malnutrition due to insufficient food.

The children are well clothed and shod and the average attendance is good.

Bottled milk is supplied and distributed at the price of half-penny a bottle to those children whose parents wish it to be given to them.

The buildings are satisfactory.

Dr. Cox (Watford).

The Medical Officer of Health of the Borough of Watford is responsible for medical inspection of the following schools :—

Leggatts Way, Chater, Field, Parkgate Road, Holy Rood Roman Catholic, Beechen Grove Boys, Higher Elementary and Beechen Grove Special, and the following report, therefore, relates chiefly to these schools. For a fuller account of medical inspection of school children the annual Report of the County School Medical Officer should be consulted.

The children of these schools constitute about half the total number in the elementary schools of the Borough, the remaining schools in the town being dealt with by Dr. Buchanan.

In all, 1,169 children were examined in the course of routine inspection. Of these 1,169 children, 387 (or 33 per cent.) were found to be suffering from defects which required medical treatment. Altogether the 387 children were suffering from 429 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 parents, on, or shortly after, receiving notification of the defect from the medical inspector.

Only the chief causes of physical defect are referred to above. In addition, however, advice was given in numerous cases about minor ailments such as anaemia, poor nutrition and functional heart disease. In addition, the parents of some of these children consulted their own doctor about these matters, acting on advice received at the inspection.

There has been a slight increase in the number of cases of removal of tonsils and adenoids on last year's figures, 75 as compared with 66, but in 1931 the number was 82.

Discrimination has been exercised to distinguish between cases of simple hypertrophy of tonsils causing no pathological condition, and cases where operation was necessary to remedy diseased conditions which were present.

Such cases are septic tonsils, which are causing general toxaemia, or considerable enlargement of the cervical lymphatic glands, or tonsils so large that mechanical obstruction to breathing is caused. In addition, there are cases of adenoids causing deafness which must be operated on, and other cases which are complicated by the presence of a chronic nasal or aural discharge. It frequently occurs that enlargement of tonsils is only temporary, and if left for further observation, on later inspection the tonsils will be found to have diminished to the normal size. Such is often the case at the time of an epidemic of influenza or of catarrhal winter "colds." Adenoids, if only at the early stages, may be remedied in some cases by suitable breathing exercises. If, however, nasal breathing is neglected there is a tendency for adenoids to get worse, so that operation may become inevitable. As regards defective vision, 98 children were dealt with in the last year, as compared with 97 in the previous year. It is highly satisfactory to report that in no case did the parents refuse to obtain treatment for defective sight. In all the cases notified to the parents the response in obtaining spectacles was satisfactory. This prompt action indicates that the popular view about obtaining spectacles for children has altered for the better during the last fifteen or twenty years. This change of attitude is doubtless partly due to better general education. On the other hand, however, some credit must be claimed for the system of medical inspection itself.

The response of the parents to the recommendation for dental treatment has been, on the whole, satisfactory, although in some cases the parent is inclined to argue the case against treatment. If decayed teeth are causing pain, there is little hesitation about obtaining treatment. If, however, the reverse is the case, one sometimes hears the argument that first teeth do not matter, or that they will decay and fall out in due course. There has, however, been a great improvement in the parental attitude on this important matter, but not to the same extent as in the case of visual defects.

Increasing importance is being attached to the nutrition of school children. Generally speaking, Watford is a town where malnutrition is not of common occurrence in normal times. The present times of economic difficulty is, however, bound to have an effect on the nutrition of school children, although extreme cases showing loss of weight and marked anaemia are comparatively rare.

On the other hand, cases of slight malnutrition are difficult to detect by medical examination. The headteacher, who is constantly in touch with the children, and who is also usually aware of the economic circumstances of the families from which they come, is best able to judge which are the cases who most require this form of nourishment.

The provision of milk for consumption at school is a useful adjunct to the child's dietary, and is of great value in preventing malnutrition. The reduction in price to a half-penny per bottle is a great boon to the health of the children concerned.

The sanitary condition of schools continues to be uniformly good, generally speaking, but there are certain schools in the town at which the system of trough closets is still in use. This is a recognised system of sanitation which has its drawbacks. Although it is capable of being sanitary in use, it is objectionable from an aesthetic point of view, and sometimes the parents are inclined to ascribe illness to the use of apparatus of this kind. Fears on this account are usually groundless, but the abolition of this unpleasant system and the substitution of individual pedestal closets would be a great advantage in various ways.

Dr. Buchanan (Watford).

At Alexandra School the lighting has been re-modelled, and a great improvement has been effected in the hall. Two small rooms have been converted into one, by removal of the partition, and the heating brought up-to-date.

The Head Teacher at Callowland Boys' School states that the lighting could be improved by using stronger lamps, and by substituting opal shades for the present ones, which are clear glass. Electric light, water, and gas radiators have been installed in the Handicraft Centre.

At Victoria Girls' and Infants' School the lighting is inadequate, and a drawback to work during the winter months.

Victoria and Garston Schools have more children than was originally intended. The new school at Mount Pleasant should diminish the numbers at Garston. The four new class rooms now being erected at Victoria Boys' School will relieve the pressure there.

The number of children inspected during the year was 1,142, and the number of defects notified was 242.

A number of cases are referred each year to the Orthopædic Clinic for advice and treatment. School re-inspection shows the good results which are being obtained. The chief groups are genu valgum, flat foot, curvatures of the spine and fractures.

As regards vision, it is important for the teachers to be observant in noting the symptoms of eye defects. This is particularly so in the case of the infants, who are, of course, too young to be tested with the usual vision cards. Teachers should note cases of children not seeing the black board, holding the book too close, squinting, redness, photophobia, and blinking of the eyelids.

The children requiring the most attention are the definite and progressive myopics. A parent does not always realize the necessity of taking the child to the eye doctor again after an interval as requested —6 months or a year, in the case of the progressive myopic.

Fire drill is carried out regularly at most of the Schools. I feel that it is a necessary part of the instruction at all Schools. Occasionally it may have to be modified by local conditions—the main doors of one school open on to a busy street.

This form of drill is not only a safeguard in case of fire, but also good disciplinary training for the children at School and in after life.

I am glad to be able to repeat that, in the case of the vast majority of children, the state of unemployment in the country has had but little effect on health and clothing.

A number of children living in the Leggatt's Rise area belong to very poor families. (These families were moved to Leggatt's Rise when the Slums in central Watford were cleared).

The free milk, and gifts of second-hand clothing and footwear are especially appreciated in these cases.

Dr. Grattan (Welwyn Garden City).

Apart from outbreaks of infectious illness the general health of the Hatfield Schools has been satisfactory. Measles was prevalent in Hatfield and in the district during the Spring and early part of the Summer. Westfield, Newtown and both schools at North Mymms were closed for a period on this account.

Scarlet fever was prevalent during the late Spring and Summer in Northaw, and the school was closed for ten days in July. No common source of infection was discovered, but among the sources of infection noted were mild cases which had been missed as no medical advice had had been sought.

It was found necessary to close St. Audrey's Infant School for ten days in September on account of a small outbreak of diphtheria. Two "carriers" were detected among the pupils and a third "carrier" among the pupils of St. Audrey's Senior School.

The general health in the Schools in Welwyn Garden City has been very good and the incidence of notifiable disease very low. No schools were closed during the year on account of illness.

In the Welwyn Rural District, measles was very prevalent during the Spring when it became necessary to close both Welwyn and Woolmer Green Schools for a period; with this exception the health of the pupils has been good.

In spite of the definite and progressive improvement noted in the condition of the teeth, dental defects are still one of the chief defects noted at medical inspections.

Chapter III.—PHYSICAL RECORDS AND DEFECTS.

The number of children inspected during 1934 was 14,734, compared with 14,667 for the previous year; this includes 166 special inspections. The average number of children on the books was 44,818, compared with 45,421. The number of schools included in the scheme of inspection was 247, compared with 249 last year.

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, in 31·1 per cent. defects were found requiring directions compared with 27·9 last year. The number of directions given with a view to the treatment or correction of minor ailments and defects was 5,699, compared with 5,015 last year.

TABLE IV.—Defects and Directions, 1934.

Sex.	District.	Total Inspections	Defects for which directions were given.			
			Number of children requiring Directions.	Percentage.	Number of Directions given.	Percentage.
Boys	Urban	5214	1438	27·6	1743	33·4
	Rural	2216	794	35·8	1039	46·9
	Urban and Rural ...	7430	2232	30·04	2782	37·6
Girls	Urban	5213	1562	30·0	1940	37·2
	Rural	2091	790	37·8	977	46·7
	Urban and Rural ...	7304	2352	32·2	2917	39·9
Boys and Girls	Urban	10427	3000	28·8	3683	35·3
	Rural	4307	1584	36·8	2016	46·8
	Urban and Rural ...	14734	*4584	31·1	*5699	38·7

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

Table V gives particulars of the various defects found in the course of the medical inspection of 14,734 children and of those referred for treatment and requiring to be kept under observation. The defects for which treatment was most frequently required were dental disease, 15·5 per cent. compared with 13·4 per cent. last year; defective vision, 5·0 per cent. compared with 3·9 last year; enlarged tonsils, 7·02, compared with 6·5 last year, non-tuberculous cervical glands, 1·2 per cent., compared with 1·1 last year; and enlarged tonsils and adenoids, 3·8 per cent. compared with 3·1 per cent. for the previous year.

TABLE V.—Return of Defects found in the course of the Medical Inspection of 14,734 children in 1934.

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	50	340	34	269	84	609	·6	4·1
	Unncleanliness—								
	Head	21	42	77	105	98	147	·7	1·0
	Body	19	94	13	52	32	146	·2	1·0
Skin	Ringworm—								
	Head	—	—	—	—	—	—	—	—
	Body	4	3	—	1	4	4	·03	·03
	Scabies	1	5	4	2	5	7	·03	·05
	Impetigo	10	8	6	11	16	19	·1	·1
	Other Diseases	14	22	11	18	25	40	·2	·3
	Blepharitis	22	22	19	20	41	42	·3	·3
	Conjunctivitis	1	11	6	3	7	14	·05	·1
	Keratitis	—	—	—	—	—	—	—	—
Eye	Corneal Opacities	1	1	—	—	1	1	·01	·01
	Defective Vision	320	249	416	239	736	488	5·0	3·3
	Squint	79	53	73	37	152	90	1·0	·6
	Other Conditions	4	7	8	2	12	9	·08	·06
	Defective Hearing	10	23	11	16	21	39	·1	·2
Ear	Otitis Media	13	23	5	16	18	39	·1	·2
	Other Ear Diseases	8	5	7	17	15	22	·1	·1
	Enlarged Tonsils	518	610	517	611	1035	1221	7·02	8·3
Nose and Throat	Adenoids	26	47	25	42	51	89	·3	·6
	Enlarged Tonsils and Adenoids	289	144	268	162	557	306	3·8	2·1
	Other Conditions	—	—	—	—	—	—	—	—
Enlarged Cervical Glands (non-tuberculous)		108	384	65	321	173	705	1·2	4·8
Defective Speech		4	26	4	6	8	32	·05	·2
Teeth—Dental Diseases		1121	763	1169	715	2290	1478	15·5	10·03
Heart and circulation	Heart Disease—								
	Organic	7	21	2	15	9	36	·06	·2
	Functional	19	78	14	73	33	151	·2	1·0
	Anæmia	14	62	9	49	23	111	·1	·7
Lungs	Bronchitis	3	25	6	14	9	39	·06	·2
	Other Non-Tuberculous Diseases	31	24	29	16	60	40	·4	·3
Tuberculosis	Pulmonary—								
	Definite	1	1	3	2	4	3	·03	·02
	Suspected	6	2	4	1	10	3	·07	·02
	Non-pulmonary—								
	Glands	4	8	1	6	5	14	·03	·1
	Spine	—	3	—	—	—	3	—	·02
	Hip	—	—	—	—	—	—	—	—
	Other Bones & Joints	—	—	—	—	—	—	—	—
	Skin	—	—	—	—	—	—	—	—
	Other Forms	—	1	1	—	1	1	·01	·01
Nervous System	Epilepsy	—	3	—	2	—	5	—	·03
	Chorea	1	—	—	7	1	7	·01	·05
	Other Conditions	5	3	5	2	10	5	·07	·03
Rickets		5	9	—	6	5	15	·03	·1
Deformities		54	51	50	47	104	98	·7	·7
Thyroid Glands		2	1	4	3	6	4	·04	·03
Other Defects and Diseases		56	52	50	49	106	101	·7	·7

TABLE VI.—Closure of Schools during 1934.

	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 - -	*4	1	—	—	—	—	—	—	5
Rural - -	12	1	1	4	—	—	†2	2	22
No. of Re-closures—									
Urban - -	—	—	—	—	—	—	—	—	—
Rural - -	10	—	—	2	—	—	—	—	12
Total: Urban -	4	1	—	—	—	—	—	—	5
Rural - -	22	1	1	6	—	—	2	2	34
All in 1934 - -	26	2	1	6	—	—	2	2	39

* Includes 1 Measles and Chickenpox.
† Includes 1 Mumps and Whooping Cough.

Closure of Schools.—Schools were closed on 39 occasions during 1934, compared with 72 occasions during 1933. The chief causes of school closure during the year were: Measles 26, compared with 6 for the previous year; diphtheria, 6; and scarlet fever and mumps, 2 occasions. It will be observed that there was a considerable decrease in the number of occasions on which Schools were closed for epidemic disease during the year compared with 1933.

In the memorandum which has been referred to in previous reports the Board of Education emphasizes the fact that "if during epidemics of infectious disease, the power to exclude individual children from school be used to the best advantage, it is only in special and quite exceptional circumstances that it will be necessary to close a school in the interests of public health." It is further pointed out that as a general rule and apart from exceptional circumstances, closure of the school is not justified unless all the following conditions

are simultaneously present (*a*) evidence pointing to the continued meeting of children in school as a source of infection; (*b*) cases of infectious disease continuing to occur after every effort has been made to discover the infecting cause, and (*c*) good reason to expect that closure will considerably reduce the likelihood of exposure to infection.

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

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 ill should immediately be excluded; (2) the immediate contacts of any case of infectious disease should be excluded except in the case of certain diseases 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 and of the contacts of actual 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. (6) Ventilation and suppression of dust and the cleanliness of school premises; these are of special importance during the winter months.

During the year there has been a somewhat virulent type of diphtheria in some districts. Under the Maternity and Child Welfare

Scheme of the County Council facilities are now available at the Child Welfare centres for the immunization against diphtheria of children under school age. The question of providing facilities for the immunization of school children is being considered by various sanitary authorities in the County as it is not possible for such facilities to be provided by the education authority.

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 parents.* 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 appearence of rash. *Contacts :* Infants and other children who have not had the disease three weeks from date of last exposure to patient with rash.

Whooping-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.

Chicken-pox.—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.

Malnutrition.—The number of children in whom some degree of malnutrition or impaired nutrition was found was 693, compared with 745 for 1933. Of the total number of children examined, in 0.6 per cent. malnutrition was sufficiently marked to necessitate the child being referred for treatment, compared with 0.5 last year, while in 4.1 per cent., compared with 4.5 last year, there was a slight degree of malnutrition which necessitated the children being kept under observation. The actual number of children with malnutrition sufficiently marked to require treatment was 84, compared with 78 for 1933.

It will be observed that while the number of children found to be suffering from some degree of malnutrition is less, the actual number

found to require treatment for this condition has increased, being 84 compared with 78. The general nutrition of the children inspected has been uniformly good, and it is only in a comparatively small proportion that there exists any degree of malnutrition. It has been pointed out that it is not always easy to decide whether a child is or is not suffering from impaired nutrition, but when due consideration is given to the weight of the child in relation to height ; and to the degree and tone of the subcutaneous fatty tissue, no difficulty should be experienced. It is not always easy to determine the actual cause of malnutrition, but it is only in a small proportion of cases that insufficient food is regarded as responsible. Special cases of this kind which are brought to the notice of the School Medical Officer are referred for special consideration.

During the year a scheme has been inaugurated for increasing the demand for milk by school children, by reducing its price to ½d. per third of a pint. The scheme has been put into force through the agency of the milk clubs which had existed in connection with most of the schools in the County. All milk supplied is examined bacteriologically and milk approved under the scheme must conform to Grade A standard or be Pasteurised under license. At the begining of 1935, in 204 department (132 in urban schools and 72 in rural schools) Milk Clubs have been formed under the new scheme, and the milk which is supplied has been approved as conforming to standard. This scheme is proving of value in maintaining and improving the standard of nutrition of the school children.

Cleanliness.—Of the total number of children examined 245 were referred for treatment or to be kept under observation for uncleanliness of the head, as compared with 265 for 1933. Of the total number of children examined, 0.7 per cent. were referred for treatment for this condition, compared with 0.5 last year. The number of children with uncleanliness of the body was 178, compared with 239 for 1933, while the percentage referred for treatment was 0.2, compared with 0.3 last year. These figures indicate a further considerable improvement in the standard of cleanliness of the school children, and it is to the unfailing efforts of the school nurse that we are indebted for the highly satisfactory standard of cleanliness which has been reached.

Scabies and Ringworm.—Twelve cases of scabies have been reported during the year, compared with 4 last year, and of the number reported, 5 were referred for special treatment, 7 requiring to be kept under observation. No cases of ringworm of the head were discovered during the routine inspection during the year.

Defective Vision and Squint.—Some visual defect was found in 1,224 of the children examined, compared with 1,091 during 1933. Of the total number of children examined 5.0 per cent. were referred for treatment, compared with 3.9 last year. The number of children with squint referred for treatment was 152, compared with 182, and the number of children with eye disease referred for treatment was 60, compared with 49 last year.

Teeth.—Of the children examined, 3,768, or 25.6 per cent., were found to have some dental defect, compared with 3,903 or 26.6 per cent. last year. Of the total number of children examined 15.5 per cent. were referred for treatment, compared with 13.4 last year. These figures indicate further improvement in the dental condition of the children examined.

Tuberculosis.—Seven cases of definite pulmonary tuberculosis were recorded out of the total number of children examined, compared with 16 last year. Twenty-four cases of non-pulmonary tuberculosis were recorded amongst the children examined, compared with 25 last year.

Adenoids and Enlarged Tonsils.—Some enlargement of the tonsils was found in 2,256 cases, compared with 2,337 cases in 1933. For this condition 7.02 per cent. of the children examined were referred for treatment, compared with 6.5 last year. In regard to adenoids, 140 cases were reported, compared with 159 last year, while 0.3 per cent. were referred for treatment, compared with 0.5 last year. There were 863 cases of tonsils and adenoids occurring together, while 3.8 per cent. of the children examined were recommended treatment for this condition, compared with 3.1 last year. From these figures it will be noted that in the case of enlarged tonsils and enlarged tonsils combined with adenoids, there has been some increase in the percentage of cases referred for treatment, although in the case of enlarged tonsils and adenoids separately there have been fewer cases reported.

Enlarged Glands.—Some enlargement of the cervical or submaxillary glands was found in 878, compared with 826 last year, which shows an increase.

Non-Tuberculous Respiratory Diseases.—Forty-eight children were found to have bronchitis, compared with 44 last year, and 100 were recorded as suffering from other respiratory conditions, compared with 83 last year.

Physically Defective Children.—During the year 60 children were recorded as suffering from defective hearing, compared with 68 last year, the percentage referred for treatment for this condition being 0.1. The number of children suffering from defective speech was 40, compared with 51 last year, and the percentage referred for treatment for this condition was 0.05, the same as last year. The presence of deformities is reported in 202, the percentage referred for treatment being 0.7, compared with 0.8 last year.

Nervous Diseases.—Five cases of epilepsy were reported, compared with twelve last year. There were 8 cases of chorea compared with 10 last year. Other nervous conditions were found in 15 children, compared with 13 last year.

Enlarged Thyroid.—Some enlargement of the thyroid gland was found in 10 children, compared with 12 last year. In six of the 10 cases treatment was recommended. The number of cases of enlargement in the three age-groups was as follows: 5—6 years, nil: 7—9 years, 2 boys and 2 girls; 10—12 years, 1 boy and 5 girls; the total number of girls being 7, as compared with three boys.

Rickets.—This condition was found in 20 children, compared with 19 last year. Of these 5 were referred for treatment.

Other Defects and Minor Ailments.— Impetigo contagiosa called for treatment in 0.1 per cent. of the children examined, the same as last year. The percentage of cases of otitis media recommended for treatment was 0.1, compared with 0.09 last year, and for other ear diseases 0.1. The percentage of children referred for treatment for anæmia was 0.1 compared with 0.09 last year. The number of children with evidence of cardiac disease, including both organic and functional disease, was 229, compared with 223 last year, of these 42 were referred

for treatment and 187 were kept under observation. The percentage referred for treatment for organic cardiac disease was 0.06, compared with 0.2 last year, and for functional disorder 0.2, the same as last year.

Vaccination.—The percentage of school children who were found to be vaccinated continues to decrease. Of 14,734 children examined, 4,327 were vaccinated and 10,407 unvaccinated, the percentage of vaccinated being 29.4, compared with 30.4 last year, and the percentage not vaccinated being 70.6,compared with 69.6 for the previous year.

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

No new developments of any special importance in the scheme of treatment of defects in school children occurred during the year. Some extension in the provision of facilities for dental treatment will, however, take place during the year. The somewhat rapid change in the population of the County more especially in its southern parts will no doubt in due course call for some revision of the provision at present made through clinics and otherwise for the treatment of defects in school children.

Operative Treatment for Tonsils and Adenoids.—During the year, 877 school children were operated upon under your Council's scheme for tonsils and adenoids, compared with 740 last year. This shows some considerable increase on that of the previous year when there had been a considerable fall compared with the year before. In previous reports emphasis has been laid on the desirability of not removing tonsils for enlargement alone as it may be temporary in character. Enlargement even of a slight degree associated with definitely injurious effect on the child's health, growth or educational response is of course an indication for operation,

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 1,224, compared with 1,091 in 1933, and the number referred to ophthalmic surgeons was 1,139, compared with 1,085. The number of children supplied with glasses was 984, compared with 914 last year. These figures show some

increase for the year. There is no doubt that one of the evils of modern civilization is an increasing tendency to impairment of vision. At the same time it has to be realized that the more effective the scheme of inspection and examination the more frequently will slight errors of refraction be detected and corrected.

Dental Treatment.—The arrangements for the provision of facilities for dental treatment are as follows. (*a*) Two whole-time dental surgeons. (*b*) Nineteen 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, Whitwell, Welwyn Garden City and Lemsford. (*c*) Two voluntary clinics, one at Harpenden and one at Ware. (*d*) Arrangements with dental surgeons to carry out treatment in the case of school children at Royston, Barley, Barkway, Buntingford, Berkhampstead and Tring.

During the present year arrangements are being made to provide facilities for dental treatment at Knebworth and Hadham. The extension of the scheme of dental treatment throughout the County will necessitate in due course the appointment of a third whole time dental surgeon to meet the increasing requirements for dental treatment.

Particulars of the amount of work carried out at the various clinics in the County are given in the tables at the end of the report. The following report submitted by the sub-committee which supervises the work at the County Council Dental Clinic at Watford gives information as to the character of the work carried out there. It should be stated in connexion with this report that an additional session at this clinic has been arranged for.

Report of Work at Watford Dental Clinic.

For the Year 1934.

Your Sub-Committee begs to report that during the past year, there has been an increase in the work accomplished, viz.:—(*a*) 116 more children examined at school. (*b*) 65 additional administrations of gas. (*c*) 66 more fillings. (*d*) 413 more extractions.

As the number of Sessions was one less than in 1933, the Staff can be congratulated even more warmly than last year on their achievements.

In view of this increase accomplished and the fact that so much remains to be done, your Sub-Committee feel it is incumbent on them to renew their submission made last year, viz. :—"That there is a definite need for the extension of the Dental Service at the Watford Centre."

There are approximately 7,000 children in the Schools of the Borough, and it was only possible for the Staff working at full pressure to:—1.—Examine 1,679 children in the School. 2.—Treat the 1,039 cases requiring attention. 3.—Treat the additional cases referred by the School Medical Officers of Watford and the surrounding villages.

The interval between successive inspections has been reduced again, but it is evident that a definite proportion of scholars were not able to receive the benefits of dental attention.

It should be possible for each child to be inspected annually and treatment provided if necessary. It is also felt that the time devoted to the treatment of cases from outside the Borough deprives an equivalent number of those within the Borough of opportunities for treatment.

Thus your Sub-Committee earnestly request that the County Council's attention be drawn to this important submission.

During the Summer Vacation, the interior of a part of the Centre was re-decorated and now presents a more cheerful appearance.

The School Nurse has been granted an assistant and her section of the Centre's work is still a model of efficiency. The books and records are carefully and accurately kept.

In conclusion, your Sub-Committee wish to record a high appreciation of the zeal, patience and executive skill of the dentists and anæsthetist.

Treatment of Ringworm.—Arrangements for the X-ray treatment of ringworm are now made with the London Hospital. During the year 2 cases of ringworm have been treated by this method, compared with 7 last year.

Minor Ailments.—The number of defects treated at the two minor ailment clinics at Hitchin and Hatfield was 145, compared with 160 last year, and the number treated as a result of following up by the school nurses was 1,415, compared with 1,525 last year. Of the

total number of defects of all kinds treated in connection with clinics and school nursing 91·6 per cent. were successfully treated or are still under treatment, compared with 89·2 per cent. last year.

The recognition on the part of parents as to their responsibility in regard to defects and minor ailments is becoming more apparent. The provision of increased facilities for treatment apart from provision made under schemes of the County Council, such as the contributory schemes provided by the voluntary hospitals has no doubt some direct influence is this connexion.

Orthopædic and Massage Treatment.—There is practically nothing new to report in connexion with the work of the Orthopædic Scheme in the County which is proving of such value to crippled children and to children with minor defects in the County.

The British Red Cross have established in Hertfordshire 6 orthopædic centres, and 9 massage clinics. The massage clinics are at Buntingford, Harpenden, Hatfield, Hitchin, Letchworth, St. Albans, Watford, Welwyn Garden City and Hoddesdon. They are open at least 3 days in the week, and some of them 6 days.

Patients at Bishop's Stortford and the surrounding districts are treated at the massage department at Bishop's Stortford Hospital. 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. An artificial sunlight lamp has been installed at St. Albans Clinic.

The orthopædic centres are at St. Albans, Hitchin, Letchworth, Watford, Hoddesdon, and Bishop's Stortford. They are visited at regular intervals by the Orthopædic 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. The cases sent by their local medical practitioners are chiefly adults.

The number of cases dealt with during the year is higher, being 2,162, compared with 1,920 last year; of the total number attending, 385 were between the ages of 5 and 15, and 325 were under 5 years. The number of patients sent to hospital was 75, compared with 69 last year.

In the following tables particulars are given of the various defects found in children attending the clinics and centres :—

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	4	4	3	11
	Deformity of lower limb	66	23	6	95
	Deformity of head & trunk	9	11	9	29
Bone & Joints (Acquired).	Deformity of upper limb	1	2	–	3
	Deformity of lower limb	165	48	42	255
	Deformity of head & trunk	1	10	13	24
Bones	Infections	1	8	4	13
	Injuries & Fractures	7	67	238	312
	New Growths	–	3	7	10
	Amputations	–	2	12	14
Joints	Infections—Arthritis	2	1	204	207
	Tuberculosis	–	13	16	29
	Injuries	1	18	203	222
Central Nervous System.	Infantile Paralysis	4	25	15	44
	Hemiplegia	3	8	14	25
	Spastic Paralysis	1	7	2	10
	Encephalitis Lethargica	–	–	1	1
	Other Conditions	–	–	13	13
Peripheral Nervous System.	Injuries to Nerves	2	–	24	26
	Neuritis & Sciatica	–	2	122	124
	Other Conditions	4	1	7	12
Connective Tissues	Scars, fibrositis, etc.	–	–	76	76
Muscles & Tendons		32	123	231	386
Constitutional	Rickets	2	–	–	2
	Rheumatism	–	1	164	165
Vascular System		2	1	16	19
Other Conditions		18	7	10	35
Total		325	385	1,452	2,162

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 refers 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 -	18	22	32	325	385	1452
Out-patients -	–	–	3			
Total -	18	22	35			

In addition to the above figures a number of cases have been sent to hospital for x-ray examination with a view to ascertaining the extent of disease present or to clearing up a doubtful diagnosis.

Chapter V.—SCHOOL NURSING.

The work of this department of the scheme of School Medical Inspection has been carried out during the year in its usual quietly efficient manner. The routine inspection of the children has been responsible for the high standard of cleanliness whlch has now been reached.

The visits of the nurses to the schools for inspections as to personal cleanliness average for the year 14·8, compared with 14·9 last year. During the year the number of children found to be verminous was 304, compared with 305 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 277,060, compared with 264,659 last year, and the number of children cleaned and re-cleaned was 1,925, compared with 2,092.

The work of the school nurses in the following up of the various defects detected by school medical inspection is again reported as highly satisfactory. From the following table it will be seen that throughout the county 91·6 per cent. of the defects reported upon were treated satisfactorily, as compared with 89·2 last year, a figure which is highly satisfactory and emphasizes the value of the work carried out by the school nurse. 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.

TABLE XI.—Work of School Nurses during 1934.

	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	216	16	14	246
Number of Children	33,903	3,871	6,868	44,642
Medical inspections and clinics attended	1,644	129	279	2,052
Number of other visits to schools	3,029	354	268	3,651
Number of examinations and re-examinations for cleanliness and minor ailments ...	232,779	24,744	19,537	277,060
Number of individual children found verminous	288	1	15	304
Number of individual children found unclean	1,159	91	214	1,464
Number cleaned and re-cleaned	1,634	71	220	1,925
Number of visits to Parents *re* defects and uncleanliness ...	10,953	1,668	1,478	14,099
Total number of defects reported on	8,805	935	1,308	11,048
Number treated satisfactorily and number receiving medical advice	7,947	893	1,280	10,120
Percentage treated satisfactorily and receiving medical advice	90·3	95·5	97·9	91·6

Chapter VI.—THE PHYSICALLY AND MENTALLY SUB-NORMAL CHILD.

The following procedure is adopted in recommending children suffering from serious physical defects for admission to hospitals and special schools.

For practical purposes the defects of such children may be divided into the following groups:—

(*a*) Blindness and defective vision, deaf and dumb children, defective speech.
(*b*) Epileptic children.
(*c*) Disease or defect of joints, bones and muscles.
(*d*) Disease of heart, lungs or other organs.
(*e*) Constitutional weakness or debility requiring generally convalescent treatment.

(*a*) Blind and Deaf and Dumb children are sent to special residential schools for special instruction to enable them subsequently to take up some useful occupation. The duration of residence at such schools depends on the response to training. Children who are partially blind or who have some defect of speech which interferes with normal instruction in a public elementary school are also sent for shorter periods to special schools. The basis of recommendation in all cases is a certificate from the assistant school medical officer that the defect is of such degree as to preclude instruction in an ordinary elementary school.

(*b*) Epileptic children, viz., those suffering from epileptic seizures with no associated mental deficiency who are unable to benefit from or interfere with instruction in an ordinary school; these are sent to a special residential school.

(*c*) Diseases and Defects of Bones and Joints. These conditions are either congenital defects or have resulted from acute disease such as anterio-poliomyelitis. The children suffering from such conditions are usually sent to the Royal National Orthopædic Hospital, Stanmore, and they have all been examined and recommended for treatment in that institution by Mr. Higgs, the orthopædic surgeon. The duration of treatment varies from a few weeks to several months or longer according to the nature of the condition and the amount of physical re-education which is required. Reports are received from time to time regarding the progress which is being made and the recommendations for extension of treatment which are made are based on these reports. All recommendations are limited to a definite period at the end of which a further report is obtained. At the present time there are eight school children of this type in the orthopædic hospital, the longest period being twelve months.

(*d*) Diseases of Heart, Lungs, etc. Certain children with heart disease are unable to be taught in public elementary schools. In a few cases the heart condition is congenital but more usually it is due to

rheumatic infection; this latter type will greatly improve under care and suitable treatment, but a damaged heart never fully recovers and physical strain has especially to be avoided. As a preventive measure certain children suffering from chorea are sent to hospitals and later to convalescent homes. Chorea is a manifestation of rheumatism which if neglected and untreated is liable to produce permanent heart disease so the treatment of children suffering from this condition is of great importance. Cases of asthma have occasionally to be dealt with but all cases of definite tuberculosis are treated under the tuberculosis scheme of the County Council.

(*e*) Constitutional Weakness and Debility. This refers to a small group of cases which have occasionally to be sent to a convalescent home for a short period to recuperate.

General Procedure.—All cases are examined either by the assistant school medical officer or some special practitioner, e.g., ophthalmic surgeon, orthopædic surgeon, etc., who submit a medical report with recommendations as to treatment and the necessity for special education. All these reports are considered by the County School Medical Officer who recommends the action that should be taken. Subsequent recommendations for extension of treatment are based on the reports received from the medical officer of the hospital or school to which the child has been sent.

The Mentally Defective Child.—During the year 90 children were examined as to their mental condition compared with 48 last year. Of this number 26 were recommended for admission to a special school, and 31 were referred as ineducable to the Committee under the Mental Deficiency Act. At the present time there are 106 children attending certified schools for mentally defective children, compared with 99 last year. See also Reports on the Special Schools for mental defectives.

The Dull and Backward Child.—During the year reports were received of 26 children of this type. At certain schools attention is frequently drawn to the presence of dull and backward children. All such children are examined with a view to determine their correct mental standard. A few are found to be mentally defective but the majority are classed as dull and backward, and are recommended as requiring special attention at school. In one or two schools, special

classes are provided for the instruction of such children, but it is difficult to meet the requirements of isolated children of this type except by some provision of a residential character.

The Blind Child.—At the present time 11 blind children are attending certified schools or classes for the blind, the same as last year.

The value of special instruction in the case of blind children hardly requires to be emphasised. It teaches the child some degree of independence and breaks down that sense of restriction and exclusion which is inevitably associated with blindness. It prepares the child for training in some useful employment, although the actual question of subsequent remunerative employment may present much difficulty.

The Deaf Child.—During the year 2 deaf or partially deaf children were recommended for admission to a special school. At the present time there are 15 totally deaf or deaf and dumb children in certified schools for the deaf. More attention is now being paid to the prevention of deafness, and steps are taken to secure that young children who suffer from conditions likely to produce deafness of a permanent character are referred to hospitals for treatment.

The Epileptic Child.—During the year particulars were received of 2 epileptic children. At the present time 2 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 orthopædic treatment. At the present time there are 8 physically defective children in special schools.

Chapter VII.—Report on the Work at Special Schools for Mentally Defective Children,

Kingsmead School.

School Medical Officer's Report.

During the year 1934 there were admitted to the school 25 children: 15 county and 10 out-county cases, compared with 18 last year. Of these 12 were boys and 13 girls. There were 29 children discharged during the year compared with 17 during 1933; of these 16 were boys and 13 girls, and 16 were county cases and 13 out-county cases.

In the following table, particulars are given of the procedure adopted in the case of the children discharged during the year.

	Boys.		*Girls.*		*Total.*
	Herts.	*Out-County.*	*Herts*	*Out-County.*	
Discharged to care of parents - -	3	3	4	2	12
Discharged to other Authorities -	—	3	—	5	8
Transferred to Cell Barnes - -	6	—	2	—	8
Otherwise dealt with - - -	1	—	—	—	1
Total - - - -	10	6	6	7	29

Physical Condition of Children.

The general health of the children during the year has been good and it is satisfactory to be able to report that there has been no outbreak of epidemic disease and, apart from one case of chicken-pox early in the year, which was nursed and treated in the school, there have been no actual cases of infectious disease. There has also been no serious illness from any other cause in the school during the year. Two children and one feeble-minded woman were sent to the Hertford County Hospital for operative treatment for cataract, abscess and cyst.

One serious accident occurred; a boy, whilst playing, fell and fractured his leg. He was sent to the Hertford County Hospital and has completely recovered.

During the year 43 children received dental treatment and two were examined for defective vision.

The nutrition and weight of the children has been well maintained during the year. All the children have gained weight, the highest increases in boys being 25, 22¾, 21¼, 16¾, 15¼, 14½, 13¾ (four), 13½ and 13¼ (two) and in the case of girls 19¼, 15¾, 14, 13½ and 13 and over 10 lb. (ten). As is usually the case a number of the children on return to the school after the summer vacation were found to have lost weight but with three exceptions all have regained the weight lost.

Mental Condition of Children.

Increasing attention has been given to the selection of children for admission to the school. It is recognized that only children of a high-grade type who are likely to derive substantial benefit from instruction,

especially in manual work, should be admitted. It is not always possible, however, to avoid the admission of one or two children of a lower type but such children are admitted on trial only and, if unresponsive to instruction, are discharged or transferred to Cell Barnes Colony.

In the following table particulars are given of the standard of intelligence of the children admitted.

Intelligence Quotient.	*Girls.*	*Boys.*	*Total.*
Under 55 - - -	–	4	4
55—60 - - - -	3	–	3
60—65 - - - -	1	3	4
65—70 - - - -	2	4	6
70—75 - - - -	6	2	8
Total - - -	12	13	25

During the year 8 children were discharged as unsuitable or as unlikely to derive any further benefit from instruction ; of these 4 were transferred to Cell Barnes Colony. Of 12 children discharged at 16 years of age, 4 were transferred to Cell Barnes Colony.

The standard of intelligence of all children is estimated on admission and on discharge at the age of 16. In some children the I.Q. is found to be higher on discharge, in others it is lower, but after allowing a margin for error it has been found over a period of years that there is very little difference in the I.Q. on admission and on discharge. One satisfactory feature of the results obtained in the school is the good response obtained to manual instruction even in the case of some children whose I.Q. is relatively low. The display of various articles made by the children in the school from time to time and the useful work which has been done by some of the older boys during the year in woodwork, bootwork and painting bears this out. It is of course a great gain when a mentally defective child has been taught to grasp the five essentials, reading, writing, counting, knowledge of time and of money values, but in the case of many defective children this is impossible and for such children instruction in suitable handwork becomes of chief importance.

CONCLUSIONS.

During the past year the work of the school has continued to be carried out in an efficient manner. The health of the children has been exceptionally good and there has been no outbreak of disease of any serious or epidemic character.

There has been little change in the methods of teaching the children during the year except that increasing attention has been directed to the manual instruction of the older children and to the practical benefit which is to be derived from such instruction.

The discipline in the school and the conduct of the children continue to be good; occasionally, however, it is found necessary to discharge a child whose conduct is such as to interfere with the work of the school. The children are well cared for in the house; they are well fed, well dressed and are clean in appearance. Careful attention is given to sport and recreation.

Report of Beechen Grove Special Day School, Watford.

There were 41 children on the register of this school during 1934. The following report from the Head Teacher indicates the character of the instructional work being carried out at this school.

The school continues to aim for a high standard of work, and tries to lay a good foundation in the three R's, using everything as far as possible grown by the children, and articles made by them to further the teaching of arithmetic, reading and writing.

Work in the garden has produced excellent results during the spring, summer and autumn, and the children have greatly benefitted both mentally and physically. Other forms of handwork embrace woodwork, basketry, all forms of raffia work; stall seating in seagrass, leather and cane, plain and fancy needlework, leatherwork, knitting, housewifery and cooking. Children cook their own produce from the garden for dinners. The upper part of the school is kept clean by the children, swimming at the open air baths, games on the recreation ground and scouting expeditions have all had a marked influence for good on the children.

Scoutmaster Painter visits the school two or three times weekly to assist in games, woodwork and the scout classes. He has proved a great help in these directions. He, and the Assistant Scout Officer,

Miss K. Schulze, have taken the children to visit the Zoological Gardens, and, on another occasion, the London Museum and the Tower of London were visited. The children benefited educationally by these visits, afterwards writing compositions of their observations. The Assistant Scout Commissioner (Miss Plaister) examined the troop during the year and both patrols succeeded in passing all their tests. Mr. Cowle (Scout Secretary) and Mr. Painter visited on Empire Day, the former lecturing on " Our Empire " to the children.

Music has once again played a great part in improving mentality of children. One boy gained honours at the London Musical Festival during the year for pianoforte playing, his only instruction being that given in the school. The children take each other for help in this direction.

Three boys gained the 100 yards test swimming certificates this year.

Two girls were sent by the County Council to the St Leonard's Convalescent Home for a month. On their return it was found that they had both gained about one stone in weight and health was much improved.

Many visitors, college students and old scholars have again visited the school. It is gratifying to note good progress of old scholars in their work.

G. L. (ex-scholar) is still working in the Studios in Farringdon Street, where he occupies a good position on the staff as an Artist. He has been abroad on several occasions, and is doing well, thus fulfilling his early promise. W. A. (ex-scholar) has passed the practical part of the L.R.A.M. Exam., and is now working for the written tests. S. S. is working with his father at Benskin's Brewery. K. B. left us at midsummer, and is working at Provis Thorne with a view to apprenticeship to carpentry.

Report by Dr. Cox.

Beechen Grove Special School.—In connection with this school, a complete inspection was made towards the end of 1934 of all the children in the school. This was in accordance with a request by the

Medical Inspector of the Board of Education that an annual inspection of each child should be made, in addition to the routine inspections which are carried out. The examination included an investigation into the mental and physical condition of each child, assistance being rendered by the head teacher, particularly in respect of the mental progress of the children. In each case the child was classified according to type. Notes were also made on its progress in the school, and also on physical health and improvement.

This annual examination is necessary, and is proving of great value in estimating the progress of each child, and also for the better supervision of its physical condition. The results of the inspection are entered on a form provided by the County Council, and are retained at the Health Office together with the previous records of annual inspection of each child. The results of these inspections are encouraging as they show very great physical improvement with a certain amount of advance in mental development. Unfortunately mental development does not keep pace with physical improvement in most cases of mentally defective children.

Chapter VIII.—Structural and Sanitary Alterations.

The sanitary standard of the schools in the county improves from year to year. This is partly due to the construction of new schools with up-to-date sanitary provision, but it is also due to improvements carried out in the older schools. In County Council schools conditions are generally good; in some of the non-provided schools in the rural districts the conditions are less satisfactory. It is chiefly to such schools that the Assistant School Medical Officers in their Annual Reports draw attention to unsatisfactory sanitary conditions. Special attention is drawn from time to time to the absence of washing facilities—absence of hot water and inadequate supply of cold water in some schools, but this is almost unavoidable in the more isolated districts. The various matters relating to sanitary or hygienic conditions of the schools are referred to the County Surveyor.

I am indebted to the County Surveyor for the information set out below, giving particulars of the more important improvements carried out at the various County Council schools during the year.

I give below a list of structural alterations, including improvements in sanitary conditions in various County Council Schools carried out during the year ending 31st December last :—

St. Albans Camp	Conversion of lighting from gas to electricity. Provision of new offices.
St. Albans Bernards Heath	Provision of new offices.
St. Albans Garden Fields...	Conversion of trough closets to pedestal W.C.s.
St. Albans Alma Road ...	Do.
St. Pauls Walden... ...	Provision of teachers' room. Installation of electric light.
Breachwood Green ...	Provision of bathroom and other improvements to teacher's house.
Watford Beechen Grove ...	Provision of hot water installation.
Braughing	Improvements to sanitary arrangements and laying on water supply.
St. Albans Priory Park ...	Conversion from gas to electric light.
Gt. Berkhampstead ...	Do.
E. Barnet Margaret Rd. Girls	Do.

Chapter IX.—Open-air Instruction—Physical Training—Juvenile Employment.

Instruction in the open air has come to be recognised as an important part of the education of the child. Exposure to the air and sunlight is of value to the child with impaired nutrition. In the open also the school child has organized games, physical exercises and training which give him poise and correct carriage, maintain the circulation at an efficient level and stimulates growth, physical fitness and mental activity. Care must be exercised however that no child who has any organic weakness of heart or lungs or disease of bones or joints should be allowed to suffer from unsuitable exercises or undue physical effort.

The following extracts from the Annual Report of the Organizer of Physical Training in the County indicate the character of the work which is being done to improve and maintain the standard of health and physical fitness of the school children.

It has been evident during the past three or four years that the Physical Training Syllabuses of 1919 need some revision to meet the changed conditions of school organization and, in consequence, November, 1933, saw the publication of the "1933 Syllabus of Physical Training." In the main it provides for the physical education of children in junior schools, i.e., those up to 12 years, for it is the intention of the Board, as soon as circumstances permit, to issue Special Syllabuses suitable to the needs of senior boys and girls; but, where re-organization has not taken place, the new Syllabus contains ample material for use in the upper classes of "All Standard" schools.

Organized Games.—Happily every child now enjoys at least one games lesson each week, for the inclusion of organized games in the school time-table has long since been recognized as essential. Moreover, the training is much more systematic, due to the fact that teachers are realizing that the games to be played depend entirely upon the age of the child, its capabilities and the facilities available. Further, that the function of the junior games is to give an all round training in "ball control," so that the major games in the senior school may be played in a much more skilful manner. It is only when this stage has been reached that games become really effective in the widest sense in the life of the child. These are the underlying principles of the Games Section, which is an important feature of the 1933 Syllabus. It has been the practice in this county, however, for several years, for schools to work at an Organized Games Syllabus prepared by the Organiser so as to secure continuity of training.

As to games in the senior schools, they are, of course, chiefly the national team games; in addition two excellent team games, suitable to both boys and girls, Rugby Touch and Shinty, simple forms of Rugby and Hockey. The time has arrived, however, when the games of the senior children must have regard to their needs and opportunities when they have left school, and it is for this reason that some schools have been encouraged to take up Tennis, at the moment largely for girls. The question of the right use of leisure is receiving much consideration

in the world to-day and will become of still greater importance in the future. Can there be a better use of a little of the leisure, which is bound to be the lot of some of the children leaving our schools every year, than in healthy exercises? Give such children as high a degree of skill as is possible in our national games and swimming, and a desire to keep fit, and it is certain that they will wish to continue that which has commenced in school life, providing, of course, that organizations and facilities are available.

Demonstrations and Open-days.—Another feature of school activities which is finding favour is demonstrations of physical training and folk dancing, either as part of an "Open-day," or forming a special programme. Those which the Organizer has witnessed have shown some exceeding good work and when such is the case these demonstrations are of great value, not the least of which is that they tend to raise the standard of work of the whole school. It is to be hoped that, should other schools arrange similar demonstrations, teachers will confine the programme strictly to the official Syllabus and that they will not be given until the children are able to show a really good standard of performance.

Posture.—The importance of posture training has been discussed many times in these Annual Reports and now the new Syllabus of Physical Training makes it one of its chief features, urging teachers to give the question their earnest consideration and to take every opportunity, not only during physical training lessons but at all times, to inculcate in the children the habit of good posture. The Organizer, too, when opportunity occurs for addressing parents during "Open-days," always asks them to watch the posture of their children in the home. But all this important work is to some extent handicapped by the fact that there are still to be found desks of an obsolete pattern which are without back-rests and do not permit of erect standing.

EMPLOYMENT OF SCHOOL CHILDREN.

The Children and Young Persons Act, 1932, which came into force on 1st November, 1933, repeals, extends, re-enacts and consolidates many statutory provisions relating to the employment of children and young persons.

The following are the principal provisions affecting the Education Committee :—

Under this Act, a "child" means a person under the age of 14 years, but this is extended for the purposes of Part II, which relates to employment by section 30, which provides that a person who is attending a public elementary school and who reaches the age of 14 years during a school term, shall not be deemed to cease to be a child until the end of that term. A "young person" means a person who has attained 14 and is under the age of 17. Section 18 of the Act contains the following restrictions on the employment of children :—

(1) Subject to the provisions of this section and of any bye-laws made thereunder no child shall be employed—

(*a*) so long as he is under the age of 12 years; or

(*b*) before the close of school hours on any day on which he is required to attend school; or

(*c*) before six o'clock in the morning or after eight o'clock in the evening of any day; or

(*d*) for more than two hours on any day on which he is required to attend school; or

(*e*) for more than two hours on any Sunday; or

(*f*) to lift, carry, or move anything so heavy as to be likely to cause injury to him.

(2) A local authority may make bye-laws with respect to the employment of children, and any such bye-laws may distinguish between children of different ages and sexes and between different localities, trades, occupations and circumstances, and may contain provisions :—

(*a*) authorizing—

(i) the employment of children under the age of 12 years (notwithstanding anything in paragraph (*a*) of the last foregoing subsection) by their parents or guardians in light agricultural or horticultural work;

(ii) the employment of children (notwithstanding anything in paragraph (*a*) of the last foregoing subsection) for not more than one hour before the commencement of school hours on any day on which they are required to attend school;

(*b*) prohibiting absolutely the employment of children in any specified occupation.

Chapter X.—Health Education.

In previous reports reference has been made to the value of giving simple instruction to older boys and girls in matters relating to health. Instruction in domestic science, which includes the elements of dietetics, is now a recognised part of the code of instruction in the schools in the county. It would be of added value to the health and training of the children if, during the last year at school, one hour per week were given to simple instruction in the elements of hygiene and first aid, in

a routine scheme of instruction. There is nothing more conducive to a steadying influence in early life and likely to impart confidence in moments of emergency or accident than some knowledge of the elements of hygiene and first aid.

CONCLUSIONS AND SUMMARY.

The general health of the children attending the public elementary schools in the County has, on the whole, been good during the year, and the figures submitted compare favourably with those for last year.

In one or two districts sporadic cases of diphtheria of a somewhat severe type occurred, and the question of providing facilities for immunization against this disease in the case of school children is at present under consideration by some of the local sanitary authorities in the County.

The nutrition of the children examined during the year was generally satisfactory, the number of children with some degree of malnutrition or impaired nutrition being 693, compared with 745 for 1933. The percentage of cases in which malnutrition was such as to necessitate the child being referred for medical treatment was 0.6, compared with 0.5 for the previous year.

The standard of cleanliness of the school children has shown further improvement during the year. The number of children referred for treatment or to be kept under observation for uncleanliness of the head was 245, compared with 265, and the number with uncleanliness of the body was 178, compared with 239 for 1933.

Some increase is shown in the number of children with defective vision, the figure being 1,224 compared with 1,091 ; this increase is no doubt partly due to increasing care in detecting even minor types of visual defect. There is evidence, however, that impairment of correct vision with consequent eyestrain is a feature of modern civilization. The number of children supplied with glasses was 984, compared with 914 for the previous year.

The number of children found to have some dental defect was 3,768, compared with 3,903, and of the total number of children examined 15.5 per cent. were referred for treatment, compared with

13.4 last year. In some of the rural districts there is still a need for further improvement in the provision made for dental treatment, and this necessity is receiving consideration at the present time.

There is a slight decrease in the number of cases of enlarged tonsils, namely 2,256, compared with 2,337; the per cent. of children referred for treatment for this condition was 7.02, compared with 6.5. As regards adenoids, 140 cases were reported, compared with 159, the percentage referred for treatment being 0.3, compared with 0.5. Fewer children with defective hearing were reported, the figure being 60, compared with 68, while the number of children with defective speech was 40, compared with 51.

There is some increase in the number of children with deformities, namely 202, compared with 181.

Fewer cases of epilepsy and chorea were reported.

The percentage of school children found to have been vaccinated has further decreased. Of children examined, 29.4 per cent. were vaccinated, compared with 30.4 last year.

The percentage of defects treated, and for which medical advice was given was 91.6, compared with 89.2 for 1933, a figure which may be regarded as highly satisfactory.

APPENDIX.

TABLE I.—Return of Medical Inspections.

(a) Routine Medical Inspections.

Number of inspections in the prescribed groups—

Entrants	4,966
Second Age Group	4,679
Third Age Group	4,923
Total ...	14,568

(b) Other Inspections.

Number of Special Inspections	166
Number of Re-Inspections	—
Total ...	166

TABLE II.—(*a*) Return of Defects found by Medical Inspection in the Year ended 31st December, 1934.

DEFECT OR DISEASE.	Routine Inspections. Number of Defects.		Special Inspections. Number of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	83	608	1	1
Skin—				
Ringworm—Scalp ...	—	—	—	—
Body ...	4	4	—	—
Scabies	5	7	—	—
Impetigo	16	19	—	—
Other Diseases (Non-Tuberculous)	25	40	—	—
Eye—				
Blepharitis	38	42	3	—
Conjunctivitis	3	14	4	—
Keratitis	—	—	—	—
Corneal Opacities ...	1	1	—	—
Defective Vision (excluding Squint)	693	486	43	2
Squint	148	89	4	1
Other Conditions ...	12	9	—	—
Ear—				
Defective Hearing ...	20	39	1	—
Otitis Media	18	39	—	—
Other Ear Diseases ...	14	21	1	1
Nose and Throat—				
Chronic Tonsillitis only...	1024	1220	11	1
Adenoids only	46	88	5	1
Chronic Tonsillitis and Adenoids	540	304	17	2
Other Conditions ...	—	—	—	—
Enlarged Cervical Glands (Non-Tuberculous) ...	172	703	1	2
Defective Speech	8	31	—	1
Heart and Circulation—				
Heart Disease—Organic	9	35	—	1
Functional	33	151	—	—
Anaemia	21	110	2	1
Lungs—				
Bronchitis	8	38	1	1
Other Non-Tuberculous Diseases	60	40	—	—

TABLE II. (*continued*).

DEFECT OR DISEASE.	Routine Inspections. Number of Defects. Requiring Treatment.	Routine Inspections. Number of Defects. Requiring to be kept under observation, but *not* requiring Treatment	Special Inspections. Number of Defects. Requiring Treatment.	Special Inspections. Number of Defects. Requiring to be kept under observation, but *not* requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Tuberculosis—				
Pulmonary—Definite ...	4	3	—	—
Suspected	10	3	—	—
Non-Pulmonary—				
Glands...	5	14	—	—
Bones and Joints ...	—	3	—	—
Skin	—	—	—	—
Other Forms	1	1	—	—
Nervous System—				
Epilepsy	—	5	—	—
Chorea	1	7	—	—
Other Conditions ...	10	5	—	—
Deformities—				
Rickets	5	15	—	—
Spinal Curvature ...	6	2	—	—
Other Forms	97	96	1	—
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases ...	102	98	10	7
Total	3242	4390	105	22

(*b*) Number of individual children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseaess).

GROUP.	Number of Children. Inspected.	Number of Children. Found to require Treatment.
(1)	(2)	(3)
Prescribed Groups:—		
Entrants	4966	973
Second Age Group	4679	983
Third Age Group	4923	821
Total (Prescribed Groups)	14568	2777
Other Routine Inspections	—	—

TABLE III.—Children suffering from Multiple Defects.

Blindness (Not Partial Blindness). Deafness (Not Partial Deafness). Mental Defect. Epilepsy. Active Tuberculosis. Crippling. Heart Disease.

Number of children suffering from any combination of the above defects 2

	At Certified Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
Blind	8	—	—	—	8
Partially Blind	3	1	—	—	4
Deaf	13	1	—	1	15
Mentally Defective (Feeble minded)	106	14	—	1	121
Epileptic	2	1	—	1	4
Physically Defective—					
I.—Pulmonary Tuberculosis...	26	40	—	17	83
II.—Non-Pulmonary Tuberculosis...	5	30	7	11	53
Delicate	—	226	—	—	226
Cripples	8	2	—	1	11
Heart Disease	5	4	—	—	9

TABLE IV.

RETURN OF DEFECTS TREATED DURING YEAR ENDED 31st DECEMBER, 1934.

Treatment Table.

GROUP 1.—MINOR AILMENTS (excluding Uncleanliness, for which see Group VI).

Disease or Defect.	Number of Defects treated, or under treatment, during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Skin—			
Ringworm Scalp—			
(1) X-Ray Treatment ...	2	—	2
(2) Other „ ...	2	19	21
Ringworm-Body	—	3	3
Scabies	—	8	8
Impetigo	26	213	239
Other skin disease	2	32	34
Minor Eye Defects ... ... (External and other, but excluding cases falling in Group II).	11	67	78
Minor Ear Defects	12	44	56
Miscellaneous ... ... (*e.g.*, minor injuries, bruises, sores, chilblains, etc.).	92	1029	1121
Total	147	1415	1562

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

Defects or Disease.	No. of Defects dealt with.	No. of children for whom spectacles were	
	Under the Authority's Scheme.	Prescribed	Obtained
		(1)	(2)
		Under the Authority's Scheme.	Under the Authority's Scheme.
(1)	(2)		
Errors of Refraction (including squint)	1139	984	984
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—		
Total	1139		

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

NUMBER OF DEFECTS.								
Received Operative Treatment.								Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				Total.				
(1)				(2)				(3)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	
40	17	820	—	40	17	820	—	877

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme.			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non residential treatment at an orthopaedic clinic. (iii)	
Number of children treated.	—	22	385	407

GROUP V.—DENTAL DEFECTS.

(1) Number of Children who were :—

(*a*) Inspected by the Dental Surgeons at the Dental Clinics and elsewhere—

Routine Age Groups	5	216	Total 8,499
	6	1,528	
	7	1,810	
	8	1,713	
	9	797	
	10	736	
	11	610	
	12	513	
	13	364	
	14	212	
Specials			3,337
Grand Total			11,836

(*b*) Found to require treatment - - - 9,133

(*c*) Actually treated - - - - - 7,230

(2) Half-days devoted to Inspection - - 75; Treatment - - 795; Total 870

(3) Attendances made by children for treatment - - - 9,840

(4) Fillings - - - Permanent Teeth 1,979; Temporary Teeth 309; Total 2,288

(5) Extractions - - Permanent Teeth 2,997; Temporary Teeth 15,496; Total 18,493

(6) Administrations of general anæsthetics for Extractions - 3,642

(7) Other Operations - Permanent Teeth 351; Temporary Teeth 485; Total 836

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses	14·8
(ii) Total number of examinations of children in the Schools by School Nurses	277,060
(iii) Number of individual children found unclean	1,768
(iv) Number of children cleansed under arrangements made by the Local Education Authority	1,925
(v) Number of cases in which legal proceedings were taken:—	
(*a*) Under the Education Act, 1921	Nil.
(*b*) Under School Attendance Byelaws	Nil.