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HERTFORDSHIRE COUNTY COUNCIL.

ANNUAL REPORT

ON

SCHOOL HEALTH

OF

HERTFORDSHIRE

for the year

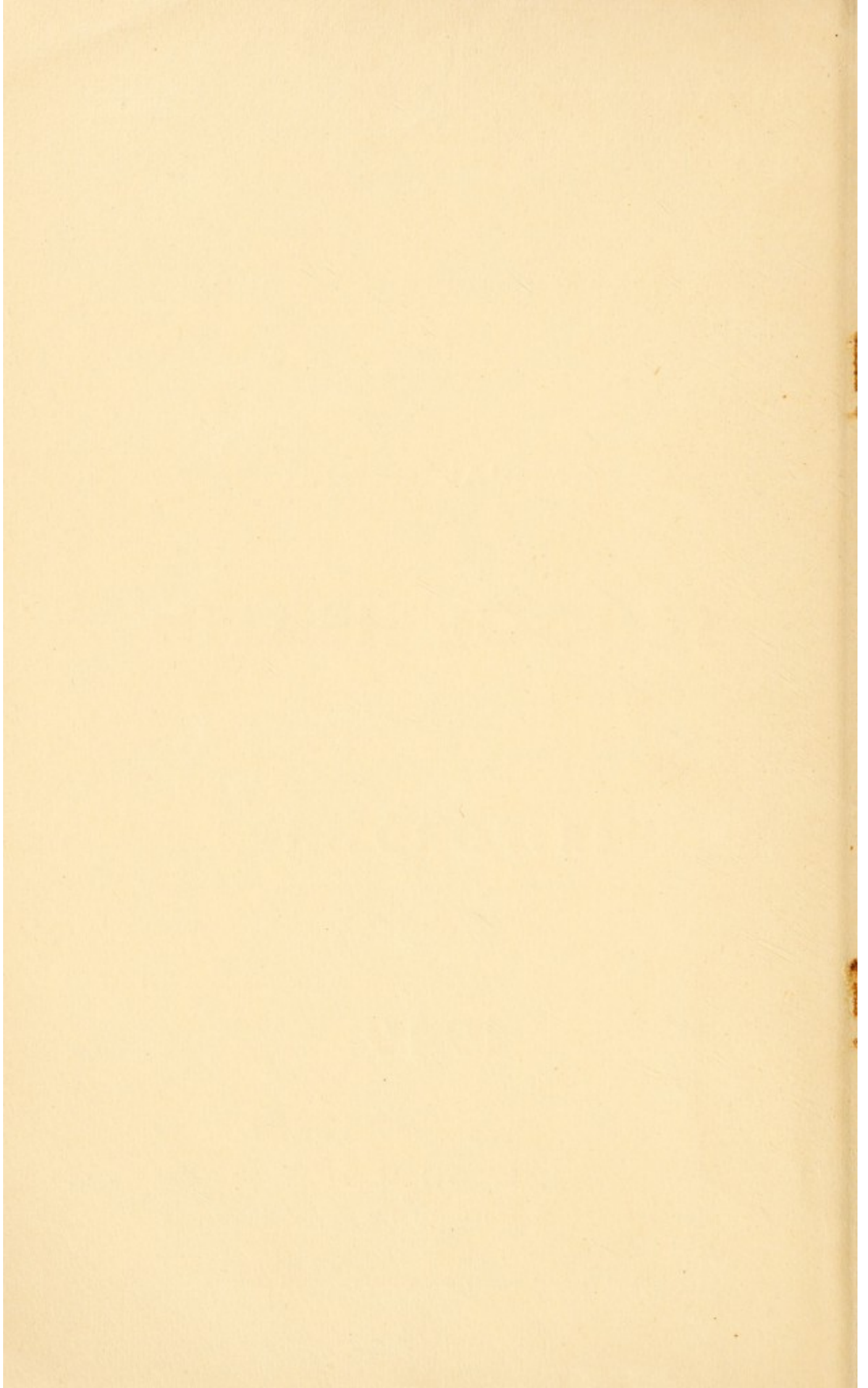
1949

By

J. L. DUNLOP,

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

School Medical Officer and County Medical Officer.



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COUNTY HALL,
 HERTFORD.
 May, 1950.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

This is my tenth Report on the health of the school children of Hertfordshire.

I have introduced a new feature on this occasion by including a separate Report for the five Divisions in which there is a Divisional Medical Officer. These Divisional Reports include the usual statistics relating to the Division, and the comments of the Divisional Medical Officer on the operation of the School Health Services in his area.

Once again I have noted the effect of the National Health Service Act on the School Health Services. Reference is made to the disturbance of our Ophthalmic Services, though at the time of writing this introduction they are settling down fairly satisfactorily once more.

One cannot write in this vein, however, on the question of the School Dental Service, and special attention is drawn to Mr. Wilson's report on p. 21. The Committee will be interested to know that Mr. Wilson is proposing to make a survey of a group of 700 school children who have gone without dental supervision for the past two years, so that next year he will be in a position to support his arguments with further proofs if—as at present seems likely—a solution has not been found to this problem when the time comes to compile my next Report.

From all accounts the system of Divisional administration of the School Health Services is working satisfactorily. It has unfortunately inevitably meant my losing some direct touch with the schools in the County, since problems which call for a visit to a school are now dealt with by the Divisional Medical Officer. Personally I regret this but I hope that the Head Teachers find the new arrangement more satisfactory, in as much as they have a senior administrative officer on the spot, who can make decisions more quickly than was the case when all problems had to be referred centrally.

It is understood, too, that the transfer of the school record cards to the Divisional Health Office has proved to be a good thing. The Head Teacher should be relieved of a good deal of tedious clerical responsibility, and arrangements have been made for ensuring that he is still fully informed of any significant defects amongst the pupils which are found at the school medical examination.

Once again the Assistant County Medical Officers have made their individual reports on certain aspects of the health of the school children in their areas. By a study of these reports which come to me unedited, I am able to preserve a direct link with the actual School Medical Officers who "do the work". It is reassuring to find that, despite all the protestations that the new Health Service inevitably meant the end of the School Health Services, the reports of the Assistant County Medical Officers have, in fact, been of a higher standard than ever before.

On p. 16 there is a reference to the ascertainment of the handicapped child. The number of handicapped children in our records is now higher than ever, but this is a reflection of the intensity of the drive to ensure that every

handicapped child is, in fact, known to us. It is not in any way an indication of a relative increase of the number of children in this category.

Again, I have to thank Dr. Livingstone, my Senior Assistant Medical Officer, for preparing this Report, and the clerical staff of my School Health Section for the efficient way in which they have kept their records and prepared the statistical tables.

I am, Ladies and Gentlemen,
Your obedient servant,

J. L. DUNLOP,
County Medical Officer.

SCHOOL REPORT FOR 1949

SCHOOL MEDICAL AND DENTAL STAFF

A. WHOLE-TIME STAFF.

School Medical Officer.

Dunlop, J. L., M.D., D.P.H.

Deputy School Medical Officer.

†Stewart, W., M.B., Ch.B., D.P.H.

Senior Assistant School Medical Officer.

†Livingstone, F. D. M., M.B., B.Ch., M.R.C.P., D.C.H., D.P.H.

Divisional School Medical Officers.

Dacorum Division—

*Gross, M., M.B., B.S., D.P.H.

South-West Herts Division—

*Pearson, R. C. M., M.D., M.R.C.P.(E.), D.P.H.

St. Albans Division—

†*Sleigh, J. C., M.B., Ch.B., D.P.H.

North Herts Division—

†*Walker, V. R., M.B., Ch.B., D.P.H.

Mid-Herts Division.

†*Taylor, G. R., M.B., B.S., D.P.H.

Assistant School Medical Officers.

†Allinson, R. M., M.B., Ch.B., D.P.H.

†Chalmers, A. R., M.D., Ch.B., D.P.H.

Karpati, L., M.D.

Keith, H. M., M.B., Ch.B.

Kennaway, M., M.B., Ch.B., D.P.H.

McCabe, E. M., M.B., Ch.B.

†Miller, M. S., M.B., B.Ch., B.A.O., D.P.H.

†*Minto, W. H. P., M.B., Ch.B., D.P.H.

Moynihan, S. J., M.R.C.S., L.R.C.P.

Ormiston, H. E., M.B., B.S., D.P.H.

Ward, M., M.B., Ch.B., D.P.H.

B. PART-TIME STAFF.

Assistant School Medical Officers.

Bradnock, G. M., M.B., B.S.

Campbell, G., M.B., Ch.B.

Gregory, J. C., M.R.C.S., L.R.C.P.

*Hillis, C. R., M.B., B.Ch., B.A.O.

Jonas, W. H. P., M.R.C.S., L.R.C.P.

Miall-Smith, G. M., M.B., B.S., D.P.H.

Mortis, R. H., M.R.C.S., L.R.C.P.

Munro, S. D., M.R.C.S., L.R.C.P.

Nunn, J. A., M.R.C.S., L.R.C.P.

Phillips, E. S., M.B., B.S.

*Scott, C. M., M.R.C.S., L.R.C.P.

Symonds, W., M.B., B.S., D.C.H.

Tresilian, K. E., M.B., B.S.

Young, A. W., M.D., F.R.C.S.

County Ophthalmic Officer.

Kathleen F. Matthews, M.R.C.S., L.R.C.P., D.O.M.S., D.P.H.

C. MEDICAL STAFF OF THE COUNTY CHILD GUIDANCE CLINIC AND PSYCHIATRIC SERVICE APPROVED FOR THE ASCERTAINMENT OF EDUCATIONALLY SUBNORMAL PUPILS, PRIOR TO 5TH JULY, 1948.

Medical Director and County Consulting Psychiatrist.

Kimber, W. J. T., M.R.C.S., L.R.C.P., D.P.M.

Deputy Medical Director.

Roberts, E. D. T., M.R.C.S., L.R.C.P., D.P.M.

Assistant Medical Director.

Lucas, R. E., M.B., B.Ch.

* District Medical Officers of Health.

† In addition, these nine whole-time Medical Officers of the Education Committee's staff have been approved by the Ministry of Education for the ascertainment of educationally subnormal pupils.

Psychiatrists.

Mannheim, M. J., M.D.
 Scott, H. C., M.R.C.S., L.R.C.P.
 Webster, K., M.R.C.S., L.R.C.P., D.P.M.

D. DENTAL STAFF.

County Dental Officer.

Wilson, A. C., L.D.S., R.C.S.Eng.

Specialist Assistant Dental Officer (Orthodontist).

Daplyn, R. C., L.D.S. (part-time).

Assistant Dental Officers (whole-time).

Cranfield, J., L.D.S. (resigned March, 1949).
 Ford, M. R., L.D.S.
 Price, D. R. P., L.D.S.
 Sim, V. H., L.D.S. (resigned May, 1949).
 Williams, R. C., L.D.S. (resigned March, 1949).
 Wilson, J. M., L.D.S.

Assistant Dental Officers (part-time).

Butler, H. A. G., L.D.S. (resigned June, 1949).
 Catchpole, O. N., L.D.S.
 Davis, J., L.D.S. (resigned January, 1949).
 Dutton, F. C., L.D.S. (from March, 1949, to August, 1949).
 Fisk, S. W., L.D.S., M.R.C.S., L.R.C.P.
 Ford, W. J. P., L.D.S., B.D.S. (resigned March, 1949).
 Hall, G. R., L.D.S. (resigned March, 1949).
 Leek, F. F., L.D.S.
 Maclachlan, D., L.D.S., H.D.D.
 Phillips, J. C. L., L.D.S. (resigned June, 1949).
 Preedy, J. M., L.D.S. (from October, 1949).
 Rabson, R. P., L.D.S.
 Tanner, P. M., L.D.S.

E. NURSING AND MEDICAL AUXILIARY STAFF.

County Nursing Officer.

Miss F. MacDonald, S.R.N., S.C.M., M.T.D., C.R.S.I., T.A., H.V., Q.N.

Deputy County Nursing Officer and Divisional Nursing Officer for South and East Herts.

Miss E. O. Roberts, S.R.N., S.C.M., M.T.D., H.V., Q.N.

*Divisional Nursing Officers.**Dacorum and St. Albans Divisions.*

Miss E. Cooke, S.R.N., S.C.M., S.R.F.N., H.V., Q.N.

North and Mid Herts Divisions.

Miss E. E. Williams, S.R.N., S.C.M.

South-West Herts.

Miss N. S. Teed, M.B.E., S.R.N., S.C.M., H.V.

Orthoptists.

- *Miss Sheila D. Price (part-time).
- *Miss P. M. Baxter (full-time).
- *Miss M. A. Bickerton (full time), from September, 1949.
- *Miss J. Davie (full time), resigned September, 1949.

*Speech Therapists.**Senior Speech Therapist (part-time).*

Mr. Leonard A. Willmore, L.C.S.T.

Speech Therapists.

Mrs. C. J. Capes, L.C.S.T. (part-time), from 4th April, 1949, to 15th December, 1949.
 Mrs. P. Falkoff, L.C.S.T. (part-time), from 17th January, 1949, to 29th July, 1949.
 Miss G. Farmer, L.C.S.T. (full-time).
 Miss J. Fowler, L.C.S.T. (part-time), resigned 30th April, 1949.
 Mrs. M. Greene, L.C.S.T. (part-time), from 5th September, 1949.
 Miss J. Otter, L.C.S.T. (full-time), from 5th September, 1949.
 Miss F. M. Wilson, L.C.S.T. (part-time), resigned 30th November, 1949.

There were, in addition, 50 County Health Visitors and School Nurses, and 61 District Nurses who carry out School Nursing as part of their general duties. Eleven Dental Attendants (six whole-time and five part-time) were employed to assist the Dental Officers at Clinics and School Inspections. In urban areas School Nursing duties were carried out by County Health Visitors or by one or more of the group of Nurses engaged upon combined duties. In the rural and less populous districts, however, the duties of School Nurse were in most cases included in the work of the District Nurses.

* Diploma British Orthoptic Board.

NATIONAL HEALTH SERVICE ACT, 1946

This section of the report was a new introduction last year. It has been retained as a convenient heading under which to record certain changes which have come upon the School Health Services.

Since the appointed day the School Medical Officer no longer receives from hospitals any details of treatment given to school children, with the exception of a few with gross educational handicaps. Information regarding treatment was always sent while the obligation to pay for medical treatment rested upon the Local Education Authority. Though a financial burden has been lifted, nevertheless its passing means increased difficulty not only in following-up children on return to school after serious accident or illness, but also in showing which of the many children found at school medical inspections to have defects have had any medical or surgical treatment and what the results of any treatment given have been.

To meet the wishes of the Local Medical Committee recommendations for treatment are passed through the family doctor; treatment or specialist investigation is not arranged directly by the Council's own medical staff unless at the request of the family doctor, to whom a copy of the specialist's report is subsequently sent. This procedure is being tested experimentally for a period and there seems no reason why it should not work smoothly, although the present effect is to deprive the school health service of most of the details of the outcome of recommendations made. Further comment on this matter will be found in the reports of the Divisional Medical Officers for the Dacorum and St. Albans Divisions.

The North East Metropolitan Regional Hospital Board took over financial responsibility for the medical staffing of the school Ophthalmic Clinics on the 1st of April, 1949. Owing to the greater number of clinics involved it has not been possible to reach agreement with the North West Metropolitan Regional Hospital Board during the year. The cost to the County Council of the medical fees was, however, substantially relieved by the recovery from the Executive Council of the refraction fees payable upon a *per capita* basis.

MEDICAL INSPECTION

As last year, routine medical inspection was limited to the three statutory age-groups, i.e. Primary Entrants, Primary Leavers, and Secondary Leavers, with the addition of the eight-year-olds. An addition of over 3,000 children to the school population took place during the year and this led in consequence to a heavier load upon the medical inspectors. Routine inspections totalled 29,788, an increase of 2,435, and special inspections fell by 2,830; the decline is attributable largely to the fact that since the operation of the National Health Service Act attendances for treatment at the clinics or under the Schemes of the Local Education Authority have been falling off. First attendances at clinics are recorded as Special inspections. Re-inspections rose from 22,724 to 24,255, a fact which indicates that a high proportion of the defects found during routine medical inspections have been followed up thoroughly. The work was carried out without any increase of staff.

The whole question of the routine inspection age-groups seems ripe for review. Comments received from many sources make it clear that the present system is illogical and gives little satisfaction to many teachers. It seems preferable that children should be examined soon after entry to secondary schools and that continuity of observation would thus be better than when an inspection comes shortly before a move is due. It would also seem wiser to relate frequency and timing of inspection to the periods when growth is most active or when the stresses on the child's physique are thought to be greatest rather than to make the choice on arbitrary or administrative grounds, as at present appears to be the case.

Many medical officers make comment in their reports upon the increasing number of mothers who attend the inspections. This is a tendency to be

welcomed and encouraged, and the opportunity thus afforded to give simple advice is well worth while. Leavers or older children are, however, seldom accompanied and it appears that this is more in accordance with the wishes of the children than of the parents. Dr. Munro (Hitchin) comments that young children stay up much too late and gives the noise of housing estates as one reason for this. She remarks: "The early-to-bed child can generally be spotted," and the comment has lamentable implications. Dr. Keith (Berkhamsted) reports: "Most children have totally inadequate hours of sleep and many children of Secondary school age have far too many evening activities—Scouts and Guides, G.F.S., choir practice, and pictures, followed by late supper and later bed. Many are out till 9 or 9.30 p.m. three and four times a week." There is nowadays a great drive to interest and occupy youth but it seems that there is a risk that many children will be over-stimulated and ultimately exhausted if they are allowed too many interests outside their schools and homes. There is also the possibility that older children will seek employment outside school hours so as to get pocket money to spend at cinemas and similar places of distraction. It is no solution merely to seek to prohibit outside interests, but if these are to be reduced there must be an associated revival of interesting family life and parental discipline must be exercised more over hours of recreation and bedtime.

GENERAL CONDITION

The results of this assessment in numerical terms of subjective and personal impressions are not to be taken so much for an exact statement of facts ascertained as a guide or as a pointer to any trend towards an overall change in the general health of the school population. Statistically, the changes this year are insignificant, representing small transfers from the "Fair" (B) and "Poor" (C) groups to the "Good" (A) group; the trend is, however, in the right direction and the least one may conclude is that the children's health was as good as in 1948, if not actually better. There are considerable variations from district to district and between the findings of medical officers.

This year's reports did not indicate that the presence of anæmia was suspected frequently and there seemed no grounds for any scheme of blood examination, which would have been a time-consuming study. A note was made by Dr. A. Chalmers (St. Albans) concerning the frequency with which enlargement of the inguinal lymph glands was found in pupils of both sexes. The following paragraph is taken from her report:—

"*Enlarged Inguinal glands.*—During routine medical inspections my interest was aroused by the remarkably large number of children who had enlarged inguinal glands, with no apparent reason to account for the enlargement. I therefore decided to make an individual assessment of each child examined, hoping thus to find some common factor. I classified the children according to (a) age, (b) sex, (c) nutrition (using symbols 'A', 'B', and 'C'), and (d) enlargement of glands, right and left (I, Palpable; II, Enlarged; and III, Markedly Enlarged). From the mass of data collected I have so far been unable to extract any significant common factor, but it seems quite definite that nutrition is not the explanation. Many children with nutrition 'C' have glands which are only just palpable, while others have markedly enlarged glands. Similarly, many children with 'A' nutrition have glands which are grossly enlarged or glands which are barely palpable. In the Entrant and eight-year-old groups about 50 per cent of the children of both sexes exhibited palpable or enlarged glands, apparently unrelated to their nutritional category, but in the eleven-year and leaver groups (14–15 years) markedly enlarged glands appeared to be much more common in boys than girls. I should be most interested to know if other Medical Officers have made similar observations and if they can suggest possible explanations."

No other report made mention of similar findings but the matter has been noted for further study.

MILK AND MEALS IN SCHOOL

The proportion of Hertfordshire pupils taking meals at school has risen from 66.26 to 68.65 per cent, compared with the figure of 53.2 per cent for the whole country published by the Ministry. The free supply of milk was claimed by 57,189 children, as against 55,797, but although the total supplied was greater this was due to the growth of school population, and the percentage taking free milk declined from 88.1 to 86 per cent of the total numbers in school, and is now the same as that for the country as a whole.

The comments of Assistant School Medical Officers upon school meals were in the main favourable, both as regards the planning of the dietary and the actual meals as served. Meals prepared in cooking depots were not considered to be as satisfactory as those prepared in the schools themselves.

Thoughts on the value of the School Meals Service to the children will undoubtedly be stimulated by the report of Dr. A. Chalmers. Writing of their nutrition she states:—

“On the whole, nutrition was of a fairly high standard. While discussing food likes and dislikes, however, with school children, I have been surprised and perturbed to learn that a large number come to school without an adequate breakfast. A prevalent fallacy among mothers is the belief that the school dinner provides sufficient first-class protein for daily requirements, and the schoolchild therefore tastes meat only at week-ends. In many households bacon, cheese, and eggs are reserved exclusively for the working members of the household, and the schoolchild has bread, jam, and tea for breakfast and the same meal again in the evening.”

Milk in Schools Scheme.—As in 1948 all Day Nurseries and Nursery Schools were supplied with pasteurized, heat-treated, or tuberculin tested milk, and by 1949 all other school departments were similarly supplied. It has always been considered that where milk is consumed raw in schools the only grade permissible should be “tuberculin tested”. Raw milk from accredited and non-designated herds cannot be classed as satisfactory for consumption by school children as in certain circumstances there may be animals in these herds which react to the tuberculin test and which may not be discovered until the disease becomes generalized in the animal’s body and tubercle bacilli are secreted in the milk. Bulk supply of milk may also mean that the bacilli are distributed throughout a container and mixed with the milk drawn from healthy animals or herds.

Dairies	Grade of Milk	School Departments	Nurseries
64*	Pasteurized .	300 (226)	36 (27)
—	Heat-treated .	— (65)	— (7)
14	Tuberculin tested	22 (31)	1 (3)
—	Accredited .	— (1)	—
	Total . . .	322 (326)	37 (37)

* *Note.*—On the 1st October, 1949, Defence Regulation 55 G which governs the sale of “heat-treated” milk was withdrawn. “Heat-treatment” plants commenced to qualify for “pasteurizing” licences and by the end of the year were all covered. Because of this, the 1949 figures have been placed under the one heading only. The tests to which “pasteurized” and “heat-treated” milks had to comply were the same.

A satisfactory position has now been arrived at with regard to the grades of milk supplied to schools within the County, although the position could still further be improved if all schools had a supply of “tuberculin tested (pasteurized)” milk. Various difficulties still exist, however, especially with regard to production and distribution of milk in rural areas, and it is difficult to improve the supply further at the moment.

During the year an investigation was carried out in an effort to improve the grade of milk supplied to school canteens, and efforts have been made to bring the standard in line with milk supplied to the schools. Most canteen milk is used for cooking purposes and is subject to heat in one way or another, but nevertheless it is considered desirable that the same approved grades of milk as supplied under the Milk in Schools Scheme should be used by the school canteens. By the end of the year nine school canteens only were known to be receiving a regular supply of accredited or non-designated milk.

Sampling.—Samples under this scheme are taken at the school or nursery and milk supplied by each individual dealer is tested at least twice a term. In point of fact some of the larger dealers supplying a number of schools or nurseries are sampled more frequently. Pasteurized milk has to comply with the phosphatase test to ensure that it has been subjected to a sufficiently high temperature for the specified period of time which will result in the destruction of pathogenic organisms. A modified methylene blue test is also used to determine the cleanliness or otherwise of pasteurized milk. Tuberculin tested milk has to comply with a methylene blue reduction test, the result of which is indicative of its cleanliness. The following Table shows the results of the samples taken.

	No. of Samples	Phosphatase Test		Methylene Blue Test	
		Pass	Fail	Pass	Fail
Pasteurized and heat-treated milk	503	486	17	494	5
Tuberculin tested milk	99	—	—	88	11

These results can be taken as generally satisfactory, bearing in mind that when an unsatisfactory sample is discovered by routine sampling further samples are obtained. Thus, a final percentage of failing or unsatisfactory samples is unfairly weighted by the inclusion of a high percentage of repeats of failed samples. Where three consecutive samples fail the prescribed tests the policy is to withdraw the approval of the supplier. Such action was not necessary during 1949.

Prior to the 1st October, 1949, investigations into causes of tuberculin tested milk failures at the schools could be extended to the farm where the milk was produced, owing to the County Council being the licensing authority for designated herds in the County area. When the Ministry of Agriculture and Fisheries took over the control of milk production on the 1st October, 1949, such direct action was no longer practicable, but a scheme of liaison with the National Milk Testing Service, working under the Ministry of Agriculture and Fisheries, has been developed and should lead to co-operation in the matter and minimize the drawbacks of the new scheme. As far as failures of pasteurized school milk samples are concerned the position has been somewhat clarified as many of the schools are supplied with pasteurized milk from plants which came directly under the control of the County Council on the 1st October, 1949, as a result of the Milk (Special Designation) (Pasteurized and Sterilized Milk) Regulations, 1949. Investigations can, therefore, be undertaken by the responsible officers of the County Council to determine the cause of the failure.

Food Poisoning.—Six outbreaks of alleged food poisoning were investigated during the year at school canteens: one of the complaints was found to relate to unsound food delivered but not, in fact, eaten. Only one of the five outbreaks was on a large scale and in this 5 staff and over 70 boys were affected. Unfortunately, a report was not made immediately and no cause was traced. Both here, however, and in a smaller school where an outbreak affected 5 staff and 25 children, it was suspected that meat precooked on one day and served the next might have played some part in causing the illness.

At one small village school, supplied with meals from a cooking depot, nine children were taken ill ; no other illness arose, however, in other schools supplied from the same depot. Inspection showed that the hall where the food was stored and served was infested with mice and steps were taken to eradicate these pests and to improve the conditions of storage in the hall.

Several outbreaks of illness resembling food poisoning occurred in two small and neighbouring village schools. No definite cause was found and the only common factor seemed to be the school milk, which was from a bulked supply and had not been heat treated. The supply was therefore stopped until arrangements were made to get pasteurized milk from another source.

Special Foods.—Assistant School Medical Officers have again been asked to make a special report on the Vitamin A and D Supplements Scheme. It has been noted that they are less enthusiastic than formerly over the Scheme, but regard its continuance on a reduced scale as a wise and necessary precaution. The following extracts from reports put various aspects of the matter into relief :—

Dr. Minto (Bishop's Stortford).—" Provision is now an unnecessary refinement."

Dr. Miller (Welwyn).—" Most beneficial to the very under-nourished and poorer children."

Dr. Kennaway (St. Albans).—" It is well to remember that the County Council have to give nutritional supplements while parents allow their rations for first-class proteins to go into other channels."

Dr. McCabe (Bushey).—" For Grade ' C ' children with bad homes and feckless, unhelpful mothers, it is essential if their general condition is to be improved. I shall be sorry if supplies are stopped as it is a real need for selected cases."

INCIDENCE OF DEFECTS

A study of Table II, in so far as it relates to defects which required treatment, showed that at periodic inspections the figures did not materially change from 1948. There were significant increases in cases of squint and speech defect which were presumed to be evidence of the keener interest in both these handicaps, which has been aroused by the developing Orthoptic and Speech Therapy Services. The number of defects found at Special Inspection is, however, down under nearly every heading, often to one-half or even less of the 1948 figures, as will be seen from statistical Table No. II (see p. 30) relating to the whole County. The totals of Special Inspections and Re-inspections have been analysed, as shown by the figures below, from which it will be seen that reduced activity of the Minor Ailment Clinics has been largely responsible for the falling off in Special Inspections. One presumes that this has arisen as a consequence of the National Health Service Act and hopes that the defects have been adequately dealt with by one of the services provided under Parts II and IV of that Act.

TABLE SHOWING NUMBERS SEEN AT SPECIAL INSPECTIONS AND RE-INSPECTIONS.

	1949.	1948.
<i>Specials.</i>		
At School Medical Inspections	1,211	1,568
At Minor Ailment Clinics	3,736	5,957
At Ophthalmic Clinics	1,877	2,129
	<hr/>	<hr/>
	6,824	9,654
	<hr/>	<hr/>
<i>Re-inspections.</i>		
At School Medical Inspections	17,842	14,919
At Minor Ailment Clinics	2,739	3,787
At Ophthalmic Clinics	3,674	4,018
	<hr/>	<hr/>
	24,255	22,724
	<hr/>	<hr/>

Orthopædic.—Quite the largest category is this year found under the heading of Orthopædic defects ; 2,007 of these were found to require treatment, a figure which agrees closely with the previous year's total. These defects fall briefly into three main groups :—

- (a) Postural Defects,
- (b) Flat Foot,
- (c) Other miscellaneous defects,

each of which accounts for roughly one-third of the total. It is possible, nay probable, that many more children would be referred for treatment of postural defects if there existed a comprehensive scheme of remedial exercises for their relief. The group headed " Flat Foot " is perhaps less important than its size would suggest, since discussions with Orthopædic Surgeons have disclosed that flat foot, though obvious, is often symptomless, and that many cases referred as " flat foot " are not true examples of this rather uncommon condition, but merely exhibit a valgus deformity of the foot due to postural weakness. This valgus condition is characterized by a turning over of the inner border of the foot, which thus masks the longitudinal arch and gives it a flat appearance. Certain other foot defects are thought to be much more important as causes of disability in later life, and it is suggested that ill-fitting or outgrown shoes and socks or footwear of inferior design and quality may aggravate latent congenital weakness of foot structure into real defects. The Assistant School Medical Officers are increasingly interested and observant in the examination of children's feet and limbs, as the following few extracts, taken from many good reports will show :—

Dr. Karpati (Ware).—" Most of the troubles occur between the ages of two and five and it is natural to find them at the examination of the five-year age-group. Real flat feet rarely found. Chief troubles are bow legs, knock knees, valgus ankles, hammer toes, and over-riding toes."

Dr. Campbell (Broxbourne) gave it as her opinion that foot exercises are only of value to 1 in 100 but that in the absence of an organized remedial scheme there is no means of finding out what the really conscientious and persistent child can do to improve deformed feet.

Dr. Keith (Berkhamsted).—" At least half the children over eleven years of age have some degree of ' valgus foot ' . . . More tendency amongst girls, probably because of their more unsuitable footwear. In summer very unsuitable sandals are often worn."

Dr. Minto (Bishop's Stortford).—" Of foot deformities, knock knees and valgoid foot accounted for 76 per cent, claw toes, 9 per cent, hallux valgus, 2 per cent, and other foot deformities, 2 per cent, were other large groups."

Dr. Ormiston (Barnet).—" Poor posture and knock knees were common among entrants. Knock knee is also frequent among toddlers . . . After the age of three toddlers attend Welfare Centres less frequently, if at all. It is proposed to attack the problem from this angle."

Orthopædic Defects—Treatment.—Treatment is now provided through the Hospital Service and only incomplete figures are available of the number of school children treated. The figures shown in the Ministry of Education return printed at the end of this report refer to those children who were treated in the Orthopædic Clinics administered by the British Red Cross Society on behalf of the Hospital Management Committees, and which prior to the 5th July, 1948, were assisted by the Local Education Authority.

Defects of Ear, Nose, and Throat.—There is a great reduction in the figure for operative treatment of nose and throat conditions. Much of this is given in hospitals from which information, formerly obtained as a matter of course when the local Education Authority arranged and paid for treatment is now
" rthcoming. Tonsil defects were still very numerous. While it is probably

true that too many tonsils have been removed in the past it seems likely that facilities for this operation to-day do not meet the need. Dr. Chalmers (St. Albans) comments :—

“ Most prevalent defect in 1949 was enlarged tonsils and adenoids, and there appears to be very little prospect of reducing the incidence. Large numbers of children who were on the hospital waiting lists before the 1947 infantile paralysis epidemic are untreated, and vast numbers have been added to the lists since that time.”

Dr. Keith (Berkhamsted) writes :—

“ The long delay is exceedingly worrying to the parents. There are many waiting whose debility will not improve without operation and who are quite urgent. The waiting time now seems to me about a year. There was a long list at West Herts Hospital prior to suspension of operations at the end of the summer. There are, I understand, 460 cases on the waiting list. I have referred 93 cases in 1949—almost all considered necessary by the surgeon.”

By contrast it is pleasing to note how infrequent is the occurrence nowadays of the chronic discharging ear, formerly so prevalent and so often associated with deafness. There is, however, reason to doubt if all children in school who have serious impairment of their hearing are detected in time to permit of effective action. The Ministry of Education have published figures which show that up to 0·1 per cent of pupils are partially deaf and that an almost equal number are deaf. Experience has shown how difficult it is to make adequate hearing tests in the circumstances of a crowded and rushed medical inspection. Accordingly, consideration has been given to the experimental use of a gramophone audiometer for the group testing of hearing. Approval was given by the Committee to the purchase of one of these instruments and to the holding of a survey in some schools in the Barnet area in collaboration with the Ear, Nose, and Throat Hospital, which is training women as Audiometricians. It had been planned to do this in the summer of this year, but unforeseen difficulties with regard to the supply of the equipment made this impossible. It is hoped, however, to carry out the work in June, 1950.

Errors of Vision, Squint, etc.—This year, in spite of the larger school population, 189 fewer children attended the Eye Clinics. The proportion of those attending who had errors of refraction was about the same; 292 fewer prescriptions for spectacles were issued. Although spectacles were prescribed for 2,573 children, only 483 were known to have obtained them. Partly this was due to the long delay caused by the swamping of the school children's needs in the flood of orders which arose at the inception of the new Health Service. The views of Assistant School Medical Officers have varied somewhat as to the prevalence of ophthalmic defects, but all agreed that the delay in spectacles was very serious. Dr. Minto's report aptly summarized the position during the year, as follows :—

“ The position as regards the provision of spectacles for school children has deteriorated in 1949. I frequently see children wearing spectacles which are too small, children who have had spectacles prescribed, and children who have broken their spectacles, having to wait nine months for spectacles. Many children have been seen at the Ophthalmic Clinic and are found to be still awaiting their spectacles when they are recalled for review 6–9 months later. Another unfortunate anomaly in this service is the great variation in the time which different opticians take to provide spectacles. The situation at present existing is so grave that it would be no over-statement to say that the child who suffers from a moderately severe visual defect is being handicapped educationally. The children at the Residential School for Educationally sub-normal pupils present a special problem as a large proportion of them suffer from severe visual defect and are already educationally retarded. Furthermore, these

children very frequently damage their spectacles. It seems that there is a strong case for the provision of two pairs of spectacles for these children and also for all whose education is likely to suffer during the very long waiting period."

Delays of 9 to 12 months or over were reported by many others. Dr. Chalmers reported :—

" Defective vision appeared to be more frequent. More children voluntarily approached the school nurses asking for vision tests, complaining of headaches, ' sore eyes,' and ' spots before the eyes '. The vast majority of these exhibited no visual defect—but a small number were discovered who might not have been dealt with till the next routine inspection. It was quite apparent that many children were ' spectacle conscious ' and wished to participate in the ' free glasses scheme '.

This throws some light upon the psychological aspect of this matter and shows what may arise when articles of some cosmetic appeal are made available free, since while school children could and did obtain free glasses and repairs under the Local Education Authority's obsolete scheme, only simple types of frame and lenses were supplied in ordinary cases. On the credit side, one must note that the children took the initiative in asking for an inspection themselves, whereas many of the previous generation either used to do their best to avoid examination or else failed to wear the spectacles with which they had been provided.

There were sixteen Centres operating as School Ophthalmic Clinics during the year ; four were in the East Herts area and the medical staff has been provided under contract by the North East Metropolitan Regional Hospital Board since 1st April, 1949. Twelve are in the area of the North West Metropolitan Regional Hospital Board and completion of similar arrangements is awaited in respect of these Clinics.

Verminous Conditions, Cleanliness, etc.—Hygiene inspections by school nurses numbered 296,642, so that on the average each child is inspected at least once a term and more frequently if found to be unclean. Only 1,345 infestations were recorded, i.e. less than 0.5 per cent of the total inspected ; this may be due in part to new and improved compounds used for disinfection.

Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	385
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	2

Interesting comments upon the subject will be found in the reports of the Divisional Medical Officers for the North and Mid Herts and the Dacorum Divisions. Apart from verminous conditions, which were less common, it seemed that standards of personal cleanliness and hygiene had declined. Dr. Karpati (Ware) reported :—

" Cleanliness is not very good in some districts : sometimes the clothing is poor."

Dr. Kennaway (St. Albans) wrote :—

" Infested heads are very rare and are attended to at once. Small children are usually clean but much more should be done to enlighten the " leavers " about personal cleanliness. The boys do not wash properly and often have old, dirty clothes handed down from adults. The girls are not taught that in adolescence more thorough and frequent washing of their bodies is most essential. Clothing and foot-wear leave much to be desired."

Tuberculosis.—The Chest Physicians have supplied details showing the number of school children examined in the Chest Clinics during 1949 and the results of these examinations :—

	Bishop's Stortford Cheshunt Hertford Hitchin Letchworth	St. Albans	Barnet	Watford Hemel Hempstead
Number examined	227	113	128	*
Found to be suffering from :—				
Pulmonary Tuberculosis	8	14	5	*
Non-Pulmonary Tuberculosis	9	3	—	*
No diseases found but to remain under observation	17	82	41	*
No evidence found	193	14	82	*
Total	227	113	128	*

* No figures available.

Minor Ailment Clinics.—After the rise in attendances noted in the latter part of 1948 the anticipated decline set in during 1949. The Clinic programmes were therefore kept under review and adjustments made so as to reduce either the duration or the frequency of clinics so that the time of the staff, when no longer fully used there, would be devoted to other tasks. The total of attendances for the year was only 34,691, as compared with 50,407 last year, and 11,878 defects were treated as against 19,776 in 1948. The Clinics, however, still do valuable work. There were 25 Minor Ailment Clinics attended by Assistant School Medical Officers, as well as 52 Nurses Dressing Clinics. A list of the Clinic times, etc., will be found in the Appendix to this report, and some further comment on the subject occurs in the reports for the North Herts and Dacorum Divisions.

Speech Therapy.—Staffing of the Clinics once again proved a problem, but this was lightened by the Committee's policy in authorizing an establishment close to the higher official standard of one Therapist per 10,000 pupils. This has made it easier to maintain a reasonable service in the face of frequent changes of staff. The following changes took place during the year :—

Miss J. Otter	Whole-time	Took up duty, 5.9.49.
Mrs. M. Green	Part-time	Took up duty, 5.9.49.
Mrs. C. Capes	Part-time	Took up duty, 4.4.49. Resigned, 5.12.49.
Mrs. P. Falkoff	Part-time	Took up duty, 17.1.49. Resigned, 29.7.49.
Miss J. Fowler	Part-time	Resigned, 1.5.49.
Miss F. Wilson	Part-time	Resigned, 30.11.49.

The resignations were in all cases due to the persons leaving the district to reside elsewhere and were received with regret.

There are now 15 Speech Therapy Clinics. The service covers the greater part of the County and is available to all save the more remote rural areas. The Senior Speech Therapist (Mr. L. Willmore) holds the additional appointment of Speech Therapist to Guy's Hospital. He has made supervisory visits to all the Clinics once a term and reported his satisfaction with the work being done by the single-handed Speech Therapists.

Skin Diseases.—Once again skin disease has presented only a minor problem to the School Health Services. A number of cases of eczema or acne vulgaris are encountered, but these are constitutional disorders, where the possibility of spread to others by contagion does not arise in practice. Scabies and ring-worm were not frequently met and the control of the latter disease has been greatly aided by the possession of a modern Wood's Lamp. This apparatus is

invaluable, both for investigation of suspects or for controlled treatment of infected children. It is in frequent use, not only in the School Clinics but also in children's homes, and it may become necessary to acquire a second lamp as the transport of the existing one all over the County at short notice involves a good deal of inconvenience and does tend to put the apparatus out of order.

Dr. Karpati has reported some little prevalence of impetigo in the Ware Schools, but the figures for the County show substantial reduction in Statistical Table III (Treatment Group I (a)). The numbers, however, of individual skin defects found at routine inspection (i.e. largely the constitutional group) differ little from last year's figures.

The main problem is presented by the increase in warts, particularly of the plantar variety, which become embedded in the soles of the feet or heels, and are not only difficult to eradicate but often cause a lot of discomfort. Caustic paints or pastes can seldom bite deeply enough to effect a cure, even if these are correctly and systematically applied. X-ray treatment is often very useful but it is difficult to arrange except in or near large hospital centres. Arrangements have been made at Osterhills Hospital for X-ray treatment to be given on Saturday mornings and these have been much appreciated. It is likely that the disease spreads by direct contact from the damp floors or duck-boards in communal bathrooms or swimming baths, when slippers are not being worn. Attention to the personal hygiene and cleanliness of the feet is also desirable, and this has already been reported this year as below previous standards.

Orthoptic.—The situation has not materially changed from last year, when it was reported that the staff was insufficient to cover the needs of the whole County. Miss M. Bickerton took up duties on 19th September, 1949, as a whole-time Orthoptist, in place of Miss J. Davie, who resigned on 30th September, 1949, in order to go abroad.

There were six Centres staffed and equipped for this work. The Centre at Ware, planned for some time, opened in January, 1949, and is attended by Miss P. M. Baxter, who works here under the general supervision of Dr. G. W. May. There is a need for further clinics in the Hitchin and Waltham Cross areas, and an increase in establishment will be necessary next year if the service is to be extended to cover all the Divisions. The Committee wisely decided to retain this service and run it as a scheme of the Local Education Authority, under the provisions of Circular 179. As a result the important work of correcting squints was not adversely affected by the events which weighed so heavily upon the Ophthalmic and Dental schemes of treatment.

1,228 treatment sessions were held during the year, at which 355 children made 5,277 attendances. Of these 355 children, 111 were still attending for treatment at the year's end, and 61 had been finally discharged as cured. In addition, 463 children were examined, of whom 360 were found to be suitable for this form of treatment and they were therefore accepted on to the waiting lists. This new intake is almost double that of last year and it is therefore most fortunate that the Orthoptic Service, at the end of a very full year of activity, will be able unimpaired to face the growing demand. An additional advantage of retaining the Service has been that it is easy to begin treatment of squint by occlusion or other methods in children aged three years or over. It would be very difficult for many parents to arrange for this treatment otherwise, and correction is often made much more readily with early treatment.

Handicapped Pupils.—The ascertainment of these pupils is a statutory duty of the Authority under Section 34 of the Education Act, 1944, which lays down certain procedures to be followed. The Handicapped Pupils and School Health Service Regulations, 1945 (S.R. and O. 1076), defines in detail the various educational handicaps to the child for which special education may be needed. These categories, with the appropriate code letter, are used in the following

tables, with the addition of the multiple group, a small minority which combines two or more ascertainable defects and presents a very special problem.

It will be noted that the total of known handicapped pupils is now 1,456, which exceeds last year's figure of 1,370 by 86. Increases are shown in the Educationally Subnormal (30), the Maladjusted (31), and the Speech Defect groups (77).

Blind and Partially Sighted Pupils (A and B).—The numbers under these heads are now slightly reduced owing to several of the known cases having left school.

Deaf and Partially Deaf Pupils (C and D).—There has been a reorganization of the Special Schools for the Deaf recognized by the Ministry of Education. In consequence the special education of congenitally deaf children is carried out at some schools, whereas partially deaf children with the acquired faculty of speech will in future be admitted to separate schools where education by appropriate methods can be given. The immediate result of the reorganization is that whereas the needs of the totally deaf child are being reasonably met there is a long waiting period for admission to schools for the partially deaf. If the school population continues to rise and the method of group hearing tests by the Audiometer proves to be effective, one may expect that the total of children in Category D will increase. One welcomes, therefore, the plans formulated by the Committee to open and maintain a residential Special School for these unfortunate children at Tewin Water.

Recently it has been noted that parents are taking better advantage of the provisions of the 1944 Education Act for the ascertainment of handicaps at an early age. It is thus by no means uncommon to be pressed by parents to act in respect of young children aged two years upwards. Ordinary methods of pure-tone audiometry are difficult to apply under the age of six or seven years, or later in children who are dull or retarded mentally. A fortunate association with Dr. Hallpike and his assistants at the National Hospital, Queen Square, London, has enabled very young Hertfordshire children to be tested by the method of the "peep-show" audiometer. Experience of this over several years has shown that it gives surprisingly accurate results with young children and that often the information, not obtainable by ordinary means, is enough to permit disposal of the case correctly. It was therefore a pleasure for the County Medical Officer to be invited to testify to the value of Dr. Hallpike's research before the International Congress of Otolaryngology, attended by specialists from all parts of the world. Apart from the earlier assessment of hearing acuity which it permits, valuable assistance is sometimes obtained in determining how much retardation in a given child is due to suspected deafness and how much to mental retardation or to other factors unconnected with hearing. The collaboration with Dr. Hallpike is happily being continued under the auspices of the National Health Service.

Delicate Pupils (E).—Forty-six of these children who were in residential Special Schools made a satisfactory recovery during the year and were discharged as fit to attend ordinary schools. Seventy-eight children were given convalescent treatment in short-stay holiday homes at which education was not provided. Eleven of these children were still away when the year came to an end. Thanks to the care and persistence of the office staff in seeking vacancies and to the help of the Invalid Children's Aid Association, most of the children in need of convalescence were sent away with the minimum of delay. There are, of course, certain peak seasons for applications, particularly during the summer months in the case of seaside homes, but at the end of the year only three children were waiting for admission to Holiday Homes. On the whole Assistant Medical Officers seemed satisfied that the children recommended by

them had benefited from the treatment. The after-care of tuberculosis contacts is dealt with by the Almoners, who work in conjunction with the Hospital Chest Physicians and the School Health Service.

In all, 85 recommendations were made in 1949 for the following conditions :—

Post-operative debility	18
Debility	35
Asthma and bronchiectasis	15
Under-nourishment and poor general condition	5
Anæmia	4
Chorea	2
Sinusitis	3
Other conditions	3
	—
	85
	—

Seventy of the above were sent away, in addition to eight remaining from 1948. Three more children had not gone by the end of the year, and twelve were withdrawn by their parents.

Educationally Sub-normal Pupils (G).—The opening of the Broxbournebury Special School accounts for the larger number of children now being educated in special schools. In conjunction with the County Education Officer inquiries were made into the high figure of 136 of these children recorded as awaiting special schooling. It was found that the parents of 67 of the children have refused the offer of residential education so that only 69 are really candidates for admission. Although Kingsmead has undergone a reduction in size there is no waiting-list here, and the delay will arise in admitting the girls and junior boys only. There are some out-County girls still at Broxbournebury and it will be possible, as these finish their education and leave, to replace them by Hertfordshire girls.

Maladjusted Pupils (I).—There has been a growth in the numbers both awaiting admission to Special Schools or undergoing Child Guidance Therapy. There is a very great shortage of recognized schools and hostels for this group, which has grown steadily in size since it was introduced by the post-war Regulations. The acquisition of the Epping House Special School by this Committee is thus a most timely step, and one hopes that the further joint arrangements with the Essex County Council which are in prospect will in time extend the age range for which special provision can be made.

Physically Handicapped Pupils (J).—This year this group is reduced in size, although it does contain a few very difficult cases. A residential Special School for physically handicapped and delicate pupils is included in the County Development Plan, and Dr. Allinson (Watford) has made in her report a special plea for a Day Open-air School in Watford. Only day education in Hospital Schools is now the responsibility of local Education Authorities and, of course, the determination of which pupils will attend such schools is decided on medical and not educational grounds, i.e. on the condition requiring treatment in hospital. There is therefore no obligation to pay for the children's maintenance in hospital. This Authority runs a Special School in Hill End Hospital, but occasionally there are applications for education of individual children in other hospitals where the number of chronic sick children does not justify the holding of a class, and nothing can be done at reasonable cost.

Handicapped Pupils.

Category	In Special Schools	Awaiting Special Schools	Receiving Home Tuition or Other Individual Treatment	Others*	Totals
Multiple	5	3	2	—	10
A (Blind)	15	3	—	—	18
B (Partially-sighted)	15	4	1	—	20
C (Deaf)	45	5	1	—	51
D (Partially deaf)	18	7	1	1	29
E (Delicate)	40	9	5	1	55
F (Diabetic)	2	1	—	—	3
H (Epileptic)	7	4	1	1	13
J (Physically handicapped)	39	15	20	9	83
K (Speech defect)	2	—	338	—	340

* This column includes children (a) who do not need treatment in a special school or (b) whose parents refuse the special educational facilities offered.

Category	In Special Schools	Awaiting Special Schools	Receiving Special Education in Ordinary Schools	Total
G (Educationally subnormal)	165	136	275	576

Category	In Special Schools or Hostels	Awaiting Special Schools or Hostels	Receiving Treatment under Child Guidance Clinic arrangements	Others†	Total
I (Maladjusted)	73	27	150	10	260

† This column includes cases where general advice given, and cases for re-examination, but no treatment required.

PHYSICAL EDUCATION

In last year's foreword mention was made of the co-operation between the Physical Training Organizers and the Assistant School Medical Staff. Various steps have been taken to strengthen this collaboration. At the end of 1948 the County Medical Officer was invited to address the Conference of the Ling Association on the Remedial Gymnast and the School Health Service and had an opportunity of stressing the scope for useful co-operation between the two. Later in the year several medical officers attended a conference on Foot Health and subsequently the medical staff co-operated by compiling answers to a questionnaire issued by a foot research organization.

Miss A. Howie, County Physical Training Organizer, has submitted the following report, and it is pleasing to note that Miss Chatterton can now extend her classes to Watford. Miss Howie refers to the attendance of Assistant School Medical Officers at physical training demonstrations which she arranged, and this opportunity was much appreciated.

Remedials in Schools.—The specialist in Remedial work has completed a year in the Barnet area and will now extend her visits to the Watford area. The number of children treated during the year in Barnet was 324, and 70 children were discharged as cured after treatment. In East Barnet, 657 children were treated and 219 discharged.

Training demonstrations have been given to teachers and 50 have attended these classes.

Talks and demonstrations have been given to parents, students in training, student nurses, County Health visitors, and a Townswomen's Guild.

An Asthma Clinic has been opened in Barnet and East Barnet and 30 children are receiving treatment.

Physical Education Demonstrations.—A series of physical education demonstrations followed by discussions have been given at the invitation of the County Medical Officer to Medical Officers and School Nurses in the County.

Typical lessons in Infant, Junior, and Secondary Schools were shown in South Herts, Mid Herts, and North Herts on three different occasions. Three orthopædic surgeons were present at North Herts and made valuable contributions to the discussions.

The Physical Training Organizer gave short talks on the principles underlying the different branches of their work, with its emphasis on good movement and easy carriage, and showed the link between educational and remedial gymnastics and the part played by the Physical Education specialist in the early detection of deformity.

The Organizers attach great importance to these conferences. This opportunity of exchanging ideas has proved most valuable, and the co-operation of the County Medical Officer and his staff has been very much appreciated."

Miss Chatterton, who has charge of the Remedial Classes in the Barnets, has kindly reported on her activities during 1949 as follows :—

" ' Remedial ' Report, April, 1949, to March, 1950.—Many classes are beyond bounds so I have found it necessary :—

- (a) To discharge the better cases myself, pending the next S.M.I.
- (b) To give demonstrations to parents of ' leavers ' in Primary schools.
- (c) To suggest to the teachers that they concentrate on each new group of children after S.M.I. and new entrants where they are bad.

But none of this seems a satisfactory solution to the mass.

There is now an Asthma Clinic held in each of my areas, covering 30 children. Students from Ball's Park Training College and Student Nurses have visited these Clinics.

During this year I have spoken to members of the Townswomen's Guild and County Health Visitors, both by invitation.

About 50 teachers, men and women from Primary and Senior schools have been through my hands in five terms.

Additional classes since March, 1949, now held in :—

Barnet { Christchurch Junior Girls'—exercises in P.E.
Underhill Infants'.
Elizabeth Allen Girls'.

For treatment . . . 354 (majority boys)
On treatment . . . 324
Discharged . . . 70

<i>Trunk.</i>	<i>Legs.</i>	<i>Asthma.</i>	<i>Curvature.</i>
138	199	11	6

East Barnet { Cromer Road—Boys'.
Monkfrith.
Monken Hadley.
Wood Street Nursery.
East Barnet Grammar girls wear " tops " for indoor P.E. and have bare feet.

For treatment . . . 969 (majority boys)
On treatment . . . 657
Discharged . . . 219

<i>Trunk.</i>	<i>Legs.</i>	<i>Asthma.</i>	<i>Curvature."</i>
495	419	34	21

Swimming Baths.—Once again this year regular sampling was continued at swimming baths used by schools. In all, 243 samples were taken from 22 baths approved for use in the County. Of these, 199 were satisfactory, 5 of doubtful quality, and 39 were unsatisfactory.

In the case of one bath sampling activities were greatly intensified at the height of the season owing to a high proportion of failures. The source of the trouble was located and by the end of the season more satisfactory results were obtained.

The tests were carried out at various laboratories, not all of which work to a uniform standard. In general, the water should be equal in purity to a reasonable drinking water supply. The results can therefore, taken as a whole, be regarded as satisfactory.

Three other baths used by Hertfordshire children are situated outside the County boundary and the sampling and control of these is covered by the local Sanitary Authority. While the County Health Inspectors themselves took some of the samples the majority were taken by the Sanitary Inspectors of the District Councils, to whom must go our sincere thanks for the willing co-operation which has made this work possible.

NURSERY SCHOOLS

During 1949 1,062 routine inspections were made, in addition to 43 special examinations and 716 re-inspections. No attempt has been made to assess general condition on the lines applicable to older children, as the younger children change so rapidly during the period of active physical development that the results have proved misleading.

SCHOOL DENTAL REPORT

The County Dental Officer submits the following report on the School Dental Service during 1949 :—

“ The setbacks due to staffing problems which the School Dental Service suffered last year have been intensified very considerably. 1949 has been a year of continual anxiety and frustration : three more whole-time Assistant Dental Officers have resigned, bringing the number down to nine below establishment ; six part-time officers also resigned and only two replacements were effected. The results of these depletions have been disastrous : 20,155 less children were inspected and the attendances for treatment fell by 14,239 ; operations for conserving the teeth were over 11,000 less, and the total number of extractions dropped by 9,601. Although these figures, especially when added to the reductions which occurred last year, indicate very clearly the extent to which the service has deteriorated, perhaps the position is shown even better by the fact that at the end of 1949 no less than 40,000 school children in the County were without dental supervision. The year ended with a staff of four whole-time and eight part-time Dental Officers, and it is appropriate to record appreciation of the loyalty of the Assistant Dental Officers who have remained in the service despite the economic pressure which has caused a general exodus to private practice throughout the country. Gratitude is due particularly to the part-time Officers who continue to devote sessions to the County service when the demands of their practices are so heavy and very substantial financial loss is entailed.

In the report for last year the necessity for the continuation of the School Dental Service in the interests of the children's health was stressed, as although the general practitioners under the National Health Service are being extremely helpful in most cases they are quite unable to cope with even a small fraction of the work waiting to be done—work which goes on increasing and, rapidly becomes more urgent with delay. These practitioners, as is well known, cannot meet the demands made upon them by the general public under the

new Health Act and they consider, quite rightly, that the large numbers of school children in need of attention should receive it from the service which was specially set up for that purpose. As there are insufficient members of the dental profession to provide 'free' treatment for all, the necessity for an efficient priority service to ensure that those most in need are able to secure attention is obvious. It is recognized that the school children and mothers and young children, the Ministries' 'priority classes', are the members of the community who can benefit most from comprehensive dental treatment, and yet the services which existed solely for them have been allowed to disintegrate to such an extent as to be almost completely ineffective. That such a state of affairs should have been brought about by the institution of a National Health Service is ludicrous. The amount of harm which is being done through the lack of proper dental facilities for the growing children is enormous and will have far-reaching consequences upon their general health. Practitioners will be faced for a very long time to come with the ravages of dental disease which could have been prevented by the adoption of the simple expedient of placing first things first. It is extraordinary that the position should ever have been allowed to arise whereby the general Dental Service is to continue to be overwhelmed because the priority services are not permitted to function.

The widespread dissatisfaction with this state of affairs is evidenced by the large number of inquiries and complaints received daily from parents, head teachers, nurses, medical officers, and organizations such as Parent-Teacher Associations, etc. Every assistance is, of course, given and by almost super-human efforts the required attention is secured eventually, the necessary arrangements being made at our centres or at hospitals or with general practitioners. All this is extremely time-consuming and worrying, and the large numbers are a constant reminder of the absence of those facilities which should be provided and are so sorely needed.

The amount of work carried out is, as already indicated, considerably less than last year. The number of routine inspections have had to be carefully controlled as there is little point in dentally examining children if the defects found cannot be remedied. The result would be waiting lists of meaningless length and added distress to parents through their being notified that their children are in need of attention which they are unable to obtain. By keeping the inspections within bounds, over 80 per cent of those found to be defective received treatment, an increase of nearly 10 per cent over last year; 78 per cent received complete treatment. The number of permanent teeth extracted rose from 21 to 22.4 for every hundred children treated, and further rises will be inevitable while existing conditions continue. The position is shown more clearly in the ratio of conservation operations to extractions of permanent teeth: this stood at 7.8 to 1 in 1947 and is now 4.9 to 1.

The arrangements for dealing with dental malformations continue to function very satisfactorily. Increased efforts have been made by the Orthodontist to overcome the handicap of the lack of assistance previously given him by the Dental Officers, which has meant his being obliged to see each case under treatment with greater frequency. The number of children under treatment during the year was 1,636, the attendances made on special sessions being 3,597. The requests for this form of treatment continue to increase and the coming into operation of the Health Service has not been a help in this connection. The practitioners who are able to undertake this work are reluctant to do so because it is a lengthy form of treatment and they just cannot spare the time; one result has been long waiting lists in the orthodontic departments of the dental hospitals. Our Orthodontist is working extremely hard to try and cope with as many as possible of the demands made upon his services but he has no option but to exercise very careful selection of the cases undertaken, a necessity which naturally leads to dissatisfaction on the part of parents whose children cannot be accepted without delay.

It will obviously be impossible to maintain the Local Authority Dental Services unless some means are found whereby the Dental Officers employed can receive remuneration comparable with that obtained by general dental practitioners. Unless the problem is faced squarely and appropriate steps taken in the very near future the service will break down completely, with tragic results. There has been some discussion recently as to the possibility of easing the situation by bringing in ancillary workers to undertake the minor forms of dental treatment. As an experiment a few are being trained under the auspices of the Ministry of Health, with the object of their being employed by Local Authorities, but as these workers will have to carry out their duties under the supervision of qualified Dental Officers it would appear that their greatest use will be in institutions or perhaps county boroughs. As things stand, they are not likely to be very helpful in the counties where there are neither the premises suitable for equipping with multiple surgeries nor officers to do the supervising.

The task of trying to direct a service with inadequate facilities increases as those facilities become less and less and the demands upon them continue to mount. It is extremely difficult to maintain a balance between the many conflicting factors and to adhere to a policy of the greatest good for the greatest number. An enforcedly reduced service is not a small replica of a large efficient service and it is often not appreciated that to obtain as much efficiency as possible in the circumstances, adjustments in policy are required. Much of the criticism received is completely uninformed and in any case is frequently directed to the wrong quarter, but as far as the general public is concerned it is not perhaps surprising that there is considerable misunderstanding of the present conditions. One sympathizes with the confusion felt by a parent who has the welfare of her child at heart and requests attention for him under the School Dental Service only to find that the Dental Officer in her area has left to join the National Health Service and to be advised that she may obtain treatment for her child, without a charge being made to her, from any practitioner who will accept the case under the National Health Service. On visiting general practitioners she is confronted with long waiting lists and advised that she should secure the required attention from the School Dental Service; in desperation, contact is made with County Hall. This sort of thing happens every day. It is by no means an easy matter always to secure the co-operation of the dental staff under the persisting difficult conditions. Not only is there the sense of not getting a "square deal", but there is also resentment that so much harm is being done by the major part of the service having been allowed to fall away. On top of this is the feeling of continually being harassed by the always rising clamour for attention and insistent demands which seem never-ending. It is almost a herculean task to hold the Service together under these conditions and it is urged most earnestly that action be taken at the earliest possible moment to restore the County Dental Service so that it may take its share in contributing towards the health and well-being of the children."

CHILD GUIDANCE

The work of the Hill End Child Guidance Clinic was described in last year's report. The treatment side of their work has become a function of the North West Metropolitan Regional Hospital Board; the County Education Committee remains responsible for ascertainment of educationally subnormal and maladjusted children. Negotiations were therefore begun with the Hospital Board as to the financial and other conditions upon which there might be a joint use of the Child Guidance Clinics and staff. These had not been completed by the end of the year.

Four Assistant School Medical Officers have taken training courses and have been approved by the Ministry of Education for ascertainment of Educationally Subnormal children; two others await approval. It is planned to make greater use of these officers in routine ascertainments assisted by the reports of

Educational Psychologists and in this way to reduce the demands upon the full child guidance teams.

Dr. E. D. T. Roberts, Acting Medical Director, and Dr. R. E. Lucas, Assistant Medical Director, Hertfordshire Psychiatric and Child Guidance Clinic, Hill End Hospital, St. Albans, have submitted the following tables and reports on the work done during 1949.

" Report for 1949—Psychiatric and Child Guidance Clinics

In presenting the summary of Clinic cases for 1949 there are a few points which call for special comment.

Table I—Analysis of Current Cases.—The total number of cases seen at the Clinics in the year ending 31st December, 1949, shows a decrease compared with that of the previous year. Unfortunately, no detailed analysis for 1948 is available but, if these figures are compared with the summary of Clinic cases in 1947 it will be seen that the decrease is entirely in relation to adult patients. In 1947 a total of 404 adult patients were seen, whereas in 1949 the number dropped to 171, a decrease of 233. At the same time the number of patients under the age of 18 years has increased by 40. It would seem that this decrease in the attendance of adult patients is entirely due to the improvement of out-patient facilities at other hospitals in the area. Since adults are only seen at Hill End the drop in attendance has been experienced solely at this Clinic and has been dealt with by redistribution of staff so that the branch Clinics, whose waiting lists are increasing, are undertaking a greater proportion of the total work.

As compared with 1947 the number of children of all age-groups under 18 years shows an increase, the proportion of males to females being about the same as in previous years.

Table II—Sources of Reference (new cases and old cases referred again).—For the first recorded time referrals made by school authorities head the list. It was noted in 1947 that the gap between referrals from private doctors and those made by school authorities was steadily lessening, and it is particularly gratifying to note that in the present year 60 more cases have been sent from the school authorities than from doctors. This would suggest that the already good liaison between the Clinic and the schools is still improving and that the tendency to refer children early is increasing. The readiness of the school authorities to take prompt action is likely to have significant results both from the point of view of the welfare of the child and from the decreased length of time necessary to effect a readjustment.

There is a slight increase in the number of cases referred by Probation Officers, and here again close co-ordination with the Probation Service and the courts is being maintained.

Of the 62 children under the age of five referred during the year only 11 were referred from the Maternity and Child Welfare Clinics. We should very much like to develop and increase this particular service. As is shown by the records of older children, in a very high proportion of cases behaviour difficulties have already manifested themselves before school age. In referrals at a later age there is often evidence of years of misunderstanding and conflict between parent and child, much of which could have been eliminated if the child had been seen at the onset of its problems. It has been found that in the majority of instances, treatment of the " under fives " has been particularly rewarding, since a resolution of the child's problems is so often effected by a short period of contact between the family and the Psychiatric Social Worker, working under the guidance of the Psychiatrist, after the full diagnostic examination. These cases therefore represent not only an elimination of prolonged strain and much unnecessary unhappiness on the part of parents and children, but a most economical service as far as the Clinic is concerned.

Table III—Disposal of Current Cases.—In this section the high figure for " Full Investigation and Advice " requires comment. It is a sound principle in all psychiatric work that there should be no diagnosis or even contact without therapy. In other words the therapeutic approach must be made and maintained from the first moment of contact with the case. Many of the cases under the heading of " Full Investigation " have, in fact, required several hours of work on the part of all members of the team and some treatment has, in fact, been done on all these cases. The distinction between this group and the subsequent one lies in the fact that these cases have not proved too complicated to deal with promptly and have therefore not needed to be placed on the waiting list for further treatment.

The small number of cases accepted for Remedial Teaching is in line with our policy of close integration between the Psychologists and the school service. The fact that the Educational Psychologists work both in the Clinics and in the schools enables them to advise teachers as to suitable educational methods for retarded children. This, in the long run, is likely to be far more beneficial than the undertaking of Remedial Teaching by the Psychologists themselves, since the alert and interested teacher can recognize when these special methods will be appropriate for other children suffering from similar difficulties.

Table IV—Discharges.—As in previous years the cases classified as " Recovered " are small in number, and it may perhaps be advisable to explain that in psychiatric work the term " recovered " is used in a different sense than in other departments of medicine. The child with a neurosis or behaviour problem is not suffering from a temporary illness, but may be suffering from a delay or distortion of development and of outlook, or from unfortunate and irremedial environmental conditions, or both. The term " recovered " implies not only that the child is free from symptoms but also that his total personality development and his relationship with his environment is now so adequate that no further disturbance of adaptation is likely. For this reason, when children continue to show some character qualities which may occasion further difficulties or when the environmental situation is not considered likely to promote ideal development the term " Improved " is used on discharge.

Table VI.—In spite of the decrease in the number of cases referred during the year there has, as compared with 1948, been an increase in the number of psychiatric and psychological interviews. That this increase has been concerned with the child population is all to the good. As our knowledge of the potentialities of children to recover even from profound and severe emotional disturbances increases there will no doubt be a tendency to undertake treatment in certain cases hitherto considered beyond our scope.

The decrease in Psychiatric Social Workers' visits and interviews has been occasioned by the fact that for a period after the resignation of one senior Psychiatric Social Worker we were short of staff until her place had been filled.

Training and Public Relation Work.—During the year two Psychiatric Registrars, having received a Fellowship from the National Association for Mental Health, received a year's training in Child Guidance. There has also been an increasing demand from Psychiatrists in other fields to be given the opportunity of acquiring some knowledge of Child Guidance methods. It has not been possible to offer complete training to this group, but a short course in Child Guidance Methods has been evolved, in conjunction with the Tavistock Clinic, whereby Psychiatrists from local Mental Hospitals can attend on three afternoons per week to gain some knowledge of existing techniques. Since this course is a demonstration of work actually in progress it can be undertaken without any reduction of time available for clinical work. In 1949 five Psychiatrists from the Napsbury and Shenley Hospitals attended a three months' course of this nature.

We were also happy to welcome two Assistant School Medical Officers for a Course in Mental Testing, arranged by the National Association for Mental Health.

The usual practical training in psychiatric social work was also undertaken.

During the year thirteen lectures were given by members of the staff to various organizations, and the Child Guidance Exhibition was taken to five training colleges. It was also demonstrated at the Education Section of the British Psychological Society in September.

At present the most pressing need would seem to be a residential hostel for the admission of the severely maladjusted adolescent. In the cases of children of school age it is possible in certain instances to combine admission to a school for maladjusted children with continued psychiatric observation and treatment, so that the child benefits at the same time by the expert observation and understanding of the Psychiatrist and by appropriate environmental care. No such facilities are available for those disturbed adolescents whose condition renders them unsuitable for admission to an adult Neurosis Centre. Many of these cases create a very serious problem, not only in their homes but also in the larger community, and it is hoped that facilities for expert investigation and treatment of this group will become available in the near future.

From the point of view of the Clinic staff the very close co-operation given by the County Medical and Educational Service is particularly gratifying, and it may not perhaps be out of place to mention specially the efforts made by the County authorities to provide suitable placement for maladjusted children. In *The Times* of 18th May, Miss Rendal, Principal of the Caldecott Community, and Dr. Portia Holman and Dr. Elizabeth Watley, two Child Psychiatrists, comment on the importance of placing the maladjusted child in an environment precisely suited to his temperament and individual needs. The co-operation obtained by the Clinic from the County authorities on this particular score is exceptionally close, with the result that placement of the severely maladjusted child often effects a far greater degree of improvement than would have been the case had the integration of the services been less adequate.

Summary of Clinic Cases, 1949

	Hill End.	Watford.	Hitchin.	Hertford.	Barnet.	Total.
1. Number of current cases during 1949						
New cases referred	560	241	125	102	104	1,132
Old cases referred again	328	120	47	51	60	606
Cases brought forward from 1948	51	21	12	4	3	91
	181	100	66	47	41	435
Hertfordshire residents	506	240	123	101	91	1,061
Out-County patients	54	1	2	1	13	71
Male	335	166	88	76	68	733
Female	225	75	37	26	36	399
Under 5 years	37	14	7	1	3	62
5-14 years	289	206	105	98	90	788
14-18 years	65	21	11	3	11	111
Over 18 years	169	—	2	—	—	171
2. Sources of Reference (new cases and old cases referred again)—						
Private Doctors	96	25	14	5	16	156
School authorities—						
School Medical Officers	59	58	33	27	21	198
Head teachers	4	5	4	3	2	18
Other hospitals and clinics	60	20	—	1	5	86
Probation Officers	104	23	3	11	8	149
Parents and relatives	11	4	1	2	4	22
Maternity and Child Welfare clinics	6	5	—	—	—	11
County Medical Officer	20	—	3	6	6	35
Self	4	—	1	—	—	5
Other agencies	15	1	—	—	1	17
	379	141	59	55	63	697

	Hill End.	Watford.	Hitchin.	Hertford.	Barnet.	Total.
3. Disposal of current cases—						
Investigation incomplete	36	21	10	9	1	77
Social investigation only	1	—	—	1	8	10
Full investigation and advice	197	67	20	9	24	317
Accepted for treatment.	301	132	89	74	62	658
On waiting list	15	33	15	26	20	109
Individual psychotherapy	215	56	28	23	32	354
Play group therapy	28	32	30	18	8	116
Remedial teaching	6	5	5	4	1	21
Social service	37	6	11	3	1	58
Waiting investigation	25	21	6	9	9	70
4. Discharges—						
Not investigated	27	2	1	5	1	36
Social investigation only	3	—	—	1	3	7
Advice given	199	64	28	9	25	325
Treated—						
Recovered	6	8	5	—	1	20
Improved	120	41	30	28	24	243
Not improved	29	14	9	2	3	57
Transferred to other clinics within the Service	15	—	2	2	2	21
Investigation incomplete	4	10	6	3	—	23
	403	139	81	50	59	732
5. Carried forward to 1950.	157	102	44	52	45	400
	Hill End.	Watford.	Hitchin.	Hertford.	Barnet.	Total.
6. Interviews during 1949—						
Psychiatrists	2,873	969	455	312	394	5,003
Psychologists	685	623	534	405	212	2,459
Psychiatric social workers	1,313	1,135	426	299	373	3,546
7. After Care interviews during 1949—						
Psychiatrists	66	18	3	4	20	111
Psychologists	16	6	4	6	2	34
Psychiatric social workers	94	118	28	14	33	287
8. Visits and interviews on Mental Hospital Patients—						
Current cases	300	} By psychiatric				
After care	154	} social workers.				

**Hill End Hospital and Clinic—Psychiatric and Child Guidance Service—
Statutory Cases, 1949**

Number of cases outstanding from 1948	25
Number of cases referred during 1949	184
Total	209
P. 4 Certificates completed	34
Ineducable. Report to Local Authority	50
Recommended for Special School	58
Recommended for Special Class	9
Referred for full Child Guidance Examination	2
Recommended for ordinary school education	7
Kingsmead and Broxbournebury cases	26
Recommended for re-examination	5
Not yet seen	18
Total	209

Psychological Service, 1949

Number of cases seen by Psychologists during 1949 is 249."

JUVENILE DELINQUENCY

Area Committees have been set up to study the problem of Juvenile Delinquency, and certain of the School Medical Officers and Nurses have assisted in this work.

In view of the growing importance of this problem all Assistant Medical Officers were asked to refer to it in their annual reports. No new facts were brought to light, but most of the reports commented upon the home life as the primary causal factor, with subnormal mentality as a secondary cause in many instances.

Apart from the influence of marital discord there were other influences in the home life, e.g. parents of low mentality, lack of discipline and moral standards, both parents in full-time employment, etc., which were cited as responsible.

The School Nurse/Health Visitor, by virtue of her close contact with family life in the home, is particularly well placed to observe many of the conditions which are thought to be main causes of juvenile delinquency.

INFECTIOUS DISEASES

Acute Anterior Poliomyelitis (Infantile Paralysis), which had caused so much anxiety in 1947 was again prevalent in 1949.

This year's total of notifications for the whole county at all ages was 133—only some score less than in 1947.

Of the total of notifications, 115 were confirmed as Poliomyelitis and 4 as Polio-Encephalitis. Of the total of 133 notifications originally made 50 related to children aged 5 to 16 years.

A very detailed inquiry was made in co-operation with the local Sanitary Authorities into the circumstances of each case reported, and the results were entered on to a form specially designed for the use of the Medical Research Council's investigators at Cambridge.

Dr. A. M. McFarlan kindly came over from Cambridge and gave a lantern lecture at St. Albans on the field investigation methods. Sanitary Inspectors and District Medical Officers of Health were invited to this meeting at Wellington Court, St. Albans, which was also attended by some Medical Officers of neighbouring authorities.

Measles notifications rose to 6,000 children of all ages—an increase of nearly 1,000 over 1948; but Whooping Cough notifications fell from 2,365 to 1,161. Scarlet Fever notifications totalled 497—a reduction of 62.

STATISTICAL TABLES FOR THE WHOLE COUNTY. MEDICAL INSPECTION AND TREATMENT, 1949**School Population, 1949**

The number of scholars and schools on 31st October, 1949, were :—

Primary School Children	.	43,438
Secondary School Children	.	26,808
		<hr/>
		70,246
		<hr/>
Number of Primary Schools	. . .	229 (263 Depts.)
Number of Secondary Schools	. . .	64 (69 Depts.)

TABLE I

Medical Inspection of Pupils attending maintained Primary and Secondary Schools

A. PERIODIC MEDICAL INSPECTIONS.

(1) Number of Inspections :—

	<i>Entrants.</i>	<i>Second Age Group.</i>	<i>Third Age Group.</i>	<i>Total.</i>
	10,069	6,959	7,406	24,434
(2) Number of other Periodic Inspections				5,354
			Total	<u>29,788</u>

B. OTHER INSPECTIONS.

Number of Special Inspections	6,824
Number of Re-inspections	24,255
	Total <u>31,079</u>

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual pupils found at periodic Medical Inspection to require treatment. (Excluding Dental Diseases and Infestation with Vermin.)

Notes.

- (1) Pupils found at Periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil should be recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	128	1,546	1,634
Second Age Group	410	818	1,158
Third Age Group	372	418	751
Total (prescribed groups)	910	2,782	3,543
Other Periodic Inspections	304	687	932
Grand Total	1,214	3,469	4,475

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION OF PUPILS ATTENDING PRIMARY AND SECONDARY SCHOOLS DURING 1949.

DEFECT OR DISEASE (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	Number of Defects		Number of Defects	
	Requiring Treatment (2)	Requiring to be kept under observation but not requiring Treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but not requiring Treatment (5)
Skin	120 (117)	137 (137)	457 (777)	21 (27)
Eye—				
(a) Vision	1,214 (1,213)	839 (621)	452 (814)	76 (56)
(b) Squint	185 (164)	192 (119)	56 (97)	13 (10)
(c) Other	63 (77)	75 (98)	190 (371)	22 (35)
Ear—				
(a) Hearing	26 (26)	60 (38)	50 (130)	15 (11)
(b) Otitis Media	33 (29)	85 (80)	61 (157)	8 (12)
(c) Other	25 (35)	52 (55)	136 (258)	18 (15)
Nose or Throat	1,030 (1,054)	1,545 (1,462)	415 (987)	105 (106)
Speech	78 (54)	114 (118)	60 (68)	17 (15)
Cervical Glands	29 (27)	280 (305)	17 (40)	20 (19)
Heart and Circulation	121 (94)	317 (285)	87 (86)	40 (43)
Lungs	141 (111)	339 (474)	77 (97)	51 (50)
Developmental—				
(a) Hernia	17 (17)	29 (33)	5 (7)	5 (2)
(b) Other	14 (8)	84 (13)	10 (29)	8 (1)
Orthopaedic—				
(a) Posture	622 (668)	248 (256)	28 (48)	15 (11)
(b) Flat Foot	637 (481)	277 (222)	43 (56)	14 (9)
(c) Other	470 (492)	436 (427)	207 (299)	54 (38)
Nervous System—				
(a) Epilepsy	8 (4)	19 (13)	8 (11)	2 (2)
(b) Other	31 (25)	161 (192)	29 (94)	30 (31)
Psychological—				
(a) Development	56 (64)	176 (154)	113 (153)	34 (39)
(b) Stability	27 (6)	89 (22)	54 (74)	12 (4)
Other	121 (538)	264 (566)	2,280 (3,835)	107 (141)

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups (1)	Number of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of col. (2) (4)	No. (5)	% of col. (2) (6)	No. (7)	% of col. (2) (8)
Entrants	10,069	3,707	36·8	5,888	58·8	474	4·7
Second Age Group	6,959	2,742	39·4	3,910	56·2	307	4·4
Third Age Group	7,406	3,265	44·1	3,933	53·1	208	2·8
Other Periodic Inspections	5,354	1,798	33·6	3,281	61·8	275	5·1
Total	29,788	11,512	38·7	17,012	57·1	1,264	4·2

TABLE III
Treatment Tables

GROUP I.

Minor Ailments (excluding uncleanliness, for which see Table V.)

	<i>No. of Defects Treated During the Year.</i>
(a) Skin—	
Ringworm—Scalp	
(i) X-ray treatment	—
(ii) Other treatment	7
Ringworm—Body	34
Scabies	49
Impetigo	381
Other skin diseases	1,078
Eye Disease	1,106
Ear Defects	545
Miscellaneous (e.g. minor injuries, bruises, sores, etc.)	8,678
Total	11,878
 (b) Total number of attendances at Authority's Minor Ailment Clinics	 34,691

GROUP II.

Defective Vision and Squint (excluding eye disease treated as Minor Ailments, Group I).

	<i>No. of Defects Dealt with.</i>
Errors of Refraction (including squint)	4,710
Other defect or disease of the eyes (excluding those recorded in Group I)	160
Total	4,870
 Number of pupils for whom spectacles were—	
(a) Prescribed	2,573
(b) Obtained	483

GROUP III.

Treatment of Defects of Nose and Throat.

	<i>Total No. Treated.</i>
Received operative treatment	538
Received other forms of treatment	3
Total	541

GROUP IV.

Orthopædic and Postural Defects.

(a) Number treated as in-patients in hospitals or hospital schemes	49
(b) Number treated otherwise, e.g. in clinics or out-patient departments	1,572

GROUP V.

Child Guidance Treatment and Speech Therapy.

Number of pupils treated—	
(a) Under Child Guidance arrangements	410
(b) Under Speech Therapy arrangements	512

TABLE IV

Dental Inspection and Treatment

1. Number of pupils inspected by the Dental Officers—	
(a) Periodic Age Groups	17,316
(b) Specials	5,295
(c) Total (Periodic and Specials)	22,611
2. Number found to require treatment	15,381
3. Number actually treated	12,322
4. Attendances made by pupils for treatment	24,205

5. Half-days devoted to—		
(a) Inspection		145
(b) Treatment		2,657
Total (a) and (b)		<u>2,802</u>
6. Fillings—		
(a) Permanent teeth		9,094
(b) Temporary teeth		2,925
Total (a) and (b)		<u>12,019</u>
7. Extractions—		
(a) Permanent teeth		2,762
(b) Temporary teeth		9,939
Total (a) and (b)		<u>12,701</u>
8. Administrations of General Anaesthetics for extractions		6,146
9. Other operations—		
(a) Permanent teeth		4,556
(b) Temporary teeth		5,569
Total (a) and (b)		<u>10,125</u>

TABLE V

Verminous Conditions

(i) Total number of examinations of pupils in the Schools by School Nurses or other authorized persons	296,642
(ii) Total number of individual pupils found to be infested	1,345
(iii) Number of individual pupils in respect of whom Cleansing Notices were issued (Section 54 (2), Education Act, 1944)	385
(iv) Number of individual pupils in respect of whom Cleansing Orders were issued (Section 54 (3), Education Act, 1944)	2

NURSERY SCHOOLS

Number of Routine Inspections	1,062
Number of Special Inspections	43
Number of Re-inspections	716

Return of Defects found at Medical Inspection

DEFECT OR DISEASE	ROUTINE AND SPECIAL INSPECTIONS	
	Number of Defects	
	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment
(1)	(2)	(3)
Skin	7	7
Eyes	15	21
Ears	5	2
Nose or Throat	50	71
Speech	6	9
Cervical Glands	1	5
Heart and Circulation	3	10
Lungs	2	14
Developmental	1	6
Orthopædic	64	54
Nervous System	3	7
Psychological—		
(a) Development	1	6
(b) Stability	1	1
Other	5	12

DACORUM DIVISIONAL EXECUTIVE

Report by Dr. M. Gross, Divisional Medical Officer.

In putting forward this report it is necessary to state that 1949 has been a "carrying-over year" in so far as during the course of it—in June—the clerical work, including the collection of statistics and records relating to school medical inspection, was transferred from the County Hall to the Divisional Office at Hemel Hempstead. It is anticipated that at the end of 1950, when a whole year's work will have been dealt with, the Divisional Medical Officer will be enabled to submit a more comprehensive estimate of the statistical evidence available.

Anyone closely connected with the working of the school medical service must inevitably be led to consider, from time to time, the objects of the service and the methods adopted to obtain them. It is always easier to set down ideals than to obtain practical results; at first thought it may seem that the service has, in the past, expended much time and trouble in the determination of children's defects and of their treatment, instead of striving rather for their prevention—a policy of concentration on effects rather than causes. It is certain that the latter process is less spectacular; the beneficial results of preventive measures tend to be gradual and insidious and only to be seen in true perspective after a long interval. A second thought will, however, reveal that preventive medicine does, in fact, figure considerably and to an increasing degree in the various aspects of school life, because in addition to the consideration that the determination and treating of defects may in the long run be preventive, one finds that increasing attention is focussed on physical training, architectural experiments in the provision of hygienically planned school buildings, the service of school meals, and the provision of school milk. It is also true that many of the adverse conditions promoting the physical and mental defects found in the school child originate outside the school life and often before school age is attained; improvement of the school child's health must, therefore, go hand in hand with improvement of the life of the community.

It is desired to draw attention to two matters which seem to require serious consideration in the development of the school medical service.

The first is the state of the school dental service. In this Division there has been a regrettable falling off in the inspection and treatment for dental defects; this is, of course, due to conditions obtaining in the dental profession as a result of the 1946 Health Act, which have resulted in a defection of dentists from the school dental service. It is to be hoped that a remedy will soon be found, for while it is true that any child can in time obtain attention from its own dentist it is equally apparent that routine inspection has very considerably lapsed. There is also the consideration that, taking the long view, the less thorough is dental treatment in the young the sooner and more frequent will be the demand for wholesale extractions and dentures. Neglect of dental decay cannot but be injurious to the healthy development of children. Hemel Hempstead has been outstandingly fortunate in retaining the services of local dentists in the school dental service, but other portions of the Division have fared badly.

The other matter to be mentioned is this: it is clear that school medical inspection in this Division has been carried out in a highly satisfactory manner; one has only to read Dr. Keith's Annual Report—as also the annotations on defect cards—to realize the care and thought which is put into the work. There can therefore be no doubt of the thoroughness with which children's defects are ascertained. Further than this, it has been customary for the school medical

inspector to maintain fairly close relations with the hospital or doctor to whom the child has been directly referred for attention to those defects ; the process in reverse has also existed to a degree—information being obtained by the school medical inspector of attention which has been bestowed.

Since the 1946 Act children with defects requiring attention must be referred to the child's medical attendant, who is responsible for treatment. He refers the child to hospital or clinic if he thinks fit, and the hospital reports to the medical attendant on attention given, but usually not to the school medical inspector, and so a condition of affairs that was never entirely satisfactory has worsened and the school medical service is being left in much ignorance as to the outcome of its careful work. It does seem desirable that somewhere there should be someone who co-ordinates all information relating to the health of a child, and it appears that training and occupation renders the school medical inspector a suitable person. But it is clear that no coherent record—no coherent health picture—of the child can be obtained without a proper co-ordination between the various persons to whom the child is referred for attention. The shortcoming in this Division is not at all due to any intentional withholding of information, but the sooner it is remedied the better. It does also explain to a degree the lack of certain information which one would have liked to supply in this report.

As regards the divisional administration of the service, the work goes smoothly. At the desire of the County Medical Officer all school medical record cards were collected in 1949 from schools, where they had been previously kept, and they are now housed in the Divisional Office. They are supplied to the schools as medical inspections demand. Certain head teachers showed a well-understood reluctance to part with these cards, to which they were able to refer for necessary action, but a system has been evolved in the office whereby it keeps the head teacher *au fait* with all matters concerning the child's health, and it is believed that the system is giving satisfaction.

The Divisional Medical Officer deems himself fortunate in his office staff—the enthusiastic and meticulous care with which the work appertaining to the school medical service is carried out is very pleasing, particularly in the light of the cramped quarters at present afforded.

Below are set out the principal statistics and notes relating to the School Health in the Dacorum Division :—

TABLE I

Medical Inspection of Pupils attending maintained Primary and Secondary Schools

School Population (October, 1949).

Primary Schools	3,838
Secondary Schools	2,311
Total	6,149

Number of Schools	33
Number of Departments	36

A. Periodical Medical Inspections.

Number of Inspections in the Prescribed Groups—

Entrants	867
Second Age Group	641
Third Age Group	608
Total	2,116
Number of other Periodic Inspections	448
Grand Total	2,564

B. *Other Inspections.*

Number of Special Inspections	358
Number of Re-inspections	3,482
Total	3,840

As compared with 1948 the total number of periodic inspections has increased by just under 100. There is a marked variation in the group numbers; the entrants group has increased by 193 and the second age group by 239, while the "other periodic inspections" have fallen by 309. There is an indication of an improvement in that more children appear to have been examined in their intended groups. The increased number of "entrants" examined is in part accounted for by the inclusion of Belswains new school, which has been included in the Dacorum Division.

It is found that the number of "specials" seen has dropped by 278, and the "re-inspections" have increased by 1,156.

Consideration of all these figures produces an indication that medical inspection has, in 1949, taken a more regular and orderly course.

In this connection I would mention the help received from Miss M. Evans, the only full-time School Nurse in the Division. School medical inspection by local medical practitioners in Hemel Hempstead Borough results in the school medical programme being most simply arranged between them and the school nurse, and the smooth working of this method is in great part due to Miss Evans' attention to detail.

C. *Pupils Found to Require Treatment.*

Number of individual pupils found at periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Notes.

- (1) Pupils found at periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil should be recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	22	164	179
Second Age Group	48	82	123
Third Age Group	52	60	105
Total (prescribed groups)	122	306	407
Other Periodic Inspections	31	69	97
Grand Total	153	375	504

Allowing for the increase of inspections the figures in Table Ic are very comparable with those obtained in 1948.

TABLE II

A. DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31.12.49.

DEFECT OR DISEASE (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	Number of Defects		Number of Defects	
	Requiring Treatment (2)	Requiring to be kept under observation but not requiring Treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but not requiring Treatment (5)
Skin	23	53	24	2
Eye—				
(a) Vision	153	113	25	9
(b) Squint	19	11	5	1
(c) Other	6	27	6	3
Ear—				
(a) Hearing	3	4	5	1
(b) Otitis Media	14	37	5	—
(c) Other	2	18	5	—
Nose and Throat	132	362	24	13
Speech	5	30	1	1
Cervical Glands	4	52	—	—
Heart and Circulation	7	68	1	1
Lungs	21	92	1	5
Developmental—				
(a) Hernia	3	5	—	1
(b) Other	3	24	2	—
Orthopaedic—				
(a) Posture	23	70	2	7
(b) Flat Foot	43	82	4	2
(c) Other	47	130	20	1
Nervous System—				
(a) Epilepsy	3	—	—	—
(b) Other	10	73	2	5
Psychological—				
(a) Development	11	30	15	2
(b) Stability	2	3	4	—
Other	21	54	113	8

Some types of defect here noted are dealt with more extensively later.

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN AGE GROUPS.

Age Groups (1)	Number of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. (2)	No.	% of col. (2)	No.	% of col. (2)
		(3)	(4)	(5)	(6)	(7)	(8)
Entrants	867	265	30.6	581	67.0	21	2.4
Second Age Group	641	253	39.5	381	59.4	7	1.1
Third Age Group	608	289	47.5	314	51.7	5	0.8
Other periodic Inspections	448	142	31.7	301	67.2	5	1.1
Total	2,564	949	37.0	1,577	61.9	38	1.4

GENERAL CONDITION OF PUPILS

I think the correct interpretation of this Table presents certain difficulties. One is certainly justified in deducing that with the great majority of the children their "general condition"—a rather more comprehensive term than the original classification "nutrition"—is satisfactory. Until 1947 it was the

It will be seen from this Table that some skin affections which tend to be rife among school children have become almost non-existent; only one case of ringworm of the scalp and three of the body is a good record, and 65 cases of impetigo (there were 103 in 1948) among over 6,000 children is very small when one remembers that this infection in children might have been at one time said to be "as common as dirt"; indeed, its comparative absence nowadays may largely be taken as an indication of the all round improvement in general cleanliness.

The majority of defects in this Table are grouped under the heading of "Miscellaneous", and they are indeed mostly the "rag, tag, and bobtail" defects which usually take up the time of the School Nurse at the minor ailment clinic; one has felt that such conditions, perhaps sometimes with a nurse's advice, should well be cared for by a parent. It is to be noted that this view, coupled with other considerations, has led to curtailment of minor ailment clinic sessions in this Division. It was felt that advice and treatment is now available from any child's medical attendant and, furthermore, it was observed that minor ailment clinics held off the school premises had become very sparsely attended, whereas those held on school premises were so over attended that they afforded a full morning session to the school nurses. There must be a happy medium to these opposite reactions and it is hoped that the curtailment of the clinics will discover it. It does not appear that the complete abolition of these clinics is desirable; they have their uses in certain cases; for instance, a number of scabies cases received baths and ensuing treatment at Marlowes Minor Ailment Clinic, Hemel Hempstead, and certain dressing and forms of treatment do sometimes require the nurse's skill—moreover, the larger clinics are useful for the examination of children and the meeting of parents with the School Medical Officer.

Group II.—Defective Vision and Squint (*excluding eye disease treated as Minor Ailments, Group I*)

	<i>No. of Defects Dealt with.</i>
Errors of Refraction (including squint)	313
Other defect or disease of the eyes (excluding those recorded in Group I)	2
Total	<u>315</u>
Number of Pupils for whom spectacles were—	
(a) Prescribed	115
(b) Obtained	72

These figures bear no relation to the number of defects of vision found during the year, but must include many cases carried over from the year before, either as new cases or seen on successive occasions. Other figures are not available.

The total figures show some reduction compared with the work in 1948, and it is known that there is a small leeway to make up at the beginning of 1950.

The provision of spectacles was being greatly delayed in the first two terms—children had to wait for spectacles any time up to six months or a year. During the last term it is found that children in some areas of the Division obtained any type of glasses in two to four weeks, while in other areas this was the time only for simple lenses—astigmatic lenses took about four months. It all seems to depend on the optician employed.

Orthoptic Clinic.—During 1949, 92 sessions were held at this clinic by the Orthoptist, at which 19 new cases and 13 old cases made 571 attendances. Of these children 11 were discharged as cured during the year and 17 others' treatment was discontinued.

In addition, 64 children were examined by the Orthoptist, having been recommended orthoptics, of whom 50 were accepted for treatment and placed on the waiting list and 14 were referred back to the ophthalmic surgeon as not suitable for treatment.

The number of sessions at this clinic was reduced from three to two sessions during 1948, and this reduction continued throughout 1949, so that the Orthoptist should have more time to deal with a long waiting list in a neighbouring Division. At the end of 1949 there were actually three cases here for whom room had not yet been found for treatment, but it has also been noted that the cutting of sessions has resulted in a cut in frequency of attendance of any particular case. This frequency of attendance is a very important factor in treatment of these cases, and it is therefore hoped that resumption of a further session will soon be possible.

The resignation of Miss J. Davie, in September, 1949, was regretted; the results she was obtaining were very encouraging. Her post has been taken over by Miss M. A. Bickerton.

Group III.—Treatment of Defects of Nose and Throat

	<i>Total No. Treated.</i>
Received operative treatment—	
(a) For adenoids and chronic tonsillitis	46
(b) For other nose and throat conditions	1
Received other forms of treatment	Nil

This Table only conveys incomplete information. It cannot be said that we have complete knowledge as to the number of children who have received treatment or as to the nature of the treatment.

153 children were referred during the year by the School Medical Officers to the nose and throat specialist for tonsils and adenoids removal. It is found in practice that the specialist very rarely disputes these findings, but it is known that the number who have received operative treatment falls very short of the number needing it. The principal reason for the delay in operative treatment has been the incidence of anterior poliomyelitis. During the first two terms of the year great efforts were made at the West Herts Hospital to overtake the number of children awaiting operation, and with considerable success. The number of cases of poliomyelitis in the Division has fortunately been small, but it was rightly decided that owing to its prevalence in adjacent districts the operations should temporarily cease; it has been determined that such operations do tend to invite contraction of the disease by the patient as well as to increase the severity of the attack. The decline of the outbreak has seen a renewal of operative procedure.

Group IV.—Orthopædic and Postural Defects

Divisional figures showing treatment of children for these defects are not available.

Altogether, 139 children were referred by the school health service for orthopædic treatment. Of these, 47 had conditions of flat foot and 25 of posture.

Dr. Keith, who carries out medical inspections in the whole of the Division exclusive of the Borough of Hemel Hempstead, comments:—

“Kyphosis is the commonest—in fact, almost the only postural defect—encountered in my area in 1949. I have seen only two cases which showed any degree of scoliosis.

‘Round Shoulders’ seem more prevalent amongst older children—both boys and girls—and are mostly seen in children with general lack of muscle tone, and in tired children who keep late hours.

I have seen during the year a great many narrow and flattened chests, but not more than a dozen cases of marked deformity of the ‘pigeon chest’ type—and most of these have been associated with asthma and other chest troubles in infancy.

There are *very* few cases of true rachitic deformity in rural areas.”

Comparative Figures of Orthopædic Conditions severe enough to be referred to the Red Cross Orthopædic Clinic or to the Orthopædic Unit at a Hospital.

Defect.	1948.	1949.
Genu Valgum	18	12
Flat Foot	75	51
Posture	25	20
Toes (Hammer and Curled)	6	7
Hallux Valgus	4	1
Hallux Rigidus	1	1

In 1949 three of the foot cases were associated with knock knees ;
seven of the foot cases were associated with postural kyphosis.

In the Borough, 13 cases of flat foot, 1 of scoliosis, 13 other postural defects, and 6 other types of cases were referred for treatment. In the main, treatment is either carried out through the specialist of the West Herts Hospital—as regards Hemel Hempstead Borough—or the Orthopædic Clinic at Watford, and to a lesser degree through the similar clinic at St. Albans—all controlled by the Regional Hospital Board. Cases actually receive their treatment mainly at the West Herts Hospital and the Physiotherapy Clinic at Berkhamsted. A great improvement would be effected if the necessity for children from this Division to attend the specialist at Watford could be obviated ; children referred to Watford frequently fail to keep their appointments owing to the difficulty parents have for sparing the time for the journey involved. The possibility is being probed of arranging for children to attend at Berkhamsted Physiotherapy Clinic to see the specialist there instead of at Watford.

Group V.—Child Guidance and Speech Therapy

Again the Divisional figures for pupils treated at the Child Guidance Clinic are not available.

It is, however, known that the Clinic has been used by the Division very extensively. The children are, in the first place, referred for an opinion—the question of the desirability of treatment through the Clinic, of course, rests with the specialists there. Broadly speaking, all educationally sub-normal or maladjusted children have been referred to the specialist at this Clinic at Hill End, and may be recommended special attention at home or at an ordinary school, or transference to a special school. Later tables indicate the manner in which children from the Division are distributed.

Apart from children who came to the notice of the school medical officers and were referred to the child guidance clinic, large numbers have been referred by head teachers because of their educational sub-normality or troublesome behaviour.

There is, one feels, some justification for the discontinuance of referring to the child guidance clinic specialist staff many children whose category is obvious, or, as far as it affects any action necessary, could easily be ascertained by head teachers or school medical officers. Such a proceeding should considerably relieve the guidance staff and perhaps help to lift a corner of the veil in which psychological medicine sometimes appears to be so mysteriously enshrouded.

Speech Therapy.—The clinic work has been well covered at the speech therapy clinics, and the waiting lists for treatment are small. Mr. Leonard Willmore, the County Speech Therapist, has indicated that more time allotted for visits to schools would be of value. Altogether, 44 children received treatment at the clinics.

TABLE IV.—DENTAL INSPECTION AND TREATMENT

1. Number of pupils inspected by the Dental Officers—		
(a) Periodic Age Groups	1,599	(3,082)
(b) Specials	304	(503)
(c) Total (Periodic and Special)	<u>1,903</u>	<u>(3,585)</u>
2. Number found to require treatment		
3. Number actually treated	1,437	(2,585)
4. Attendances made by pupils for treatment	1,301	(2,384)
4. Attendances made by pupils for treatment	3,532	(6,159)
5. Fillings—		
(a) Permanent Teeth	1,600	(3,138)
(b) Temporary Teeth	744	(805)
Total (a) and (b)	<u>2,344</u>	<u>(3,943)</u>
6. Extractions—		
(a) Permanent Teeth	238	(470)
(b) Temporary Teeth	799	(1,636)
Total (a) and (b)	<u>1,037</u>	<u>(2,106)</u>
7. Administration of General Anæsthetics	404	(912)
8. Other Operations	1,071	(2,379)

(Figures in brackets are those for the year 1948.)

Reference is made earlier to dental problems. The great reduction in figures as compared with 1948 speak for themselves.

TABLE V.—INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorized persons	41,012
(ii) Total number of individual pupils found to be infested	112
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	28
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	1

Divisional figures are not available for previous years, but it will be at once seen from the above table that the extent of verminous infestation among school children has been very small. There are still a few families—"problem" families—where infestation recurs in spite of continual supervision, and from time to time infection tends to spread from them to other children, to be eliminated as the result of the school nurses' regular and careful examination in every school.

HANDICAPPED PUPILS

138 children, comprising 84 boys and 54 girls, are on the register of handicapped pupils in the Dacorum Division, and are distributed among various categories as shown by the following tables:—

Category	In Special Schools	Awaiting Special Schools	Receiving Home Tuition or other Individual Treatment	Others*	Totals
Multiple†	—	—	—	—	—
A. (Blind)	2	—	—	—	2
B. (Partially-sighted)	5	—	—	—	5
C. (Deaf)	7	2	—	—	9
D. (Partially-deaf)	3	2	—	—	5
E. (Delicate)	—	1	—	—	1
F. (Diabetic)	—	—	—	—	—
H. (Epileptic)	—	—	—	—	—
J. Physically handicapped	3	2	—	—	5
K. (Speech Defect)	—	—	30	—	30

* This column includes those for whom no special type of educational treatment is recommended, and those where the parents refuse special educational facilities.

† Multiple—two or more of the above-mentioned conditions present in one pupil.

Category	In Special Schools	Awaiting Special Schools	Receiving Special Education in Ordinary Schools	Totals
G (Educationally sub-normal)	25	14	28	67

Category	In Special Schools or Hostels	Awaiting Special Schools or Hostels	Receiving Treatment under Child Guidance Clinic arrangements	Others*	Totals
I (Maladjusted)	2	2	9	1	14

* This column includes cases where general advice given—cases for re-examination, but no treatment required.

Delicate Pupils (i.e. Handicapped Pupils—Category E)

During 1949, three children from the Division were discharged from residential schools, having made a satisfactory recovery and become fit to attend ordinary schools.

In addition, one child received convalescent treatment in a short-stay holiday home and the County Council were financially responsible for its maintenance under the Education Act, 1944, Section 48. Treatment in holiday homes is provided for the child requiring a period of convalescence not exceeding three months, and the Ministry of Education have agreed that this type of case may be sent to these Homes where education is not available. This decision was made so as to relieve pressure on the special schools, and to enable them to deal only with more serious cases where a long period of treatment is required.

NURSERY SCHOOLS

Number of Routine Inspections 50

Number of Re-inspections and Special Inspections 47

RETURN OF DEFECTS FOUND AT MEDICAL INSPECTION.

DEFECT OR DISEASE	ROUTINE INSPECTIONS	
	Number of Defects	
	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment
Skin	1	5
Eyes	—	—
Ears	1	1
Nose and Throat	5	12
Speech	—	6
Cervical Glands	—	—
Heart and Circulation	—	4
Lungs	—	9
Orthopædic	6	11
Nervous System	1	2
Psychological—(a) Development	1	2
(b) Stability	—	—
Other	1	7

INFECTIOUS DISEASES

The incidence of infectious disease in the schools has been very light. A moderate epidemic of measles in the first half of the year involved most schools and there were some sporadic cases of whooping cough.

Scarlet Fever.—The number of cases among school children amounted to fourteen. The greatest number at any one school was four—at Tring Gravelly Infants' School; here a child developed scarlet fever in April—three other cases occurred in June. It was found that the brother of the first case had had repeated throat infection and on swabbing he was found to harbour streptococci. He was excluded for a considerable period.

Two cases of anterior poliomyelitis, of medium severity, occurred in school children—one attended Flamstead School and the other Markyate Secondary Modern School. They were of the same family—both recovered.

NORTH HERTS DIVISIONAL EXECUTIVE

Report by DR. V. R. WALKER, *Divisional Medical Officer*

ADMINISTRATION

During the year transfer to the Divisional Health Office took place of the health records for all schools within the Division and effort was made to effect such change over from the previous system of maintaining records in school with the minimum of dislocation. Such are, in future, likely to be a more accurate current record and head teachers will be relieved of a considerable amount of clerical work and responsibility for the custody of records.

MEDICAL INSPECTION

Despite staffing difficulties it was found possible to complete the scheduled routine medical inspection work in all schools, including examination in the summer term of the extra 8 year age group. Practically all schools have been visited at least once in each school term during the year.

FINDINGS REGARDING GENERAL CONDITION

Though the proportions of children classified in the three groups, good, fair, and poor, must always depend on the individual judgment of the examining medical officer the figure of 2.5 per cent found poor reflects as it should the very favourable environment for the growing child of the area, situated just beyond urban and sub-urban influences and possessing most factors (excepting possibly sea air) favourable to child health. Of greater interest is the variation in the different main age groups of the percentage found subnormal. The highest proportion classified as of poor condition was in the 10 + year group (3.5 per cent) which must reflect the greater stresses in the growing years before puberty, while the lowest percentage (1.4) was found in the 14 + age group, by which time, particularly in girls, puberty is usually well established. It would seem unfortunate that the selection tests for secondary education coincide with the age period of greater stress from natural growth. In connection with the approach of secondary school selection the incidence of parental anxiety is undoubtedly highest in parents of children around 9 to 10 years and it is likely that some proportion of such strain must be transferred from parent to child.

Among the 14 + age group there is a definite higher incidence of poor general condition in boys than in girls, probably due to the more common delay in the establishment of puberty in males.

DEFECTS FOUND

Ear, Nose, and Throat.—Upon the many tonsillar, nasal, and submaxillary gland defects found in infant and junior schools a conservative policy of repeated observation at each school visit is generally followed; only in cases of gross adenoid obstruction or recurring tonsillitis is immediate treatment urged. It would, however, appear that since the inception of the National Health Service Act responsibility for operative treatment has largely passed from the School Health Service to the domiciliary practitioner and hospital specialist.

Orthopædic Defects.—There is a greater tendency to keep under observation deviations of posture and stance though remedial exercises are difficult to obtain in smaller junior schools.

Skin Conditions.—Incidence of skin disease would seem lower than ever, reflecting continued progress in the spheres of nutrition, hygiene, and medical treatment.

Errors of Vision.—There would seem to be some apparent increase of visual defects requiring treatment though possibly there may be a greater wish by parents to obtain maximum visual efficiency. During 1949 there was a prolonged time lag between the ordering of correction and the provision of spectacles.

Verminous Conditions.—The 194 children found at any point in time during the calendar year to have head infestation of major or minor degree represented the low percentage of 1.9 of total school population and 0.4 of the total number of head inspections. The recommended procedure for securing cleanliness was observed, with reasonable assistance towards initial head cleansing by school nurses at minor ailment centres.

In 1947 Dr. S. Moynihan pointed out that in the larger towns this trouble is normally confined to children from some half-dozen households who are persistently found to be infested. Persistent offenders have been recorded from the same families for continuous periods up to ten years, and towards the end of the year the two health visitor-school nurses of Letchworth took the initiative of concerted action to secure, by friendly persuasion and help, disinfection of all family contacts where one or more children have been recorded with major or minor degree of head infestation. In a sustained effort these nurses consider they have secured the cleansing of all known contacts in each of 22 family units containing 48 school children, 15 pre-school children, and 14 adults. In the following few months the school nurses found that, as a result of their previous "focal attack" there has been a great resultant saving of time formerly spent in the minor ailment clinic dealing with head infestation.

Since such persistently infested families have for a long period formed a reservoir for possible accidental infestation of other children in schools it will in the course of say 6 to 12 months be of much interest to find how many of the school departments concerned have been rendered completely free from any case of head infestation. Thereafter any such school groups would only be liable to re-infestation either from migration or from out-of-school contacts, and in such departments it may be found possible to allow partial relaxation of the time-consuming routine of cleanliness inspection.

MINOR AILMENT CLINICS

There has in the last year or so been a very marked reduction in attendances and in nurses' dressings, due mainly to further decline in (1) septic skin conditions and (2) the recent greater freedom for parents to consult their own medical practitioner upon minor family ailments. Medical sessions are now much more in the nature of consultative centres for school children, particularly where handicapped or suspected of educational handicap, and for diphtheria immunization.

IMMUNIZATION AGAINST DIPHTHERIA

While this measure is now mostly performed at pre-school age the single reinforcing dose continued to be offered at school entry, or primary immunization where not already accepted. Inoculation is performed in urban areas at the minor ailments clinics but for rural and outlying schools visits are arranged for its performance on school premises.

NURSERY SCHOOLS

At inspections a high standard of hygiene has been noted in the three nursery schools and, despite their substandard war-time construction, freedom from any infection more serious than chicken pox was greatly helped by the amount of open air activity encouraged. Chronic nasal catarrh has been in no way prominent.

INCIDENCE OF INFECTIOUS DISEASE IN SCHOOLS

Poliomyelitis.—Of the 11 confirmed cases of such illness in North Herts during 1949 only three were of school age and attending maintained schools, all three being from different schools. Two of these had marked residual paralysis requiring orthopædic hospital treatment.

Food Poisoning.—A sharp outbreak in a school canteen on the 3rd February, 1949, affected roughly 40 children, teachers, and canteen staff, the illness being in all cases of short duration. Full laboratory investigation ascertained the cause to be almost certainly a thermostable enterotoxin from staphylococcus Phage Type 47C, with strong grounds for suspecting contamination from the butcher who cut the stewing meat into small pieces some hours before slow cooking on the afternoon previous to the day of service.

Other Infectious Diseases.—Apart from chicken pox the only outbreak known to be spread in a school population was one of scarlet fever in Pond Lane Infants' School, Baldock, which continued from the last quarter of 1948 into the first quarter of 1949.

There was no confirmed case of diphtheria in the whole area during the year.

NORTH HERTS DIVISIONAL EXECUTIVE

Medical Inspection Returns

YEAR ENDED 31ST DECEMBER, 1949.

<i>School Population</i>	
Primary Schools	6,169
Secondary Schools	3,790
Total	<u>9,959</u>

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	1,580
Second Age Group	923
Third Age Group	881
Total	3,384
Number of other periodic Inspections	748
Grand Total	<u>4,132</u>

B. OTHER INSPECTIONS.

Number of Special Inspections	670
Number of Re-inspections	3,178
Total	<u>3,848</u>

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual pupils found at periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Notes.

- (1) Pupils found at periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil should be recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table II A (3)	Total individual pupils (4)
Entrants	13	138	151
Second Age Group	28	68	94
Third Age Group	13	16	28
Total (prescribed Groups)	54	222	273
Other periodic Inspections	35	60	91
Grand Total	89	282	364

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1949.

NOTE :—All defects noted at Medical Inspection as requiring treatment should be included in this return, whether or not this treatment was begun before the date of the Inspection.

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		Number of Defects		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)	(6)
4	Skin	10	10	30	—
5	Eyes—				
	(a) Vision	89	71	23	6
	(b) Squint	14	31	1	1
	(c) Other	4	7	8	1
6	Ears—				
	(a) Hearing	5	6	5	1
	(b) Otitis Media	2	17	2	—
	(c) Other	3	7	3	—
7	Nose or Throat	109	177	19	6
8	Speech	9	6	3	2
9	Cervical Glands	7	29	—	—
10	Heart and Circulation	5	16	4	4
11	Lungs	6	43	3	4
12	Developmental—				
	(a) Hernia	2	6	2	1
	(b) Other	1	15	—	—
13	Orthopaedic—				
	(a) Posture	27	31	6	—
	(b) Flat Foot	54	42	4	3
	(c) Other	20	31	5	3
14	Nervous System—				
	(a) Epilepsy	1	5	—	1
	(b) Other	2	13	1	3
15	Psychological—				
	(a) Development	5	19	7	2
	(b) Stability	4	8	7	1
16	Other	9	34	279	8

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups (1)	Number of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of col. (2) (4)	No. (5)	% of col. (2) (6)	No. (7)	% of col. (2) (8)
Entrants	1,580	560	35.5	980	62.0	40	2.5
Second Age Group	923	383	41.5	508	55.0	32	3.5
Third Age Group	881	419	47.6	450	51.1	12	1.4
Other periodic Inspections	748	210	28.1	520	69.5	18	2.4
Total	4,132	1,572	38.0	2,458	59.5	102	2.5

TABLE III
Treatment Tables

NOTES.

(a) The Tables should deal with all defects during the year, however they were brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Owing to the difficulty of distinguishing between cases treated under the Authority's schemes and those treated otherwise, the treatment tables (excluding dental) should include all cases known to the Authority to have received treatment, whether at their own clinics or elsewhere.

GROUP I.

Minor Ailments (excluding uncleanliness, for which see Table V).

	<i>No. of Defects Treated or under Treat- ment during the Year.</i>
(a) Skin—	
Ringworm—Scalp—	
(i) X-ray treatment (if none, indicate by dash)	—
(ii) Other treatment	2
Ringworm—Body	4
Scabies	10
Impetigo	41
Other skin diseases	55
Eye Disease	31
(External and other, but excluding errors of refraction, squint, and cases admitted to Hospital.)	
Ear Defects	40
(Treatment for serious diseases of the ear (e.g. operative treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report.)	
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	853
Total	1,036
 (b) Total number of attendances at Authority's Minor Ailments Clinics	2,489

GROUP II.

Defective Vision and Squint (excluding eye disease treated as Minor Ailments, Group I).

	<i>No. of Defects Dealt with.</i>
Errors of Refraction (including squint)	885
(Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	
Other defect or disease of the eyes (excluding those recorded in Group I)	14
Total	899
 Number of pupils for whom spectacles were—	
(a) Prescribed	274
(b) Obtained	103

GROUP III.

Treatment of Defects of Nose and Throat.

	<i>Total No. Treated.</i>
Received operative treatment—	
(a) For adenoids and chronic tonsillitis	55
(b) For other nose and throat conditions	—
Received other forms of treatment	1
Total	56

GROUP IV.

Speech Therapy.

Number of pupils treated under Speech Therapy arrangements	46
--	----

TABLE IV

Dental Inspection and Treatment*

1. Number of pupils inspected by the Authority's Dental Officers :—		
(a) Periodic Age Groups		6,214
(b) Specials		575
(c) Total (Periodic and Specials)		<u>6,789</u>
2. Number found to require treatment		4,384
3. Number actually treated		3,322
4. Attendances made by pupils for treatment		5,063
5. Fillings—		
(a) Permanent teeth		2,370
(b) Temporary teeth		466
Total		<u>2,836</u>
6. Extractions—		
Permanent teeth		522
Temporary teeth		2,266
Total		<u>2,788</u>
7. Administration of general anaesthetics for extraction		1,302
8. Other operations		2,986

* For the present the Ministry are not asking for information regarding treatment carried out apart from the Authority's Scheme.

TABLE V

Infestation with Vermin

All cases of infestation, however slight, should be recorded.

The return should relate to individual pupils and not to instances of infestation.

(i) Total number of examinations in the schools by the School Nurses or other authorized persons	47,762
(ii) Total number of individual pupils found to be infested	194
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	32
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	Nil

SCHOOL MEALS AND MILK

The following table shows the number and percentage of children in October, 1949, taking school meals and milk compared with the October, 1948, figures :—

Year	Total No. of Pupils present in School	Total No. taking School Meals	Percentage	Total No. taking School Milk	Percentage
1949	9,386	6,455	68·78	7,653	81·53
1948	9,052	5,375	59·38	7,711	85·19

HANDICAPPED PUPILS

180 children, comprising 110 boys and 70 girls are on the register of handicapped pupils.

Category	In Special Schools	Awaiting Special Schools	Receiving Home Tuition or other individual Treatment	Others*	Totals
Multiple	—	—	—	—	—
A	1	—	—	—	1
B	2	—	—	—	2
C	7	—	—	—	7
D	2	—	1	—	3
E	8	2	—	—	10
F	1	—	—	—	1
H	3	1	—	—	4
J	10	—	3	1	14
K	—	—	35	—	35

* This column includes those for whom no special type of educational treatment is recommended, and those where the parents refuse special educational facilities.

Category	In Special Schools	Awaiting Special Schools	Special Education in ordinary Schools	Totals
G	16	20	34	70

Category	In Special Schools or Hostels	Awaiting Special Schools or Hostels	Treatment under Child Guidance Clinic Arrangements	Others*	Totals
I	8	2	23	—	33

* This column includes cases where general advice given—cases for re-examination, but no treatment required.

Delicate Pupils, i.e. Handicapped Pupils, Category E.—During 1949 four children from the North Herts Division were discharged from residential schools, having made a satisfactory recovery and become fit to attend ordinary schools.

In addition, four children received convalescent treatment in short-stay holiday homes, and the County Council were financially responsible for their maintenance, under Education Act, 1944, Section 48. Of these children, none were still away at the end of the year.

Speech Therapy Clinics

During the year 98 sessions for treatment were held by the Speech Therapist and 46 children made 409 attendances at the clinics.

Of these 46 children, 38 were still in attendance at the end of the year.

Clinics at Hitchin and Letchworth were closed until April, 1949, following the resignation of Miss Heron. Mrs. Capes was appointed in April, 1949, and held clinics until July, 1949, when Mrs. Greene took over.

SOUTH WEST HERTS DIVISIONAL EXECUTIVE

Report by Dr. R. C. M. PEARSON, *Divisional Medical Officer.*

MEDICAL INSPECTION

The total number of inspections is only 103 less than in 1948, but there is quite a marked increase in the routine age groups inspected, but some falling off in the "special" inspections and in the "re-inspections". This position reflects the increased number of children attending the schools in the Division, and can also be tied up with certain remarks to be made later on regarding defects, attendances at the family doctor, etc.

INCIDENCE OF DEFECTS

A comparison of the defect table with 1948 reveals :—

Errors of Vision, Squint, etc.—A marked fall in the number of eye defects found as "specials", possibly due to the regular attention that these children are given as "follow-ups" from the Ophthalmic Clinic, and the greater care taken to find doubtful squints at routine inspections, particularly the five year olds.

Ear, Nose, and Throat Conditions.—Another marked fall can be seen in the "hearing and otitis media" groups, particularly as "specials", to some extent due to a more rapid response to treatment by penicillin and sulphonamides, with less chance of relapse.

Whilst a considerable number of defects of the nose and throat have been kept under observation rather than add them to an extremely long waiting list for operation, it is worthy of note that fewer have returned as "specials" when compared with the previous year. Perhaps to some extent this is due to the prolonged outbreak of Poliomyelitis, the mothers knowing that operative treatment during this period was inadvisable.

It is perhaps worth recording that the fall in cervical gland defects continues in spite of the relatively little attention to tonsils and adenoids. As to whether it is related to the general fall in bovine tuberculosis or not it is difficult to say.

Orthopædic.—In the orthopædic group there is again a marked fall in the number of defects found, which should indicate a general improvement in posture.

Minor Ailments.—The "other" defects, largely made up of minor injuries, etc., seen at Minor Ailment Clinics, fell by 25 per cent. This indicates the increased attendances at the family doctor's surgery, but gives no opportunity of follow-up by the School Health Service.

GENERAL CONDITION

There is a big improvement in the "general condition" of infants on entry (Group A, 27.1 to 38.5 per cent), with a natural corresponding fall in the B and C groups, most marked fortunately in the C group.

SKIN DISEASES

Ringworm of the scalp has died out completely, the only two cases seen being follow-ups from the year before, and likewise body ringworm has become very much reduced in numbers. Again, the general fall in skin diseases is to some extent compensated by those who attend their own doctors and help to fill the out-patient departments of hospitals, as is seen from the fact that the defects found in the miscellaneous group fell by 38 per cent, but the total attendances only fell by 19 per cent.

OPHTHALMIC SERVICE

The total number of children seen for defective vision is almost exactly the same, but a slightly smaller number of glasses were prescribed. As to whether these glasses are obtained in a reasonable time, no account is taken in view of the fact that they are followed up within a short period after the usual waiting time for delivery, and it would be unfair to ask the parents to bring a child twice within a few months.

NOSE AND THROAT OPERATIONS

In spite of the poliomyelitis epidemic, the returns for operative treatment on the throat are slightly higher. It must be emphasized, however, that considerable distress is being felt in some cases by the length of the waiting list, and the resultant inability to obtain treatment for cases in urgent need of it.

HANDICAPPED PUPILS

The main difficulty in finding suitable accommodation seems to lie in groups 1 to 4 and 9. There has been a rise of educationally sub-normal children admitted to Residential Special Schools from 30 to 40, but there is a considerable number whose parents would like them admitted but cannot obtain a vacancy. Comparing the position generally with that at the end of 1948 the number waiting admission to a Residential Special School apart from the educationally sub-normal group has risen from 16 to 24. It is also regrettable that there are fewer children receiving home tuition.

Delicate Pupils, i.e. Handicapped Pupils, Category E.—During 1949, 9 children from the South-West Herts Division were discharged from Residential Schools, having made a satisfactory recovery and become fit to attend ordinary schools.

In addition, 18 children received convalescent treatment in short-stay holiday homes, and the County Council were financially responsible for their maintenance, under the Education Act, 1944, Section 48. Of these children, 5 were still away at the end of the year.

Orthoptic Clinic—65 Queens Road, Watford

During 1949, 413 sessions were held at this clinic by the Orthoptist, at which 87 new cases and 77 old cases made 2,011 attendances. Of these children, 34 were discharged as cured and for 107 others treatment was discontinued.

In addition, 206 children were kept under observation by the Orthoptist, and when re-examined by the Ophthalmic Surgeon 152 were found to be suitable for treatment and were thus placed on the waiting list.

In September, 1949, Miss J. Davie resigned her appointment as Orthoptist and Miss M. A. Bickerton was appointed to take up duties on the 19th September, 1949.

Speech Therapy Clinics

During the year 231 sessions for treatment were held by the Speech Therapist and 124 children made 1,505 attendances at the clinics.

Of these 124 children, 90 were still in attendance at the end of the year.

Throughout the year Mr. Willmore has held clinics at 65 Queens Road, Watford. Miss F. M. Wilson held clinics at Croxley Green and Harebreaks, Watford, during 1949 until her resignation at the end of November.

SOUTH-WEST HERTS DIVISIONAL EXECUTIVE

Medical Inspection Returns.

YEAR ENDED 31ST DECEMBER, 1949.

<i>School Population</i>	
Primary Schools	10,291
Secondary Schools	6,584
Total	<u>16,875</u>

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	2,081
Second Age Group	1,975
Third Age Group	1,900
Total	<u>5,956</u>

Number of other periodic Inspections 1,435

Grand Total 7,391

B. OTHER INSPECTIONS.

Number of Special Inspections	2,350
Number of Re-inspections	3,678
Total	<u>6,028</u>

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual pupils found at periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Notes.

- (1) Pupils found at periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil should be recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table II _A (3)	Total individual pupils (4)
Entrants	21	336	340
Second Age Group	137	165	288
Third Age Group	83	71	150
Total (Prescribed Groups)	241	572	778
Other Periodic Inspections	70	140	195
Grand Total	311	712	973

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1949.

NOTE :—All defects noted at Medical Inspection as requiring treatment should be included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		Number of Defects		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)	(6)
4	Skin	26	15	128	1
5	Eyes—				
	(a) Vision	311	126	145	10
	(b) Squint	63	50	10	—
	(c) Other	20	6	74	2
6	Ears—				
	(a) Hearing	7	29	18	5
	(b) Otitis Media	3	19	11	3
	(c) Other	4	6	46	6
7	Nose or Throat	194	400	153	10
8	Speech	10	35	11	2
9	Cervical Glands	8	81	—	—
10	Heart and Circulation	42	85	9	7
11	Lungs	58	82	20	15
12	Developmental—				
	(a) Hernia	5	4	—	—
	(b) Other	5	26	1	1
13	Orthopædic—				
	(a) Posture	61	51	5	4
	(b) Flat Foot	128	60	14	3
	(c) Other	52	88	34	8
14	Nervous System—				
	(a) Epilepsy	2	4	5	—
	(b) Other	6	18	2	5
15	Psychological—				
	(a) Development	15	27	10	1
	(b) Stability	12	38	2	1
16	Other	57	73	935	25

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups (1)	Number of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of col. (2) (4)	No. (5)	% of col. (2) (6)	No. (7)	% of col. (2) (8)
Entrants	2,081	801	38.5	1,042	50.1	238	11.4
Second Age Group	1,975	820	41.5	1,003	50.8	152	7.7
Third Age Group	1,900	1,035	54.5	786	41.4	79	4.1
Other periodic Inspections	1,435	486	33.9	798	55.6	151	10.5
Total	7,391	3,142	42.5	3,629	49.1	620	8.4

TABLE III

Treatment Tables

NOTES.

(a) The Tables should deal with all defects during the year, however they were brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Owing to the difficulty of distinguishing between cases treated under the Authority's schemes and those treated otherwise, the treatment tables (excluding dental) should include all cases known to the Authority to have received treatment, whether at their own clinics or elsewhere.

GROUP I.

Minor Ailments (excluding uncleanliness, for which see Table V).

	<i>No. of Defects Treated or under Treat- ment during the Year.</i>
(a) Skin—	
Ringworm—Scalp—	
(i) X-ray treatment (if none, indicate by dash)	—
(ii) Other treatment	2
Ringworm—Body	13
Scabies	15
Impetigo	88
Other skin diseases	131
Eye Disease	235
(External and other, but excluding errors of refraction, squint, and cases admitted to Hospital.)	
Ear Defects	140
(Treatment for serious diseases of the ear (e.g. operative treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report.)	
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	1,669
Total	<u>2,293</u>
 (b) Total number of attendances at Authority's Minor Ailments Clinics	 8,635

GROUP II.

Defective Vision and Squint (excluding eye disease treated as Minor Ailments, Group I).

	<i>No. of Defects Dealt with.</i>
Errors of Refraction (including squint)	1,125
(Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	
Other defect or disease of the eyes (excluding those recorded in Group I)	8
Total	<u>1,133</u>
 Number of pupils for whom spectacles were—	
(a) Prescribed	669
(b) Obtained	—

GROUP III.

Treatment of Defects of Nose and Throat.

	<i>Total No. Treated.</i>
Received operative treatment—	
(a) For adenoids and chronic tonsillitis	122
(b) For other nose and throat conditions	—
Received other forms of treatment	—
Total	<u>122</u>

GROUP IV.

Speech Therapy.

Number of pupils treated under Speech Therapy arrangements	124
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TABLE IV

Dental Inspection and Treatment*

1. Number of pupils inspected by the Authority's Dental Officers :—	
(a) Periodic Age Groups	1,137
(b) Specials	1,356
(c) Total (Periodic and Specials)	<u>2,493</u>
2. Number found to require treatment	1,948
3. Number actually treated	1,637
4. Attendances made by pupils for treatment	3,156
5. Fillings—	
Permanent teeth	1,205
Temporary teeth	178
Total	<u>1,383</u>
6. Extractions—	
Permanent teeth	743
Temporary teeth	1,624
Total	<u>2,367</u>
7. Administration of general anaesthetics for extraction	826
8. Other operations.	1,544

* For the present the Ministry are not asking for information regarding treatment carried out apart from the Authority's Scheme.

TABLE V

Infestation with Vermin

All cases of infestation, however slight, should be recorded.
The return should relate to individual pupils and not to instances of infestation.

(i) Total number of examinations in the schools by the School Nurses or other authorized persons	58,540
(ii) Total number of individual pupils found to be infested	399
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	179
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	Nil

SCHOOL MEALS AND MILK

The following Table shows the number and percentage of children in October, 1949, taking school meals and milk compared with the October, 1948, figures.

Year	Total No. of Pupils present in School	Total No. taking School Meals	Percentage	Total No. taking School Milk	Percentage
1949	15,967	10,319	64·62	14,374	90·02
1948	14,851	9,722	65·46	13,386	90·14

HANDICAPPED PUPILS

356 children, comprising 231 boys and 125 girls, are on the register of handicapped pupils.

Category	In Special Schools	Awaiting Special Schools	Receiving Home Tuition or other individual Treatment	Others*	Totals
Multiple .	1	1	—	—	2
A .	4	1	—	—	5
B .	4	2	—	1	7
C .	11	1	1	—	13
D .	1	1	—	—	2
E .	10	2	1	1	14
F .	—	—	—	—	—
H .	1	2	1	—	4
J .	10	6	9	2	27
K .	2	—	85	—	87

* This column includes those for whom no special type of educational treatment is recommended, and those where the parents refuse special educational facilities.

Category	In Special Schools	Awaiting Special Schools	Special Education in ordinary Schools	Totals
G	40	27	51	118

Category	In Special Schools or Hostels	Awaiting Special Schools or Hostels	Treatment under Child Guidance Clinic Arrangements	Others*	Totals
I .	26	6	40	5	77

* This column includes cases where general advice given—cases for re-examination, but no treatment required.

ST. ALBANS DIVISIONAL EXECUTIVE

Report by Dr. J. C. SLEIGH, *Divisional Medical Officer*

School Buildings.—Generally the standard of school buildings in the Division is very good. We have been fortunate in having a comparatively large number of schools built shortly before the war. On the other hand, there are several small schools which are very far from satisfactory. We were fortunate in being able to close two of them during the year—Bricket Wood School and London Colney Infants' School. The fire which occurred at Furzehill School, Elstree, complicated the picture but that will soon be repaired.

Many schools are, however, rather overcrowded and it is very difficult to get sufficient room to conduct the school medical inspections. Head teachers are in every case most co-operative and this difficulty will gradually disappear as and when new schools can be built.

Provision for washing hands which is much more important now that school meals are being served on the premises are by no means satisfactory in some of the schools. It is awkward, when advocating the importance of hand-washing in clean food campaigns, to have it thrown back at us that we do not provide the necessary facilities in our own schools!

Even in some of the more modern schools the planning of the school medical inspection room has been far from ideal. The "Doctor's" room is sometimes unnecessarily large and difficult to heat, whilst insufficient attention has been paid to the type of school activity going on in its immediate surroundings. To examine chests in a room next door to a music or dancing room is hopeless.

Attendances of Parents at School Medical Inspections.—The attendances of parents at school medical inspections of the younger children is very good. Unfortunately, it tails off badly for leavers, probably due to the child him or herself rather objecting to his parent being present. At the same time the final examination before a child leaves school is a particularly important one in regard to what type of employment that child is fit to take up and for that reason alone I would maintain that every endeavour should be made to get the attendance of parents so that this factor may be discussed.

Vision Defects.—There has been a very considerable hold up in the provision of glasses and in many cases the glasses prescribed, owing to the lapse of time, have been not quite correct, either optically or physically, for the child when he eventually received them. This delay is, of course, by no means peculiar to the School Health Service and it is hoped that the position will gradually improve as the population generally becomes satiated with their glasses under the National Health Service Act.

Teeth.—Unfortunately, the area has seen a marked retraction in the provision of dental treatment and inspection. It is not peculiar to the St. Albans Division, nor even Hertfordshire. It is the effect of the comparatively high incomes available to dentists under the National Health Service Act and privately, compared with that obtainable under the School Health Service. As long as there is this marked disparity in remuneration we cannot hope to attract sufficient dentists to man the School Dental Service. An acute problem in this respect is whether to give a good service to a limited area or numbers, or to try to make some sort of service, however unsatisfactory, available to all school children in the Division. I have discussed the matter with the County Dental Officer and agree with him that on balance, however hard it may appear, it is better to do well some part of the area rather than to attempt to carry out what can only be most unsatisfactory service spread over the whole area.

I have had every co-operation within reason from the private dentists in treating urgent cases of pain, but it is well known they are extremely busy and many children do, in fact, suffer acute toothache for some considerable time, before emergency treatment can be provided.

Tonsils and Adenoids.—Owing to the prevalence of poliomyelitis, especially in the second half of the year, the waiting list for operative treatment has again risen. On the other hand it is interesting to compare the number of cases requiring treatment in the Primary Schools with the number requiring treatment in the Secondary Schools. In the Secondary Schools there are only fifteen cases requiring treatment out of a school population of just under 4,000, whereas in the Primary Schools the total is 169 out of a school population of 6,620. It does suggest to my mind that the number of cases requiring treatment in the Primary Schools is higher than is altogether correct. Many cases of tonsillitis, if treated conservatively, or even with no treatment, will gradually become well at about the age of 11, and I feel even now, although the pendulum has swung considerably since the days of wholesale tonsillectomy, that there is still evidence that we are inclined to advocate this operation when it is not, strictly speaking, necessary.

School Nurses.—During the year, in the St. Albans City area, owing to the impossibility of getting fully qualified school nurse/health visitors, two nurses without the health visitors' qualifications were appointed temporarily. These nurses dealt with school medical work only, and one has to say that it was

very successful, probably due to the very high capabilities of the two nurses concerned. Personally I am completely in favour of the combined duty health visitor/school nurse, but I admit that in this instance practice showed that separation of the duties was a success.

School Medical Record Cards.—These cards were all taken in to the Divisional Office during the year. There was some, but only very slight, opposition on the part of some head teachers, but I think it is universally agreed the system has marked advantages. It will be noted that in this connection both the Assistant County Medical Officers are enthusiastic on the new arrangements.

Co-operation with General Practitioners.—Co-operation with General Practitioners in the area has been in every way satisfactory, but the question has arisen occasionally of Assistant School Medical Officers referring children directly to a specialist, or even instituting treatment without going through the General Practitioner. I have had the advantage of having been in general practice and I feel very strongly that the General Practitioner is the person in charge of the health of his patients and in no case, in my opinion, except for the most trivial ailments, should the General Practitioner be by-passed and an appointment made with specialists except through him. The Assistant School Medical Officer sees a child only very occasionally and for him or her to lay down a course of treatment which may, for all she knows, be at variance with that laid down by the General Practitioner, can only lead to trouble and must be against the interests of the patient.

Parents do not always tell the Assistant School Medical Officers the whole truth and it is extremely exasperating for a General Practitioner who has carefully worked out a scheme of treatment suitable, in his opinion, for the patient, to be told that the "School Doctor" has advised something else, or that the child should see a specialist, with the scarcely concealed implication that he, the General Practitioner, has been neglecting the child.

Prior to 5th July, 1948, there was, of course, a financial interest on the part of the General Practitioner. That has now ceased but the principle remains that the General Practitioner is the person in charge of the health of the child and it can only be through him and with his consent that patients should be referred to specialists either for treatment or advice.

Very occasionally the question arises as to the exclusion of a child from school. Opinions on any individual case may differ but I have always found that a telephone consultation with the practitioner concerned has led to complete agreement. I believe the principle to be adopted in such cases is that if there is any question of the child's attendance at school being harmful to that child the person best qualified to judge is the child's own doctor, but where the question is "will this child's attendance at school be harmful to other children?" the decision must finally rest with the School Medical Officer.

ST. ALBANS DIVISIONAL EXECUTIVE

Medical Inspection Returns

YEAR ENDED 31ST DECEMBER, 1949

<i>School Population</i>	
Primary Schools	6,620
Secondary Schools	3,903
Total	<u>10,523</u>

TABLE 1

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	1,584
Second Age Group	924
Third Age Group	1,208
Total	3,716
Number of other periodic Inspections	657
Grand Total	4,373

B. OTHER INSPECTIONS.

Number of Special Inspections	878
Number of Re-inspections	3,698
Total	4,576

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual pupils found at periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Notes.

- (1) Pupils found at periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil should be recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table II A (3)	Total individual pupils (4)
Entrants	13	213	226
Second Age Group	32	68	96
Third Age Group	52	65	114
Total (Prescribed Groups)	97	346	436
Other Periodic Inspections	24	86	106
Grand Total	121	432	542

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1949.

NOTE:—All defects noted at Medical Inspection as requiring treatment should be included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		Number of Defects		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)	(6)
4	Skin	23	23	123	2
5	Eyes—				
	(a) Vision	121	64	69	1
	(b) Squint	23	9	14	1
	(c) Other	14	15	32	2
6	Ears—				
	(a) Hearing	7	9	6	1
	(b) Otitis Media	2	—	11	—
	(c) Other	2	5	17	1
7	Nose or Throat	188	122	56	1
8	Speech	19	8	10	1
9	Cervical Glands	4	21	5	2
10	Heart and Circulation	24	70	17	5
11	Lungs	34	43	7	1
12	Developmental—				
	(a) Hernia	1	1	—	—
	(b) Other	—	11	1	—
13	Orthopædic—				
	(a) Posture	12	21	—	—
	(b) Flat Foot	62	40	1	1
	(c) Other	52	39	29	2
14	Nervous System—				
	(a) Epilepsy	1	2	—	1
	(b) Other	5	24	11	3
15	Psychological—				
	(a) Development	12	10	11	3
	(b) Stability	3	2	2	—
16	Other	12	37	247	15

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups (1)	Number of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of col. (2) (4)	No. (5)	% of col. (2) (6)	No. (7)	% of col. (2) (8)
Entrants	1,584	383	24.2	1,177	74.3	24	1.5
Second Age Group	924	189	20.5	715	77.4	20	2.2
Third Age Group	1,208	293	24.3	875	72.4	40	3.3
Other periodic Inspections	657	118	18.0	525	79.9	14	2.1
Total	4,373	983	22.5	3,292	75.3	98	2.2

TABLE III
Treatment Tables

NOTES.

(a) The Tables should deal with all defects during the year, however they were brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Owing to the difficulty of distinguishing between cases treated under the Authority's schemes and those treated otherwise, the treatment tables (excluding dental) should include all cases known to the Authority to have received treatment, whether at their own clinics or elsewhere.

GROUP I.

Minor Ailments (excluding uncleanliness, for which see Table V).

	<i>No. of Defects Treated or under Treat- ment during the Year.</i>
(a) Skin—	
Ringworm—Scalp—	
(i) X-ray treatment (if none, indicate by dash)	—
(ii) Other treatment	—
Ringworm—Body	6
Scabies	5
Impetigo	77
Other skin diseases	308
Eye Disease	252
(External and other, but excluding errors of refraction, squint, and cases admitted to Hospital.)	
Ear Defects	92
(Treatment for serious diseases of the ear (e.g. operative treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report.)	
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	1,471
Total	2,211
 (b) Total number of attendances at Authority's Minor Ailments Clinics	3,749

GROUP II.

Defective Vision and Squint (excluding eye disease treated as Minor Ailments, Group I).

	<i>No. of Defects Dealt with.</i>
Errors of Refraction (including squint)	707
(Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	
Other defect or disease of the eyes (excluding those recorded in Group I)	113
Total	820
 Number of pupils for whom spectacles were—	
(a) Prescribed	509
(b) Obtained	78

GROUP III.

Treatment of Defects of Nose and Throat.

	<i>Total No. Treated.</i>
Received operative treatment—	
(a) For adenoids and chronic tonsillitis	54
(b) For other nose and throat conditions	1
Received other forms of treatment	—
Total	55

GROUP IV.

Speech Therapy.

Number of pupils treated under Speech Therapy arrangements	69
--	----

TABLE IV

Dental Inspection and Treatment*

1. Number of pupils inspected by the Authority's Dental Officers :—	
(a) Periodic Age Groups	3,921
(b) Specials	968
(c) Total (Periodic and Specials)	4,889
2. Number found to require treatment	2,929
3. Number actually treated	2,613
4. Attendances made by pupils for treatment	4,569
5. Fillings—	
Permanent teeth	1,993
Temporary teeth	592
Total	2,585
6. Extractions—	
Permanent teeth	640
Temporary teeth	2,589
Total	3,229
7. Administration of general anæsthetics for extraction	1,931
8. Other operations	955

* For the present the Ministry are not asking for information regarding treatment carried out apart from the Authority's Scheme.

TABLE V

Infestation with Vermin

All cases of infestation, however slight, should be recorded. The return should relate to individual pupils and not to instances of infestation.

(i) Total number of examinations in the schools by the School Nurses or other authorized persons	51,009
(ii) Total number of individual pupils found to be infested	207
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	20
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	Nil

SCHOOL MEALS AND MILK

The following table shows the number and percentage of children in October, 1949, taking school meals and milk compared with the October, 1948, figures :—

Year	Total No. of Pupils present in School	Total No. taking School Meals	Percentage	Total No. taking School Milk	Percentage
1949	9,917	6,745	68·01	8,157	82·25
1948	9,349	5,946	63·60	8,136	87·03

HANDICAPPED PUPILS

200 children comprising 131 boys and 69 girls are on the register of handicapped pupils.

Category	In Special Schools	Awaiting Special Schools	Receiving Home Tuition or other individual Treatment	Others*	Totals
Multiple	—	1	—	—	1
A	2	1	—	—	3
B	1	1	—	—	2
C	8	1	—	—	9
D	6	1	—	1	8
E	3	1	1	—	5
F	—	—	—	—	—
H	—	1	—	1	2
J	3	1	1	1	6
K	—	—	55	—	55

* This column includes those for whom no special type of educational treatment is recommended, and those where the parents refuse special educational facilities.

Category	In Special Schools	Awaiting Special Schools	Special Education in ordinary Schools	Totals
G	19	17	36	72

Category	In Special Schools or Hostels	Awaiting Special Schools or Hostels	Treatment under Child Guidance Clinic Arrangements	Others*	Totals
I	9	2	25	—	36

* This column includes cases where general advice given—cases for re-examination, but no treatment required.

Delicate Pupils, i.e. Handicapped Pupils, Category E.—During 1949 three children from the St. Albans Division were discharged from Residential Schools, having made a satisfactory recovery and become fit to attend ordinary schools.

In addition, nine children received convalescent treatment in short-stay holiday homes, and the County Council were financially responsible for their maintenance, under Education Act, 1944, section 48.

Orthoptic Clinic—Wellington Court, St. Albans

During 1949, 200 sessions were held at this clinic by the Orthoptist at which 17 new cases and 33 old cases made 978 attendances. Of these children 9 were discharged as cured during the year and for 28 others treatment was discontinued.

In addition 39 children were examined by the Orthoptist, having been recommended Orthoptic treatment, of whom 26 were accepted for treatment and placed on the waiting list, and 13 were referred back to the Ophthalmic Surgeon as not suitable for treatment.

This clinic has been held by Miss S. Price throughout 1949.

Speech Therapy Clinics

During the year 171 sessions for treatment were held by the Speech Therapist and 69 children made 813 attendances at the clinics.

Of these 69 children 41 were still in attendance at the end of the year.

The Speech Clinic at Wellington Court, St. Albans, was held by Mrs. P. Falkoff from January to July, 1949. Mrs. Capes took over the clinic in September, which she continued to take until her resignation in December, 1949.

The clinic at the Red House, Harpenden, was also held by Mrs. Falkoff until July, 1949, when she resigned. Mrs. Greene took over this clinic in September, 1949.

A new clinic was opened at the First Aid Post, Boreham Wood, by Miss Farmer in September, 1949.

WELWYN (MID HERTS) DIVISIONAL EXECUTIVE

REPORT BY DR. G. R. TAYLOR, *Divisional Medical Officer*

It is difficult for me to give a comprehensive report on the working of the School Health Services in this Division as I had the opportunity to visit the schools, clinics, and other arrangements only during the autumn term, and had not then assumed responsibility for administering the service at Divisional level. The following notes and clinical observations may, however, serve to amplify statistical data already available to the Central Health Department.

SCHOOL MEDICAL INSPECTIONS

Inspections in the three prescribed age groups and the eight-year-old group were completed during the year. Table I of the return shows that the number of re-inspections almost equalled the number of children examined in the prescribed age groups. Observing routine inspections in schools, it is apparent that many parents are bewildered by the reference back to their own family doctor for the treatment of many defects disclosed. It is suggested that a close watch be kept on the attendance of parents at routine inspections, so that prompt steps can be taken should any falling off in attendance become apparent.

NUTRITION

The revised classification of nutritional standards has proved to be more practicable, although there must still be considerable variation in the placement of children examined in categories A and B by different examining doctors. The results shown in the Tables are difficult to compare with previous figures, but the general clinical impression by examining school doctors and teachers is that the state of nutrition and general physique of the children in the schools visited has been well maintained, with definite improvement in the lower age groups.

HEAD CLEANLINESS

The number of children found with unclean heads is still high, being above 2 per cent, but visits to the homes of the worst offenders show that overcrowding in the home, the employment of mothers in industry, and ignorance of domestic responsibility are social evils which must be corrected before any sure reduction can be expected. With the lapse of the Scabies Order, giving power to examine the heads of parents of children found repeatedly infested at school, the need for careful and persistent follow-up of problem families and prompt action under Section 54 of the Education Act, 1944, is essential. Findings in individual schools directly reflect the social background of the homes, and the experienced school nurse, by tactful and helpful approach to these neglected homes, can usually achieve more lasting improvement than the issuing of cleansing orders, and recourse to the magistrates' court. A large percentage of these problem

families show on investigation that one or both parents are of low mental calibre, where prosecution could produce little, if any, help. The wider use by parents in the home of the new commercial disinfestation preparations now available, following full instruction by the school nurse, may prove to be a useful adjunct to direct cleansing of persistent offenders.

SCABIES

The decline in the incidence over the past three years has been well maintained, and it is noted that only two cases received treatment for this complaint during the year.

INFECTIOUS DISEASES

Measles.—A sharp outbreak of measles occurred among the children attending St. Mary's Primary School, Welwyn, during the autumn term; a total of 84 children being absent. The school was visited weekly and such measures as were deemed practical to restrict the spread of infection among the pupils applied in consultation with the head master and members of his staff. Prompt detection and exclusion of early catarrhal cases were ensured, with increased opportunities for open-air play by the lower class groups on fine days, and segregation as far as practicable of the two lower classes from the older children in the playground. The main bulk of the cases occurred during October, and the Christmas holidays saw the end of the epidemic.

Scarlet Fever.—Following five cases of scarlet fever among children attending Howe Dell Secondary Modern School, Hatfield, during November, the school was visited and swabs taken from the staff and canteen workers. Recommendations were submitted to the Divisional Education Officer regarding unsatisfactory cleansing of utensils in the canteen and inadequate facilities for hot water in the school. No further cases occurred following this inspection.

Poliomyelitis.—Three cases of poliomyelitis occurred among children attending Little Heath School during July and August. The school was visited to ensure adequate spacing of desks and ventilation in the classrooms. No definite factors which might promote the spread of infection were disclosed, but, as the cases occurred among different class groups, daily contact in the school bus was probably a significant factor.

HANDICAPPED PUPILS

Arrangements for the examination and follow-up of handicapped pupils have worked satisfactorily during the year, and there has been good co-operation from the heads of schools. The main problem is still the placement of retarded children in special schools, but the Central Department co-operates well in trying to obtain priority for especially difficult cases.

CLINIC FACILITIES

There is need for a more centrally placed school clinic at Hatfield which will become more apparent with the development of the new town. For the present, Dr. Miller visits Newtown School following the Minor Ailment Clinic at Northcotts to obviate the need for sending children long distances to the Clinic. Clinic premises at Welwyn Garden City are also inadequate for a new town of this size, and with further development of the east side of the town additional premises will soon become necessary.

WELWYN (MID HERTS) DIVISIONAL EXECUTIVE

Medical Inspection Returns

YEAR ENDED 31ST DECEMBER, 1949

<i>School Population</i>	
Primary Schools	3,481
Secondary Schools	2,028
Total	<u>5,509</u>

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	897
Second Age Group	497
Third Age Group	508
Total	<u>1,902</u>
Number of other periodic Inspections	437
Grand Total	<u>2,339</u>

B. OTHER INSPECTIONS.

Number of Special Inspections	489
Number of Re-inspections	1,843
Total	<u>2,332</u>

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual pupils found at periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Notes.

- (1) Pupils found at periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil should be recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	9	116	124
Second Age Group	20	56	75
Third Age Group	28	45	69
Total (Prescribed Groups)	57	217	268
Other Periodic Inspections	28	55	79
Grand Total	85	272	347

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1949.

NOTE :—All defects noted at Medical Inspection as requiring treatment should be included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		Number of Defects		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)	(6)
4	Skin	16	8	51	9
5	Eyes—				
	(a) Vision	85	144	38	25
	(b) Squint	12	20	10	9
	(c) Other	3	6	22	6
6	Ears—				
	(a) Hearing	2	3	11	4
	(b) Otitis Media	—	2	4	—
	(c) Other	4	4	23	2
7	Nose or Throat	64	145	73	38
8	Speech	4	7	6	5
9	Cervical Glands	—	9	1	2
10	Heart and Circulation	17	25	7	9
11	Lungs	9	35	11	9
12	Developmental—				
	(a) Hernia	1	9	1	1
	(b) Other	—	1	1	5
13	Orthopædic—				
	(a) Posture	51	21	5	1
	(b) Flat Foot	33	22	6	1
	(c) Other	66	45	23	21
14	Nervous System—				
	(a) Epilepsy	—	2	—	—
	(b) Other	—	9	1	4
15	Psychological—				
	(a) Development	—	19	25	5
	(b) Stability	—	6	2	1
16	Other	4	16	150	32

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups (1)	Number of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of col. (2) (4)	No. (5)	% of col. (2) (6)	No. (7)	% of col. (2) (8)
Entrants	897	438	48.8	409	45.6	50	5.6
Second Age Group	497	228	45.9	248	49.9	21	4.2
Third Age Group	508	282	55.5	209	41.2	17	3.4
Other periodic Inspections	437	203	46.6	202	46.1	32	7.3
Total	2,339	1,151	49.2	1,068	45.7	120	5.1

TABLE III

Treatment Tables

NOTES.

(a) The Tables should deal with all defects during the year, however they were brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Owing to the difficulty of distinguishing between cases treated under the Authority's schemes and those treated otherwise, the treatment tables (excluding dental) should include all cases known to the Authority to have received treatment, whether at their own clinics or elsewhere.

GROUP I.

Minor Ailments (excluding uncleanliness, for which see Table V).

	<i>No. of Defects Treated or under Treat- ment during the Year.</i>
(a) Skin—	
Ringworm—Scalp—	
(i) X-ray treatment (if none, indicate by dash)	—
(ii) Other treatment	1
Ringworm—Body	1
Scabies	2
Impetigo	44
Other skin diseases	269
Eye Disease	118
(External and other, but excluding errors of refraction, squint, and cases admitted to Hospital.)	
Ear Defects	74
(Treatment for serious diseases of the ear (e.g. operative treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report.)	
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	748
Total	<u>1,257</u>
(b) Total number of attendances at Authority's Minor Ailments Clinics	2,427

GROUP II.

Defective Vision and Squint (excluding eye disease treated as Minor Ailments, Group I).

	<i>No. of Defects Dealt with.</i>
Errors of Refraction (including squint)	182
(Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	
Other defect or disease of the eyes (excluding those recorded in Group I)	3
Total	<u>185</u>
Number of pupils for whom spectacles were—	
(a) Prescribed	196
(b) Obtained	13

GROUP III.

Treatment of Defects of Nose and Throat.

	<i>Total No. Treated.</i>
Received operative treatment—	
(a) For adenoids and chronic tonsillitis	44
(b) For other nose and throat conditions	—
Received other forms of treatment	—
Total	<u>44</u>

GROUP IV.

Speech Therapy.

Number of pupils treated under Speech Therapy arrangements	38
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TABLE IV
Dental Inspection and Treatment*

1. Number of pupils inspected by the Authority's Dental Officers :—		
(a) Periodic Age Groups		1,828
(b) Specials		676
(c) Total (Periodic and Specials)		2,504
2. Number found to require treatment		1,783
3. Number actually treated		1,134
4. Attendances made by pupils for treatment		2,496
5. Fillings—		
Permanent teeth		668
Temporary teeth		130
Total		798
6. Extractions—		
Permanent teeth		179
Temporary teeth		901
Total		1,080
7. Administration of general anæsthetics for extraction		592
8. Other operations		939

* For the present the Ministry are not asking for information regarding treatment carried out apart from the Authority's Scheme.

TABLE V
Infestation with Vermin

All cases of infestation, however slight, should be recorded.
The return should relate to individual pupils and not to instances of infestation.

(i) Total number of examinations in the schools by the School Nurses or other authorized persons	22,871
(ii) Total number of individual pupils found to be infested	136
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	35
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	Nil

SCHOOL MEALS AND MILK

The following table shows the number and percentage of children in October, 1949, taking school meals and milk compared with the October, 1948, figures :—

Year	Total No. of Pupils present in School	Total No. taking School Meals	Percentage	Total No. taking School Milk	Percentage
1949	4,974	3,667	73·72	4,106	82·55
1948	4,859	3,154	64·91	4,056	83·47

HANDICAPPED PUPILS

134 children comprising 89 boys and 45 girls are on the register of handicapped pupils.

Category	In Special Schools	Awaiting Special Schools	Receiving Home Tuition or other individual Treatment	Others*	Totals
Multiple	—	—	1	—	1
A	2	—	—	—	2
B	1	—	—	—	1
C	—	—	—	—	—
D	—	—	—	—	—
E	5	—	2	—	7
F	—	—	—	—	—
H	1	—	—	—	1
J	2	3	1	1	7
K	—	—	24	—	24

* This column includes those for whom no special type of educational treatment is recommended, and those where the parents refuse special educational facilities.

Category	In Special Schools	Awaiting Special Schools	Special Education in ordinary Schools	Totals
G	14	15	27	56

Category	In Special Schools or Hostels	Awaiting Special Schools or Hostels	Treatment under Child Guidance Clinic Arrangements	Others*	Totals
I	11	5	16	3	35

* This column includes cases where general advice given—cases for re-examination, but no treatment required.

Delicate Pupils, i.e. Handicapped Pupils, Category E.—During 1949 two children from the Welwyn Division were discharged from Residential Schools, having made a satisfactory recovery and become fit to attend ordinary schools.

In addition, eight children received convalescent treatment in short stay holiday homes, and the County Council were financially responsible for their maintenance, under Education Act, 1944, Section 48. Of these children one was still away at the end of the year.

Orthoptic Clinic—Northcotts, Hatfield.

During 1949, 88 sessions were held at this clinic by the Orthoptist at which 11 new cases and 7 old cases made 363 attendances. Of these children 1 was discharged as cured during the year and for 15 others treatment was discontinued. In addition, 23 children were examined by the Orthoptist, having been recommended Orthoptic treatment, of whom 16 were accepted for treatment and placed on the waiting list, and 7 were referred back to the Ophthalmic Surgeon as not suitable for treatment.

This clinic has been held by Miss S. Price throughout 1949.

Speech Therapy Clinics

During the year 149 sessions for treatment were held by the Speech Therapist and 38 children made 496 attendances at the clinics.

Of these 38 children, 22 were still in attendance at the end of the year.

The Speech Clinics at Hatfield and Welwyn Garden City were taken by Mrs. P. Falkoff until July, 1949, when she resigned her appointment. Mrs. M. C. L. Greene took over these clinics in September and has continued to hold them.

EAST AND SOUTH HERTS DIVISIONAL EXECUTIVES

Statistical tables for these two Divisions are included but at present Divisional Medical Officers have not been appointed.

EAST HERTS DIVISIONAL EXECUTIVE

Medical Inspection Returns

YEAR ENDED 31ST DECEMBER, 1949

<i>School Population</i>	
Primary Schools	8,574
Secondary Schools	4,821
Total	<u>13,395</u>

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants	1,930
Second Age Group	1,125
Third Age Group	1,425
Total	<u>4,480</u>

Number of other periodic Inspections 1,001

Grand Total 5,481

B. OTHER INSPECTIONS.

Number of Special Inspections 1,115

Number of Re-inspections 4,748

Total 5,863

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual pupils found at periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Notes.

(1) Pupils found at periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.

(2) No individual pupil should be recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	22	158	175
Second Age Group	50	78	124
Third Age Group	71	48	115
Total (Prescribed Groups)	143	284	414
Other Periodic Inspections	58	67	118
Grand Total	201	351	532

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1949.

NOTE:—All defects noted at Medical Inspection as requiring treatment should be included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		Number of Defects		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)	(6)
4	Skin	18	20	46	4
5	Eyes—				
	(a) Vision	201	163	64	19
	(b) Squint	40	57	12	1
	(c) Other	10	9	21	6
6	Ears—				
	(a) Hearing	1	4	2	2
	(b) Otitis Media	10	5	16	5
	(c) Other	2	8	10	9
7	Nose or Throat	67	164	48	31
8	Speech	11	23	18	4
9	Cervical Glands	4	64	4	15
10	Heart and Circulation	17	36	14	12
11	Lungs	4	38	6	13
12	Developmental—				
	(a) Hernia	4	4	2	2
	(b) Other	5	7	—	2
13	Orthopædic—				
	(a) Posture	55	23	3	3
	(b) Flat Foot	49	15	9	3
	(c) Other	52	69	24	16
14	Nervous System—				
	(a) Epilepsy	1	5	3	—
	(b) Other	7	16	7	8
15	Psychological—				
	(a) Development	10	64	40	20
	(b) Stability	4	27	9	8
16	Other	12	39	341	12

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups (1)	Number of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of col. (2) (4)	No. (5)	% of col. (2) (6)	No. (7)	% of col. (2) (8)
Entrants	1,930	552	28.6	1,310	67.9	68	3.5
Second Age Group	1,125	269	23.9	793	70.5	63	5.6
Third Age Group	1,425	421	29.5	957	67.2	47	3.3
Other periodic Inspections	1,001	240	24.0	714	71.3	47	4.7
Total	5,481	1,482	27.0	3,774	68.9	225	4.1

TABLE III

Treatment Tables

NOTES.

(a) The Tables should deal with all defects during the year, however they were brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Owing to the difficulty of distinguishing between cases treated under the Authority's schemes and those treated otherwise, the treatment tables (excluding dental) should include all cases known to the Authority to have received treatment, whether at their own clinics or elsewhere.

GROUP I.

Minor Ailments (excluding uncleanness, for which see Table V).

	<i>No. of Defects Treated or under Treat- ment during the Year.</i>
(a) Skin—	
Ringworm—Scalp—	
(i) X-ray treatment (if none, indicate by dash)	—
(ii) Other treatment	1
Ringworm—Body	2
Scabies	2
Impetigo	31
Other skin diseases	49
Eye Disease	53
(External and other, but excluding errors of refraction, squint, and cases admitted to Hospital.)	
Ear Defects	38
(Treatment for serious diseases of the ear (e.g. operative treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report.)	
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	743
Total	<u>919</u>
(b) Total number of attendances at Authority's Minor Ailment Clinics	1,693

GROUP II.

Defective Vision and Squint (excluding eye disease treated as Minor Ailments, Group I).

	<i>No. of Defects Dealt with.</i>
Errors of Refraction (including squint)	1,024
(Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	
Other defect or disease of the eyes (excluding those recorded in Group I)	18
Total	<u>1,042</u>
Number of pupils for whom spectacles were—	
(a) Prescribed	443
(b) Obtained	174

GROUP III.

Treatment of Defects of Nose and Throat.

	<i>Total No. Treated.</i>
Received operative treatment—	
(a) For adenoids and chronic tonsillitis	80
(b) For other nose and throat conditions	—
Received other forms of treatment	2
Total	<u>82</u>

GROUP IV.

Speech Therapy.

Number of pupils treated under Speech Therapy arrangements	78
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TABLE IV

Dental Inspection and Treatment*

1. Number of pupils inspected by the Authority's Dental Officers :—	
(a) Periodic Age Groups	2,617
(b) Specials	619
(c) Total (Periodic and Specials)	<u>3,236</u>
2. Number found to require treatment	2,132
3. Number actually treated	1,568
4. Attendances made by pupils for treatment	3,267
5. Fillings—	
Permanent teeth	565
Temporary teeth	315
Total	<u>880</u>
6. Extractions—	
Permanent teeth	330
Temporary teeth	1,253
Total	<u>1,583</u>
7. Administration of general anæsthetics for extraction	851
8. Other operations	1,602

* For the present the Ministry are not asking for information regarding treatment carried out apart from the Authority's Scheme.

TABLE V

Infestation with Vermin

All cases of infestation, however slight, should be recorded.

The return should relate to individual pupils and not to instances of infestation.

(i) Total number of examinations in the schools by the School Nurses or other authorized persons	59,118
(ii) Total number of individual pupils found to be infested	273
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	90
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	1

School Meals and Milk

The following table shows the number and percentage of children in October, 1949, taking school meals and milk compared with the October, 1948, figures.

Year	Total No. of Pupils present in School	Total No. taking School Meals	Percentage	Total No. taking School Milk	Percentage
1949	12,322	8,214	66.66	10,542	85.55
1948	11,945	7,980	66.81	10,479	87.73

HANDICAPPED PUPILS

291 children comprising 175 boys and 116 girls are on the register of handicapped pupils.

Category	In Special Schools	Awaiting Special Schools	Receiving Home Tuition or other individual Treatment	Others*	Totals
Multiple .	3	—	1	—	4
A .	4	1	—	—	5
B .	1	—	—	—	1
C .	8	1	—	—	9
D .	3	—	—	—	3
E .	8	2	1	—	11
F .	1	1	—	—	2
H .	2	—	—	—	2
J .	8	1	5	2	16
K .	—	—	50	—	50

* This column includes those for whom no special type of educational treatment is recommended, and those where the parents refuse special educational facilities.

Category	In Special Schools	Awaiting Special Schools	Special Education in ordinary Schools	Totals
G	37	37	71	145

Category	In Special Schools or Hostels	Awaiting Special Schools or Hostels	Treatment under Child Guidance Clinic Arrangements	Others*	Totals
I .	12	7	23	1	43

* This column includes cases where general advice given—cases for re-examination, but no treatment required.

Delicate Pupils, i.e. Handicapped Pupils, Category E.—During 1949, 18 children from the East Herts Division were discharged from Residential Schools, having made a satisfactory recovery and become fit to attend ordinary schools.

In addition 23 children received convalescent treatment in short-stay holiday homes, and the County Council were financially responsible for their maintenance, under Education Act, 1944, Section 48. Of these children, 5 were still away at the end of the year.

Orthoptic Clinic—87 High Street, Ware

This clinic was opened at the beginning of the year and 222 sessions were held by the Orthoptist during 1949, at which 51 new cases made 704 attendances. In addition, 92 children were examined by the Orthoptist, having been recommended Orthoptic treatment, of whom 78 were accepted to the waiting list and 14 were referred back to the Ophthalmic Surgeon as not suitable.

This clinic has been held by Miss P. M. Baxter throughout 1949.

Speech Therapy Clinics

During the year 394 sessions for treatment were held by the Speech Therapist and 78 children made 1,238 attendances at the clinics.

Of these 78 children, 49 were still in attendance at the end of the year.

The Speech Clinics at Bishop's Stortford, Hertford, Hoddesdon, and Waltham Cross were held by Miss Farmer until September, 1949, when she took over the clinics in the South Herts area and Miss Otter was appointed Speech Therapist for the East Herts Clinics.

SOUTH HERTS DIVISIONAL EXECUTIVE

Medical Inspection Returns

YEAR ENDED 31ST DECEMBER, 1949

<i>School Population</i>	
Primary Schools	4,465
Secondary Schools	3,371
Total	7,836

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants	1,130
Second Age Group	874
Third Age Group	876
Total	2,880
Number of other periodic Inspections	628
Grand Total	3,508

B. OTHER INSPECTIONS.

Number of Special Inspections	964
Number of Re-inspections	3,628
Total	4,592

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual pupils found at periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Notes.

- (1) Pupils found at periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil should be recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	28	421	439
Second Age Group	95	301	358
Third Age Group	73	113	170
Total (Prescribed Groups)	196	835	967
Other periodic Inspections	58	210	246
Grand Total	254	1,045	1,213

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1949.

NOTE :—All defects noted at Medical Inspection as requiring treatment should be included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		Number of Defects		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)	(6)
4	Skin	4	8	55	3
5	Eyes—				
	(a) Vision	254	158	88	6
	(b) Squint	14	14	4	—
	(c) Other	6	5	27	2
6	Ears—				
	(a) Hearing	1	5	3	1
	(b) Otitis Media	2	5	12	—
	(c) Other	8	4	32	—
7	Nose or Throat	276	175	42	6
8	Speech	20	5	11	2
9	Cervical Glands	2	24	7	1
10	Heart and Circulation	9	17	35	2
11	Lungs	9	16	29	4
12	Developmental—				
	(a) Hernia	1	—	—	—
	(b) Other	—	—	5	—
13	Orthopædic—				
	(a) Posture	393	31	7	—
	(b) Flat Foot	268	16	5	1
	(c) Other	181	34	72	3
14	Nervous System—				
	(a) Epilepsy	—	1	—	—
	(b) Other	1	8	5	2
15	Psychological—				
	(a) Development	3	7	5	1
	(b) Stability	2	5	28	1
16	Other	6	11	215	7

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups (1)	Number of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of col. (2) (4)	No. (5)	% of col. (2) (6)	No. (7)	% of col. (2) (8)
Entrants	1,130	708	62.7	389	34.4	33	2.9
Second Age Group	874	600	68.7	262	30.0	12	1.4
Third Age Group	876	526	60.1	342	39.0	8	0.9
Other periodic Inspections	628	399	63.5	221	35.2	8	1.3
Total	3,508	2,233	63.7	1,214	34.6	61	1.7

TABLE III
Treatment Tables

NOTES.

(a) The Tables should deal with all defects during the year, however they were brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Owing to the difficulty of distinguishing between cases treated under the Authority's schemes and those treated otherwise, the treatment tables (excluding dental) should include all cases known to the Authority to have received treatment, whether at their own clinics or elsewhere.

GROUP I.

Minor Ailments (excluding uncleanliness, for which see Table V).

	<i>No. of Defects Treated or under Treat- ment during the Year.</i>
(a) Skin—	
Ringworm—Scalp—	
(i) X-ray treatment (if none, indicate by dash)	—
(ii) Other treatment	—
Ringworm—Body	5
Scabies	6
Impetigo	35
Other skin diseases	96
Eye Disease	146
(External and other, but excluding errors of refraction, squint, and cases admitted to Hospital.)	
Ear Defects	87
(Treatment for serious diseases of the ear (e.g. operative treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report.)	
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	726
Total	1,101
 (b) Total number of attendances at Authority's Minor Ailments Clinics	3,803

GROUP II.

Defective Vision and Squint (excluding eye disease treated as Minor Ailments, Group I).

	<i>No. of Defects Dealt with.</i>
Errors of Refraction (including squint)	474
(Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	
Other defect or disease of the eyes (excluding those recorded in Group I)	2
Total	476
 Number of pupils for whom spectacles were—	
(a) Prescribed	367
(b) Obtained	43

GROUP III.

Treatment of Defects of Nose and Throat.

	<i>Total No. Treated.</i>
Received operative treatment—	
(a) For adenoids and chronic tonsillitis	135
(b) For other nose and throat conditions	—
Received other forms of treatment	—
Total	135

GROUP IV.

Speech Therapy.

Number of pupils treated under Speech Therapy arrangements	113
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TABLE IV

Dental Inspection and Treatment*

1. Number of pupils inspected by the Authority's Dental Officers :—	
(a) Periodic Age Groups	—
(b) Specials	797
(c) Total (Periodic and Specials)	797
2. Number found to require treatment	768
3. Number actually treated	747
4. Attendances made by pupils for treatment	2,122
5. Fillings—	
Permanent teeth	693
Temporary teeth	500
Total	1,193
6. Extractions—	
Permanent teeth	110
Temporary teeth	507
Total	617
7. Administration of general anæsthetics for extraction	240
8. Other operations	1,028

* For the present the Ministry are not asking for information regarding treatment carried out apart from the Authority's Scheme.

TABLE V

Infestation with Vermin

All cases of infestation, however slight, should be recorded.

The return should relate to individual pupils and not to instances of infestation.

(i) Total number of examinations in the schools by the School Nurses or other authorized persons	16,330
(ii) Total number of individual pupils found to be infested	24
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	1
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	Nil

School Meals and Milk

The following table shows the number and percentage of children in October, 1949, taking school meals and milk compared with the October, 1948, figures.

Year	Total No. of Pupils present in School	Total No. taking School Meals	Percentage	Total No. taking School Milk	Percentage
1949	7,378	5,780	78·34	6,543	88·69
1948	7,121	5,546	77·88	6,511	91·43

HANDICAPPED PUPILS

157 children comprising 104 boys and 53 girls are on the register of handicapped pupils.

Category	In Special Schools	Awaiting Special Schools	Receiving Home Tuition or other individual Treatment	Others*	Totals
Multiple	1	1	—	—	2
A	—	—	—	—	—
B	1	1	—	—	2
C	4	—	—	—	4
D	3	3	—	—	6
E	6	1	—	—	7
F	—	—	—	—	—
H	—	—	—	—	—
J	3	2	1	2	8
K	—	—	59	—	59

* This column includes those for whom no special type of educational treatment is recommended, and those where the parents refuse special educational facilities.

Category	In Special Schools	Awaiting Special Schools	Special Education in ordinary Schools	Totals
G	14	6	29	49

Category	In Special Schools or Hostels	Awaiting Special Schools or Hostels	Treatment under Child Guidance Clinic Arrangements	Others*	Totals
I	3	3	14	—	20

* This column includes cases where general advice given—cases for re-examination, but no treatment required.

Delicate Pupils, i.e. Handicapped Pupils, Category E.—During 1949 seven children from the South Herts Division were discharged from Residential Schools, having made a satisfactory recovery and become fit to attend ordinary schools.

In addition, 15 children received convalescent treatment in short-stay holiday homes, and the County Council were financially responsible for their maintenance, under Education Act, 1944, Section 48.

Orthoptic Clinic—Church Farm, East Barnet

During 1949, 213 sessions were held at this clinic by the Orthoptist, at which 22 new cases and 18 old cases made 650 attendances. Of these children 6 were discharged as cured during the year and for 8 others treatment was discontinued. In addition 39 children were examined by the Orthoptist, having been recommended Orthoptic treatment, of whom 38 were accepted and placed on the waiting list, and 1 was referred back to the Ophthalmic Surgeon as unsuitable.

This clinic has been held by Miss P. M. Baxter throughout 1949.

Speech Therapy Clinics

During the year 215 sessions for treatment were held by the Speech Therapist and 113 children made 926 attendances at the clinics.

Of these 113 children 72 were still in attendance at the end of the year.

The Speech Clinics at Barnet and East Barnet were closed between May and September, following the resignation of Miss Fowler. Miss Farmer reopened these clinics in September and has continued to hold them.

APPENDIX

CLINIC SERVICES

(Summer Term, 1950.)

NORTH HERTFORDSHIRE DIVISION.

(a) *Minor Ailments.*

	<i>Open.</i>	<i>In Attendance.</i>
Baldock—Medical Room, Senior School	Monday, Wednesday, Friday, 9.30 a.m.	Wednesday, 9.30 a.m. Dr. Moynihan.
Hitchin—The Maples, Bedford Road	Monday, Wednesday, Friday, 9-10 a.m.	Friday, 10 a.m. Dr. V. R. Walker.
Letchworth—Howard Hall, Norton Way	Monday, Wednesday, Friday, 9-10 a.m.	Wednesday, 10.30-12. Dr. S. Moynihan.
Stevenage—27 High Street		Children to see Dr. to attend I.W.C. on Wednesday, p.m.

(b) *Ophthalmic.*

Hitchin—The Maples, Bedford Road	Thursday, 10-12 noon.	Dr. R. G. Hodder.
Stevenage—27 High Street	2nd and 4th Friday, a.m.	Dr. R. G. Hodder.

(c) *Speech.*

Hitchin—The Maples, Bedford Road	Tuesday, a.m., p.m.	Mrs. M. Greene.
Letchworth—Wilbury School, Bedford Road	Monday, a.m., p.m.	Mrs. M. Greene.

(d) *Child Guidance.*

Hitchin—The Maples, Bedford Road	Friday, a.m. } p.m. }	{ Dr. to be appointed. Miss Jones.
	Wednesday, a.m. } p.m. }	

(e) *Dental Clinics.*

Baldock—Welfare Centre, Pinnocks Lane	Wednesday, all, p.m.
Hitchin—The Maples, Bedford Road	Monday, all, p.m. Tuesday all, p.m. Thursday all, a.m., p.m. Saturday all, a.m.
Knebworth—Glenaveril, Stevenage Road	Tuesday, 2nd, 4th, 5th, p.m.
Letchworth—Howard Hall, Norton Way	Monday all, a.m. Tuesday all, a.m. Friday all, a.m., p.m.
Stevenage—27 High Street	Monday all, p.m. Wednesday, 2nd, 4th, a.m. Tuesday, 1st, 3rd, p.m.
Whitwell—The Village Hall	Wednesday, 1st, 3rd, 5th, a.m.

EAST HERTFORDSHIRE DIVISION.

(a) *Minor Ailments.*

	<i>Open.</i>	<i>In Attendance.</i>
Bishop's Stortford—Nurses Home, Portland Road	Daily, 8.30-9.30 a.m.	Examinations by doctor by appointment at the Infant Welfare Centre, The Institute, Water Lane, on Thursday, p.m.
Buntingford	Children referred to Dr. Wigfield's surgery when schools in session, 9-10 a.m.	

	<i>Open.</i>	<i>In Attendance.</i>	
Hertford—Welfare Centre, Bull Plain	Daily, 8.45–10 a.m.	Tuesday, 11–12 noon. Dr. L. Karpati.	
Hoddesdon—F.A.P., Council Offices	Monday, Wednesday, Friday, 9–11.30 a.m.	Examination by doctor by appointment at the Hoddesdon and Rye Park Infant Welfare Centres.	
Ware—87 High Street	Daily, 8.30–9.30 a.m.	Tuesday, 9.30–10.30 a.m. Dr. L. Karpati.	
Waltham Cross—Welfare Centre, High Street	Daily, 9–10 a.m.	2nd and 4th Friday, 10 a.m. Dr. J. E. Spicer.	
<i>(b) Ophthalmic.</i>			
Hertford—National Eye Service, Parliament Square	Monday and Wednesday, 9.30 a.m.	Dr. G. W. May.	
Bishop's Stortford—Haymeads Hospital	Monday, 2 p.m.	Dr. G. W. May.	
Buntingford—Bridgefoot House	Tuesday, 10–12 noon monthly.	Dr. G. W. May.	
Waltham Cross—Welfare Centre, High Street	Friday, 9.30–11.30 a.m.	Dr. G. W. May.	
<i>(c) Orthoptic.</i>			
Ware—87 High Street	Monday, p.m. Tuesday, a.m. Wednesday, p.m. Thursday, a.m. Friday, a.m., p.m.	} Miss P. M. Baxter.	
<i>(d) Speech.</i>			
Bishop's Stortford—Nurses' Home, Portland Road	Wednesday, a.m., p.m.		Miss J. Otter.
Buntingford—Bridgefoot House	Thursday, p.m.		Miss J. Otter.
Hertford—Welfare Centre, Bull Plain	Tuesday, a.m., p.m.		Miss J. M. Collins.
Hoddesdon—F.A.P. Council Offices	Tuesday, a.m., p.m.	Miss J. Otter.	
Waltham Cross—Welfare Centre, High Street	Friday, a.m., p.m.	Miss J. Otter.	
Ware—87 High Street	Monday, a.m., p.m.	Miss J. Otter.	
<i>(e) Child Guidance.</i>			
Hoddesdon—F.A.P. Council Offices	Thursday, a.m., p.m.	Dr. Pott. Mrs. Oppenheimer	
<i>(f) Dental.</i>			
Hertford,—27 Bull Plain	Monday all, a.m. Friday all, a.m., 1st, 3rd, 5th, p.m. Saturday, all a.m.		
Kingsmead—The School	As required.		
Much Hadham—The Village Hut	Wednesday, 2nd, 3rd, 4th, p.m.		
Waltham Cross—Welfare Centre, High Street	Monday, a.m. alternate. Tuesday all, p.m. Thursday all, p.m. Friday all, p.m.		
In addition, Orthodontic sessions are held at the undermentioned Clinic :			
Bishop's Stortford—25a Portland Road	Monday alternate, a.m.		

SOUTH HERTFORDSHIRE DIVISION.

	<i>Open</i>	<i>In Attendance</i>
<i>(a) Minor Ailments.</i> Barnet—Vale Drive	Daily, 9–10.30 a.m.	Mondays, 9.30–11.30 a.m. Dr. H. E. Ormiston.
East Barnet—151 East Barnet Road	Daily, 8.30–9.30 a.m.	2nd and 4th Friday, 9.30 a.m. Dr. H. E. Ormiston.
East Barnet—Church Farm	Daily, 9–10 a.m.	1st and 3rd Friday, 9–10.15 a.m. Dr. H. E. Ormiston.

(b) *Ophthalmic.*

	<i>Open.</i>	<i>In Attendance.</i>
Barnet—Vale Drive	1st, 3rd, and 5th Fridays, 10 a.m.— 12.30 p.m.	Dr. K. Matthews.
East Barnet—Church Farm, Burlington Rise	Wednesday, a.m. 2nd & 4th Tuesday, p.m.	Dr. K. Matthews.

(c) *Orthoptic.*

East Barnet—Church Farm, Burlington Rise	Monday, a.m. Tuesday, p.m. Wednesday, a.m. Thursday, p.m.	} Miss P. M. Baxter
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(d) *Speech.*

Barnet—F.A.P. Vale Drive	Wednesday, a.m., p.m., Friday, a.m., p.m.	Miss G. Farmer.
East Barnet—Church Farm, Burlington Rise	Monday, a.m. Tuesday, a.m., p.m. Thursday, a.m.	} Miss G. M. Farmer

(e) *Child Guidance.*

Barnet—F.A.P., Vale Drive	Thursday, a.m. p.m.	Dr. Mannheim. Dr. Gillespie. Miss Kellmer.
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(f) *Dental.*

East Barnet—149 East Barnet Road	Tuesday, alternate p.m. Friday all, p.m.
East Barnet—Church Farm, Burlington Rise	Thursday all, a.m., p.m.
High Barnet—F.A.P. Vale Drive	Monday, alternate p.m., Wednesday all a.m., p.m.

DACORUM DIVISION.

(a) *Minor Ailments.*

	<i>Open.</i>	<i>In Attendance.</i>
Berkhamsted—The Hut, Council Offices	Monday, Wednes- day, Friday, 9- 10 a.m.	Wednesday, 9- 10.30 a.m. Dr. H. M. Keith.
Hemel Hempstead—The Baths, Marlowes	Wednesday, 9- 10.30 a.m.	Wednesday, 10 a.m. Dr. M. Gross.
Hemel Hempstead—Two Waters	Tuesday and Thurs- day, 9.30-10.30 a.m.	Doctor does not attend. If Dr. required, re- ferred to Mar- lowes.
Hemel Hempstead—Corner Hall	Monday, Wednes- day, Friday, 9 a.m.	Doctor does not attend. If Dr. required, re- ferred to Mar- lowes.
Tring—Church Room, Akeman Street	Wednesday, 9-10 a.m.	Dr. H. M. Keith attends at 11 a.m. when re- quired.

(b) *Ophthalmic.*

Berkhamsted—The Hut, Council Offices	3rd Wednesday each month. 2-3.30 p.m.	Temporarily closed.
Hemel Hempstead—Churchill, Park Road	Monday, 2-3.30 p.m. Friday as required.	Temporarily closed.

(c) *Orthoptic.*

Hemel Hempstead—Churchill, Park Road	Wednesday, a.m., p.m.	Miss M. A. Bickerton.
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(d) *Speech.*

Berkhamsted—The Hut, Council Offices	Tuesday, a.m.	Mr. L. Willmore.
Hemel Hempstead—Churchill, Park Road	Tuesday, a.m. Friday, p.m.	Mr. Ogden. Mr. L. Willmore.

(e) *Dental.*

	<i>Open.</i>	<i>In attendance.</i>
Hemel Hempstead—Churchill, Park Road .	Monday all, a.m. 1st, 3rd, 4th, 5th p.m. Tuesday all, a.m. Wednesday all, a.m., p.m. Friday all, a.m., p.m.	

MID HERTFORDSHIRE (WELWYN) DIVISION.

(a) *Minor Ailments.*

	<i>Open.</i>	<i>In Attendance.</i>
Hatfield—Northcotts	2nd and 4th Tues- days, 9.30-10.15 a.m.	2nd and 4th Tues- day, 9.30-10.15 a.m. Dr. M. S. Miller.
Green Lanes, Dellfield, and St. Audrey's Schools.	Daily.	Dr. Miller visits these schools on 2nd and 4th Tuesday, 10.30- 12 noon.
Welwyn Garden City—Community Centre Annexe.	Daily, 9 a.m.	Monday, 9.30 a.m. Dr. M. S. Miller.
Welwyn Garden City—Handside S.M. School	Daily, 9 a.m.	Nurse's Clinic only.

(b) *Ophthalmic.*

Hatfield—Northcotts, Great North Road .	2nd, 3rd, and 4th Tuesday, p.m.	Dr. M. Lones.
Welwyn Garden City—Community Centre .	1st, 2nd, and 4th Tuesday, a.m.	Mr. L. M. Green.

(c) *Orthoptic.*

Hatfield—Northcotts, Great North Road .	Tuesday, p.m. Thursday, a.m.	} Miss S. Price.
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(d) *Speech.*

Hatfield—Northcotts	Thursday, p.m.	Mrs. M. Greene.
Welwyn Garden City—Community Centre Annexe.	Wednesday, a.m., p.m.	Mrs. M. Greene.

(e) *Dental.*

Welwyn Garden City—Community Centre Annexe.	Tuesday all, a.m. Thursday all, a.m., p.m. Friday, 2nd, 4th, p.m.
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In addition, Orthodontic sessions are held at the undermentioned Clinic :

Hatfield—Northcotts, Great North Road .	Wednesday, alter- nate a.m.
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ST. ALBANS DIVISION.

(a) *Minor Ailments.*

	<i>Open.</i>	<i>In Attendance.</i>
Harpenden—Memorial Hospital, Carlton Road.	Wednesday, 9-11 a.m.	Wednesday, 9.30- 11 a.m. Dr. M. Kennaway.
London Colney—C.C. Junior School, Kings Head Road	2nd and 4th Fri- days, 9.30-12 noon.	2nd and 4th Fri- days, 9.30-12 noon. Dr. A. R. Chalmers.
St. Albans—Wellington Court, Bricket Road	Monday, 9-11 a.m.	Monday, 9.30 a.m. Dr. M. Kenna- way.

(b) *Ophthalmic.*

	<i>Open.</i>	<i>In Attendance.</i>
Boreham Wood—F.A.P., Shenley Road .	2nd and 4th Tuesdays, a.m.	Dr. M. Lones.
Harpenden—Memorial Hospital, Carlton Road.	1st and 3rd Tuesdays, a.m.	Dr. R. G. Hodder.
St. Albans—Wellington Court, Bricket Road	1st, 3rd, and 5th Tuesday, a.m. and p.m. 2nd and 4th Tuesdays, a.m.	} Dr. K. Matthews.

(c) *Orthoptic.*

St. Albans—Wellington Court, Bricket Road	Tuesday, a.m. Thursday, p.m. Friday, a.m., p.m.	} Miss S. Price.
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(d) *Speech.*

Boreham Wood—F.A.P., Shenley Road .	Monday, p.m.	Miss G. M. Farmer.
Harpenden—Memorial Hospital, Carlton Road.	Thursday, a.m.	Mrs. M. Greene.
St. Albans—Wellington Court, Bricket Road	Monday, a.m., p.m. Tuesday, p.m. Wednesday, a.m., p.m. Thursday, a.m., p.m. Friday, p.m.	} Mr. Ogden.

(e) *Child Guidance.*

Child Guidance Clinics held at Hill End Hospital, St. Albans.

<i>When held.</i>	<i>In Attendance.</i>	<i>When held.</i>	<i>In Attendance.</i>
Monday, a.m.	Dr. Lucas. Miss Jones.	p.m.	Dr. Lucas. Dr. Pott. Miss Jones.
Tuesday, a.m.	Dr. Vacher. Dr. Pritchard. Dr. Rumney. Dr. Mannheim. Miss Kellmer. Mrs. Stekel.	p.m.	Dr. Vacher. Dr. Pritchard. Miss Kellmer. Mrs. Stekel.
Wednesday, a.m.	Dr. Doyle. Dr. Huband.	p.m.	Dr. Doyle. Dr. Huband.
Thursday, a.m.	Dr. Lucas.	p.m.	Dr. Lucas.
Friday a.m.	Dr. Vacher. Miss Kellmer.	p.m.	Dr. Vacher. Miss Kellmer.

(f) *Dental.*

St. Albans—Wellington Court, Bricket Road	Monday all, a.m., p.m. Tuesday all, a.m., p.m. Wednesday all, a.m. Thursday all, a.m., p.m. Friday all, a.m. Saturday all, a.m.
Harpenden—National Children's Home .	Monday all, a.m.

SOUTH-WEST HERTFORDSHIRE DIVISION.

(a) *Minor Ailments.*

	<i>Open.</i>	<i>In Attendance.</i>
Bushey—Congregational Hall	Monday, Wednesday, Friday, 9-10 a.m.	2nd and 4th Wednesday, 9.30-11 a.m. Dr. E. M. I. McCabe.
Croxley Green—Malvern Way School .	Daily, 9-10 a.m.	1st and 3rd Wednesday, 9.30-11 a.m. Dr. E. M. I. McCabe.

	<i>Open.</i>	<i>In attendance.</i>
Rickmansworth—The Bury	Monday, Wednesday, Friday, 9-10 a.m.	2nd and 4th Wednesday, 9.30-11 a.m. Dr. E. M. I. McCabe.
Watford—1 St. Albans Road	Daily, 9-12 noon	Monday and Friday, 9.30-12 noon. Dr. R. M. Allinson.
Watford—Oxhey Place	Monday, Wednesday, Friday, 9-10 a.m.	1st and 3rd Monday. Dr. E. M. I. McCabe. 9.30-11 a.m.
<i>(b) Ophthalmic.</i>		
Watford—65 Queen's Road	Monday, p.m. *Thursday, a.m. Saturday, a.m. Tuesday, p.m., except last Tuesday each month. 1st and 3rd Friday, a.m.	Dr. N. Gardener. Dr. A. J. Williamson. Dr. R. S. Brewerton.
<i>(c) Orthoptic.</i>		
Watford—65 Queens Road	Monday, a.m., p.m. Tuesday, a.m., p.m. Thursday, a.m. p.m. Friday, a.m., p.m. Saturday, a.m.	Miss M. A. Bickerton.
<i>(d) Speech.</i>		
Croxley Green—Malvern Way School	*Thursday, a.m.	Miss Collins.
Watford—65 Queen's Road	Monday, p.m. Wednesday, a.m., p.m. Friday, a.m. Friday, a.m.	Mr. L. Willmore. Miss Collins.
<i>(e) Child Guidance.</i>		
Watford—The Hut, 1 St. Albans Road	Tuesday, p.m. Wednesday, a.m., p.m. Thursday, a.m. p.m.	Drs. Huband and Rumney. Dr. Mannheim. Miss Jones. Dr. Doyle. Dr. Doyle. Miss Jones.
<i>(f) Dental.</i>		
Abbots Langley—2 Abbots Road	<i>Open.</i>	
Watford—The Avenue	Wednesday all, p.m. Thursday, 2nd, 3rd, 4th, p.m. Friday all, a.m.	
In addition, Orthodontic sessions are held at the undermentioned Clinic :—		
Watford—65 Queen's Road	Tuesday alternate, p.m.	

*These sessions will shortly be transferred to The Bury, Rickmansworth.

Case No.	Plaintiff	Defendant	Amount	Date	Remarks
1001	John Smith	John Doe	\$100.00	1/15/23	...
1002	Mary White	James Brown	\$250.00	2/10/23	...
1003	Robert Green	Sarah Black	\$500.00	3/5/23	...
1004	Elizabeth King	William Lee	\$750.00	4/1/23	...
1005	Thomas Hall	Patricia Young	\$1,000.00	5/15/23	...
1006	Oliver Scott	Richard Adams	\$1,250.00	6/10/23	...
1007	Victoria Baker	Christopher Evans	\$1,500.00	7/5/23	...
1008	Benjamin Hill	Rebecca King	\$1,750.00	8/1/23	...
1009	Lucas Green	Andrew White	\$2,000.00	9/15/23	...
1010	Chloe King	Joseph Black	\$2,250.00	10/10/23	...
1011	Samuel Lee	Margaret Brown	\$2,500.00	11/5/23	...
1012	Alice Young	Robert Adams	\$2,750.00	12/1/23	...
1013	David King	Elizabeth White	\$3,000.00	1/1/24	...
1014	Grace Brown	William Black	\$3,250.00	2/1/24	...
1015	Henry White	Jessica Green	\$3,500.00	3/1/24	...
1016	Isabella Black	Christopher King	\$3,750.00	4/1/24	...
1017	Jonathan King	Amanda White	\$4,000.00	5/1/24	...
1018	Katherine Brown	Matthew Black	\$4,250.00	6/1/24	...
1019	Leo White	Natalie Green	\$4,500.00	7/1/24	...
1020	Mia Black	Oliver King	\$4,750.00	8/1/24	...
1021	Noah King	Quinn White	\$5,000.00	9/1/24	...
1022	Olivia Brown	Ryan Black	\$5,250.00	10/1/24	...
1023	Peter White	Sarah Green	\$5,500.00	11/1/24	...
1024	Quinn Black	Thomas King	\$5,750.00	12/1/24	...
1025	Rachel King	Uma White	\$6,000.00	1/1/25	...
1026	Samuel Brown	Victor Black	\$6,250.00	2/1/25	...
1027	Tina White	Wendy Green	\$6,500.00	3/1/25	...
1028	Umar Black	Xavier King	\$6,750.00	4/1/25	...
1029	Vanessa King	Yara White	\$7,000.00	5/1/25	...
1030	William Brown	Zoe Black	\$7,250.00	6/1/25	...
1031	Xavier White	Adam Green	\$7,500.00	7/1/25	...
1032	Yara Black	Bella King	\$7,750.00	8/1/25	...
1033	Zoe King	Charlie White	\$8,000.00	9/1/25	...
1034	Adam Brown	Diana Black	\$8,250.00	10/1/25	...
1035	Bella White	Ethan Green	\$8,500.00	11/1/25	...
1036	Charlie Black	Fiona King	\$8,750.00	12/1/25	...
1037	Diana King	George White	\$9,000.00	1/1/26	...
1038	Ethan Brown	Hannah Black	\$9,250.00	2/1/26	...
1039	Fiona White	Ian Green	\$9,500.00	3/1/26	...
1040	George Black	Jessica King	\$9,750.00	4/1/26	...
1041	Hannah King	Kyle White	\$10,000.00	5/1/26	...
1042	Ian Brown	Laura Black	\$10,250.00	6/1/26	...
1043	Jessica White	Mason Green	\$10,500.00	7/1/26	...
1044	Kyle Black	Nora King	\$10,750.00	8/1/26	...
1045	Laura King	Oscar White	\$11,000.00	9/1/26	...
1046	Mason Brown	Penelope Black	\$11,250.00	10/1/26	...
1047	Nora White	Quinn Green	\$11,500.00	11/1/26	...
1048	Oscar Black	Rachel King	\$11,750.00	12/1/26	...
1049	Penelope King	Samuel White	\$12,000.00	1/1/27	...
1050	Quinn Brown	Tina Black	\$12,250.00	2/1/27	...
1051	Rachel White	Umar Green	\$12,500.00	3/1/27	...
1052	Samuel Black	Vanessa King	\$12,750.00	4/1/27	...
1053	Tina King	William White	\$13,000.00	5/1/27	...
1054	Umar Brown	Xavier Black	\$13,250.00	6/1/27	...
1055	Vanessa White	Yara Green	\$13,500.00	7/1/27	...
1056	William Black	Zoe King	\$13,750.00	8/1/27	...
1057	Xavier King	Adam White	\$14,000.00	9/1/27	...
1058	Yara Brown	Bella Black	\$14,250.00	10/1/27	...
1059	Zoe White	Charlie Green	\$14,500.00	11/1/27	...
1060	Adam Black	Diana King	\$14,750.00	12/1/27	...
1061	Bella King	Ethan White	\$15,000.00	1/1/28	...
1062	Charlie Brown	Fiona Black	\$15,250.00	2/1/28	...
1063	Diana White	George Green	\$15,500.00	3/1/28	...
1064	Ethan Black	Hannah King	\$15,750.00	4/1/28	...
1065	Fiona King	Ian White	\$16,000.00	5/1/28	...
1066	George Brown	Jessica Black	\$16,250.00	6/1/28	...
1067	Hannah White	Kyle Green	\$16,500.00	7/1/28	...
1068	Ian Black	Laura King	\$16,750.00	8/1/28	...
1069	Jessica King	Mason White	\$17,000.00	9/1/28	...
1070	Kyle Brown	Nora Black	\$17,250.00	10/1/28	...
1071	Laura White	Oscar Green	\$17,500.00	11/1/28	...
1072	Mason Black	Penelope King	\$17,750.00	12/1/28	...
1073	Nora King	Quinn White	\$18,000.00	1/1/29	...
1074	Oscar Brown	Rachel Black	\$18,250.00	2/1/29	...
1075	Penelope White	Samuel Green	\$18,500.00	3/1/29	...
1076	Quinn Black	Tina King	\$18,750.00	4/1/29	...
1077	Rachel King	Umar White	\$19,000.00	5/1/29	...
1078	Samuel Brown	Vanessa Black	\$19,250.00	6/1/29	...
1079	Tina White	William Green	\$19,500.00	7/1/29	...
1080	Umar Black	Xavier King	\$19,750.00	8/1/29	...
1081	Vanessa King	Yara White	\$20,000.00	9/1/29	...
1082	William Brown	Zoe Black	\$20,250.00	10/1/29	...
1083	Xavier White	Adam Green	\$20,500.00	11/1/29	...
1084	Yara Black	Bella King	\$20,750.00	12/1/29	...
1085	Zoe King	Charlie White	\$21,000.00	1/1/30	...
1086	Adam Brown	Diana Black	\$21,250.00	2/1/30	...
1087	Bella White	Ethan Green	\$21,500.00	3/1/30	...
1088	Charlie Black	Fiona King	\$21,750.00	4/1/30	...
1089	Diana King	George White	\$22,000.00	5/1/30	...
1090	Ethan Brown	Hannah Black	\$22,250.00	6/1/30	...
1091	Fiona White	Ian Green	\$22,500.00	7/1/30	...
1092	George Black	Jessica King	\$22,750.00	8/1/30	...
1093	Hannah King	Kyle White	\$23,000.00	9/1/30	...
1094	Ian Brown	Laura Black	\$23,250.00	10/1/30	...
1095	Jessica White	Mason Green	\$23,500.00	11/1/30	...
1096	Kyle Black	Nora King	\$23,750.00	12/1/30	...
1097	Laura King	Oscar White	\$24,000.00	1/1/31	...
1098	Mason Brown	Penelope Black	\$24,250.00	2/1/31	...
1099	Nora White	Quinn Green	\$24,500.00	3/1/31	...
1100	Oscar Black	Rachel King	\$24,750.00	4/1/31	...

