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KENT COUNTY COUNCIL.

EDUCATION COMMITTEE.

Annual Report

OF THE

SCHOOL MEDICAL OFFICER,

For the Year 1912,

BY

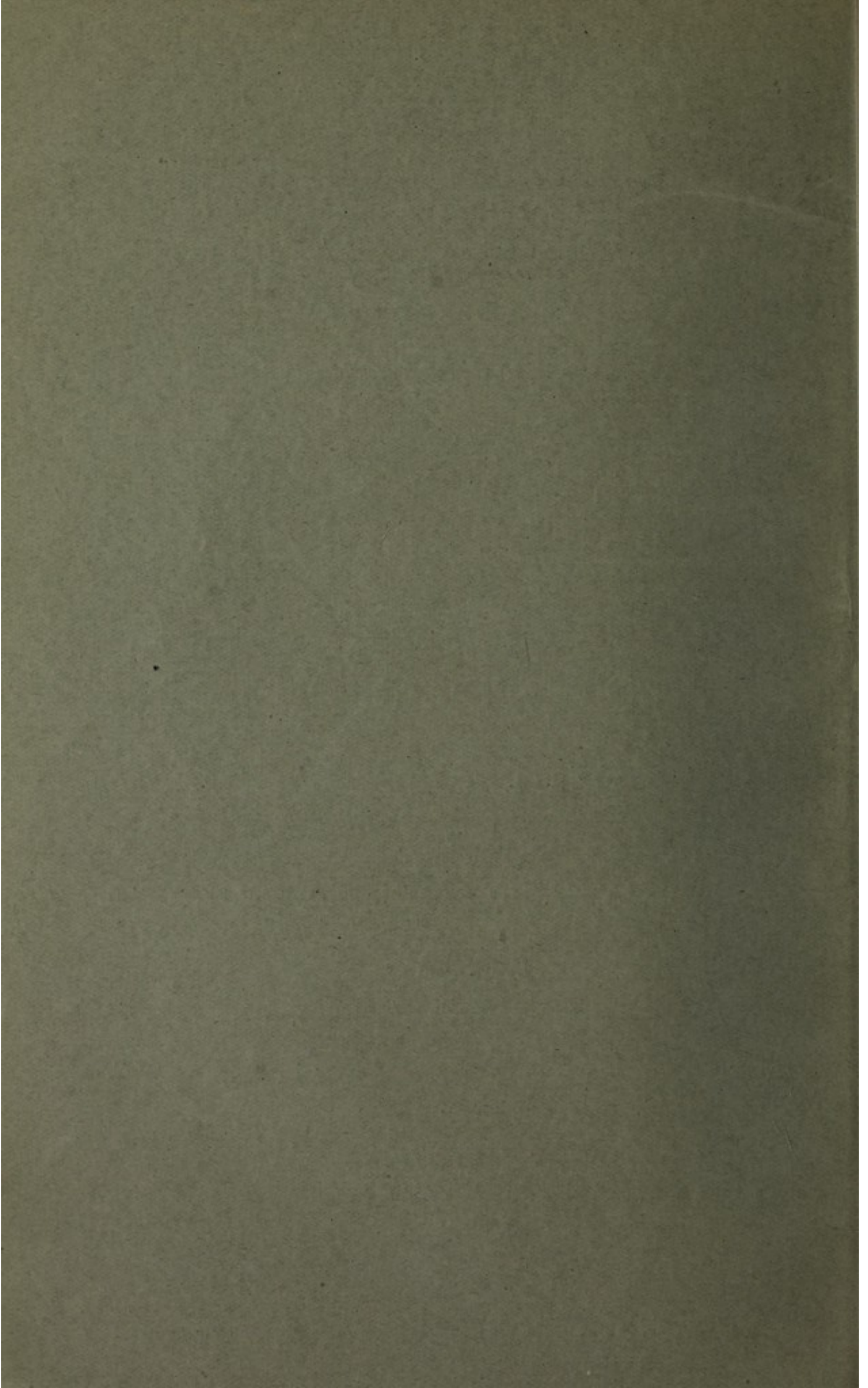
WILLIAM J. HOWARTH, M.D., D.P.H.,

School Medical Officer.

Maldstone :

PRINTED BY YOUNG & COOPER, 72, BANK STREET.

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For the Year 1912

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School Medical Officer

Printed and Published by the Council

CONTENTS.

	PAGE		PAGE
<i>Members of the Education Com- mittee</i>	4	Nutrition	42
<i>Prefatory Letter</i>	5	Enlarged Tonsils and Adenoids ...	43
INTRODUCTION	7	Discharging Ears	44
ADMINISTRATIVE DETAILS	8	Deafness	44
Cost of Inspections	9	Defective Vision	44
Payments to Inspectors (Table) ...	10	Defective Teeth	45
Objecting Parents	12	Epilepsy and Chorea	46
SANITARY SURVEYS	13	Heart Disease	47
Summary of Defects Noted	14	Paralysis and Deformity	48
Minor Deficiencies	16	Tuberculous Diseases	48
Ventilation in Schools	17	SOCIAL AND INDUSTRIAL CONDITIONS	49
Analyses of Air	17	TREATMENT OF DEFECTS	50
CO-RELATION OF SANITARY WORK WITH SCHOOL WORK	27	Amelioration and Work of Nurses	51
ORGANISATION	27	Ophthalmic Work	52
Schedule of Instructions	27	Dental Clinics	52
SCOPE OF INSPECTION	30	Work done by School Nurse ...	53
Number of Visits	30	Police Court Proceedings	54
Children Selected	30	Work done by Part-time Nurses (Table)	54
Instructions to Head Teachers ...	30	PREVENTION OF DISEASE	54
Numbers Inspected... ..	32	Certificates of Exclusion by Gen- eral Practitioners... ..	55
Summary of Inspections (Table) ...	32	Certificates of Exclusion by Medi- cal Inspectors	57
Re-inspections	32	School Closures	58
Numbers found defective	34	Outbreak of Ophthalmia	59
Average time taken in Inspections	35	Disinfection after School Closure	59
REVIEW OF FACTS DISCLOSED	35	MENTALLY AND PHYSICALLY DE- FECTIVE CHILDREN	60
Previous Zymotic History... ..	35	Mentally Defective Children ...	60
Heights and Weights	35	Distribution of Cases	62
Clothing	37	EPILEPTIC CHILDREN	63
Footgear	37	Distribution of Cases	64
Cleanliness of Children	37	INSPECTIONS OF SCHOLARSHIP CHILDREN	65
Cleanliness of Body	39	EXAMINATIONS OF SECONDARY SCHOOL TEACHERS	67
Cleanliness of Head	40	THE PROVISION OF MEALS ACT ...	68
Ringworm and other Contagious Ailments	40	PRECAUTIONARY NOTICES <i>re</i> IN- FECTIOUS DISEASES	70
X-ray Treatment of Ringworm ...	40		

KENT COUNTY COUNCIL.

EDUCATION COMMITTEE, FEBRUARY, 1913.

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*Mr. W. W. BERRY, Vice-Chairman.

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*BELSEY, Sir FRANCIS F.	*NORTHBOURNE, The Rt. Hon. Lord
*BROWN, SYDNEY	*PALMER, V. T. D.
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	*WATTS, H. T.
	*WIGAN, Miss E. J.

* Indicates that the Member belongs to the Elementary Education Sub-Committee.
This Sub-Committee is responsible for carrying out the work of medical inspection.

DEPARTMENT OF THE COUNTY MEDICAL OFFICER,
1, MILL STREET CHAMBERS,
MAIDSTONE,

February 27th, 1913.

To the Chairman and Members of the Kent Education Committee.

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit herewith my Fifth Annual Report upon the work of medical inspection of school children.

In presenting this Report, which will terminate my official connexion with the County, I desire to express my indebtedness to all who have been associated with me in the inauguration of the scheme of medical inspection. Your Committee has invariably given me the greatest freedom in carrying out the details of any principle which has once been accepted, and the staff, medical, clerical and nursing, as well as the members of the teaching staff of the Committee, have never failed to take the broadest view of their duties in connexion with the work. What progress has resulted in the last five years has been due to their loyalty and co-operation, and I desire to express my personal appreciation of their assistance.

The greater part of this Report has been prepared by Dr. Fox, who has recently been appointed Assistant School Medical Officer.

I am, my Lords, Ladies and Gentlemen,

Your obedient servant,

WILLIAM J. HOWARTH,

School Medical Officer.

DEPARTMENT OF THE STATE

1, 11th Street, Albany, N.Y.

1891

Albany, N.Y. 1891

To the Chairman and Members of the Real Education Committee

My Dear Ladies and Gentlemen,

I have the honor to submit herewith my 11th Annual Report upon the work of medical inspection of school children.

In presenting this report, which will certainly be of great interest to you, I desire to express my indebtedness to all who have been associated with me in the inauguration of the system of medical inspection. Your Committee has generously given me the greatest freedom in carrying out the details of my sanitary inspection, and has been accepted, and the staff, medical, clerical and nursing, as well as the members of the teaching staff of the Committee, have ever failed to take the broadest view of their duties in connection with the work. What progress has resulted in the last five years has been due to their loyalty and co-operation, and I desire to express my personal appreciation of their assistance.

The greater part of this report has been prepared by Dr. Fox who has recently been appointed Assistant School Medical Officer.

I am, my Dear Ladies and Gentlemen, very truly,

Your obedient servant,

WILLIAM B. HOWARTH, School Medical Officer

KENT EDUCATION COMMITTEE.

Report of the School Medical Officer

ON THE

Medical Inspection of School Children,

For the Year ended December 31st, 1912.

This report contains a survey of the work carried out during the year 1912, and is submitted in accordance with the requirements of the Board of Education.

The following administrative details are of some importance as affecting the general question of organisation and cost of medical inspection work:—

Population of the Administrative County, estimated to the middle of 1912	...	...	...	...	1,031,012
Deduct population in 16 areas which are autonomous for purposes of Elementary Education	...	...	...	...	502,226
Total estimated population in area of the Kent Education Authority	...	...	...	...	528,786
Acreage of the County	...	...	...	...	971,991
Rateable value of the County, 1912	...	...	...	...	£6,356,407
Assessable value of the County, 1912	...	...	...	...	£6,021,932
1d. produces for purposes of Elementary Education	...	...	...	...	£12,946
" " Higher Education	...	...	...	...	£25,091
Number of Schools, March 31st, 1912	...	...	...	...	445
Number of departments, March 31st, 1912	...	...	...	...	632
Total average number of children on roll, year ended March 31st, 1912	...	...	...	...	85,722

The supervision of the work of medical inspection is undertaken by the County Medical Officer, who is approved by the Board of Education, to act as School Medical Officer.

The actual work of inspection is carried out by a staff of whole-time and part-time Inspectors. The districts are so arranged as to admit of the work being transferred to whole-time Medical Officers of Health as the occasion presents. This arrangement is facilitated by the fact that nearly all the school attendance districts are co-terminous with sanitary areas, and the latter are in almost all cases identical with the boundaries of the various poor-law authorities.

In certain districts general practitioners who are not medical officers of health have been appointed. They work in those combined areas which are so large that the medical officer of health could not undertake the additional work which would be entailed by the inspection of school children. These districts are so planned that if a re-arrangement of the combination is decided upon in the future no difficulties will arise in the matter of transferring the school work. To the whole-time inspectors have also been allocated certain portions of these combined areas.

Only one change in the staff has taken place during the year. Dr. Bowes resigned the work of inspection in the districts of Blean Rural and Herne Bay, and has been succeeded by Dr. Piper, who was already engaged in the work at Whitstable.

All medical inspections are reported daily, and for the purpose of ensuring uniformity, all tabulations are made at my office. The cards of children inspected are forwarded as soon as possible after the inspection, and the various entries are scrutinised. After as much information as is necessary has been extracted the cards are returned to the head-teacher. In the case of the whole-time inspectors, a complete transcript of the entries on Form 7 M. I. is sent instead of the cards. Intimations of intended visits are forwarded to my office on the Saturday week prior to the week in which the inspections are to take place. It is the head-teacher's duty to see that the log-book is at the school on the day of inspection, and this is returned to the office with the cards of the children inspected. Previous sanitary reports are also forwarded to the school addressed to the inspector, when such reports contain matters which require further investigation. On receipt of the medical log-book at the office, the details respecting children recommended for treatment are extracted, and in those districts in which a nurse is engaged the particulars are forwarded to her. Later this book is forwarded to the managers and their attention is directed to any matter of importance arising out of such inspections. The log-book also contains sections in which

are entered (a) observations of the medical inspector in respect of matters which appear to suggest negligence or oversight, *e.g.*, want of cleanliness of schools, windows, offices, (b) particulars respecting every child who has been excluded from school by medical certificate since the last inspection. These entries are examined by the medical inspector, and he examines these children if the circumstances requiring the exclusion indicate that such inspection is desirable, (c) observations of the teachers respecting difficult cases particularly those cases in which the opinion of the inspector is mainly based on the teacher's observations, *e.g.*, morally defective children, and (d) dates of visits of the medical inspector, or medical officer of health to the school, with purpose of the visit.

COST OF INSPECTIONS.—The total cost of inspection work inclusive of travelling allowances (estimated) was £1,808 0s. 0d., as compared with £1,874 7s. 0d. in 1911, £1,980 14s. 0d. in 1910, and £2,343 7s. 0d. in 1909. The routine inspections in 1912 numbered 18,547, as against 18,843 in 1911. To both these totals must be added a large but uncertain number of re-examinations of, or enquiries respecting, children who may have been recommended for treatment at previous inspections. Fuller particulars of these children are referred to later in this report.

The table on pages 10 and 11 sets out the various items in detail, and it will be observed that the salaried inspectors carried out 11,539 inspections at a cost of £1,060 8s. 0d., which represents a cost of about 1s. 10d. per child inspected; the part-time inspectors in urban districts made 3,487 inspections at a cost of £257 9s. 0d., or 1s. 5 $\frac{3}{4}$ d. per child; whilst part-time inspectors in rural districts examined 3,521 children at a cost of £490 2s. 0d., or 2s. 9 $\frac{1}{2}$ d. per child. These average costs are practically identical with those obtaining in 1911.

TABLE 1.—Cost of Medical Inspection in the Different Districts, 1912.

	District.	Acreage of District.	No. of Schools.	No. of children on rolls.	Number Inspected in 1912.	Cost.
						£ s. d.
SALARIED STAFF.						
No. 1 District—						
Dr. Watts	Hollingbourn, Isle of Thanet, East Ashford, West Ashford, Elham and Bridge Rural; Cheriton, Hythe, and Broadstairs and St. Peter's Urban.	257,081	98	12,224	2,487	250 0 0
No. 2 District—						
Dr. Fox	Tenterden Urban and Rural, Tonbridge Urban and Rural, Sevenoaks Urban and Rural, Maidstone Rural, and Southborough Urban	193,349	88	15,957	3,394	300 0 0
No. 3 District—						
Dr. Peyton	Bromley, Dartford, Hoo and Strood Rural; Footscray and Chislehurst Urban	124,198	79	16,428	3,516	260 10 0
No. 4 District—						
Dr. T. Barrett Heggs	Milton Rural, Milton Regis, Queenborough, Sheerness and Sittingbourne Urban	32,995	31	9,378	2,152	125 0 0
Travelling Expenses—Estimated		607,618	296	53,987	11,539	1060 10 0

PER CAPITA PAYMENTS.									
(a) Entirely Urban:—									
Hamilton, J...	..	Dartford	..	..	4,243	8	3,888	967	60 12 0
Lipscomb, A. A.	..	Wrotham	..	..	8,883	4	823	175	21 15 0
Oliver, H. S...	..	Lydd	..	..	12,043	2	443	86	12 18 0
Piper, F. P. ..	..	Whitstable (with Blean Rural and Herne Bay, from Aug. 13th).	..	..	790	4	1,426	364	37 9 0
Sells, H. T. ..	..	Northfleet	..	..	3,934	7	2,823	656	43 16 0
Sunderland, O.	..	Bexley	..	..	4,942	6	2,847	688	45 8 0
Vernon, C. M.	..	Ashford	..	..	2,850	5	2,566	551	35 11 0
					37,685	36	14,816	3,487	257 9 0
(b) Mainly Rural:—									
Adamson, C. H.	..	Dover Rural	..	..	27,411	11	1,013	222	33 6 0
Bowes, T. A...	..	Blean Rural and Herne Bay (to Aug. 13th)	..	..	27,792	10	1,870	331	40 6 0
Day, J. J. ..	..	Eastry Rural, Sandwich and Walmer	..	..	45,353	21	3,017	617	92 11 0
Gange, F. W.	..	Faversham Rural	..	..	43,996	18	2,933	632	93 12 0
Hick, H. ..	..	Romney Marsh Rural and New Romney	..	..	31,728	6	674	152	22 16 0
Roberts, A. H.	..	Malling Rural	..	..	38,146	27	4,635	994	114 19 0
Wiglesworth, T. R...	..	Sheppey Rural	..	..	21,233	6	530	133	26 12 0
Young, E. ..	..	Cranbrook Rural	..	..	41,315	14	2,187	440	66 0 0
					276,974	113	16,859	3,521	490 2 0
		Total for Whole County	..	..	922,277	445	85,662	18,547	1808 1 0

AVERAGE COST—Salaried Staff, 1/10·1 per child inspected.

Urban Districts (per capita payments), 1/5·8 per child inspected.

Mainly Rural Districts (per capita payments), 2/9·5 per child inspected.

There has been a considerable decrease in the number of parents who have objected to their children being examined, the total of 211 for 1911 being reduced to 158 in 1912. A table is given showing the districts from which objections have been reported; if it is compared with the corresponding tables of previous years it will be noted that the districts named remain almost unaltered. I have reason to believe that the majority of these objections arise, not from conviction, but merely by force of example.

NUMBERS OF PERSONS WHO OBJECTED TO THE INSPECTION, 1912.

Adisham	2	Lydd	2
Ashford	1	Lympne	1
Barham	1	Marden	1
Bethersden	1	Orlestone	1
Bexley, E. Wickham	1	Orpington, Chislehurst Council	1
Bishopsbourne	2	Preston next Wingham	2
Birchington	1	Ruckinge... ..	2
Broadstairs C.E.	3	Sandhurst	5
" St. Peter's... ..	2	St. Margaret-at-Cliffe	7
" Reading St. Infants	1	St. Mary Hoo	1
Charing	1	" Romney Marsh	1
Charing Heath	9	St. Stephen's Council	2
Chartham	2	Sevenoaks Council	1
Chelsfield, Green Street Green	1	" Infants C.E.	3
Chislehurst Wesleyan	1	" Lady Boswell's	7
" Prickend	1	Sittingbourne Holy Trinity	3
" Sidcup Council	1	Snodland C.E.	1
Cranbrook, Sissinghurst	1	Staplehurst	1
Crayford, C.E.	3	Stockbury	1
Darenth	1	Speldhurst	1
East Sutton	3	Stone, Bean	1
Eastwell	3	" Brent	2
Farnborough Council	4	Sturry	1
Footscray, Longlands	4	Sutton-at-Hone, Hextable	1
" Sidcup C E.	1	Swanscombe, Greenhithe C.E.	1
Goudhurst	2	" Galley Hill	1
Godmersham	1	" Knockhall	3
Halstead	1	Tonbridge, St. Stephen's	2
Harrietsham	9	Waldershare	1
Hawkhurst C.E.	3	Whitstable and Seasalter	2
Headcorn... ..	2	" St. Alphege... ..	5
Hildenborough	2	" Oxford St. Council	1
Hothfield... ..	9	Wilmington, Birchwood	1
Kennington	1	Willesborough	1
Kingsdown	4		
Lenham	4		
Little Chart	1		
			158

(a) *General review of the hygienic conditions prevalent in the Schools in the area of the Local Education Authority in respect of such matters as surroundings, ventilating, lighting, warming, equipment, and sanitation, including observations on the type and condition of sanitary conveniences and lavatories, water supply for washing and drinking purposes, the cleanliness of school-rooms and cloak-rooms, arrangements for drying children's cloaks and boots, and the relation of the general arrangements of the school to the health of the children.*

The above extract from the Board of Education's Circular, No. 596, indicates the details to which Medical Inspectors are expected to give their attention when visiting schools, and forms the justification for the report of the School Medical Officer to the Education Committee. During 1912 a sanitary survey has been made of nearly every school in the Committee's area. Each inspector, before he is due to arrive at a particular school is furnished with the previous reports concerning that school, so that he will not omit to mention all improvements made, as well as report continued deficiencies.

These reports are considered by the School Medical Officer who decides which defects shall be reported to the Committee. A brief description of the defects which have been observed in any particular school is forwarded to the Secretary of the Education Committee who brings the matter forward at the next meeting. The Committee decide the course of action, which, as a rule, is to send the report of the School Medical Officer to the School Managers. In cases of urgency the complaint is forwarded without waiting for the Committee to meet. Minor defects, as already stated, are forwarded direct to the Managers by means of the medical log-book, and these are such as involve no structural alterations, but as a rule have reference to matters of negligence or oversight.

Last year I drew attention to the arrangements which had been made to avoid the duplication of reports to School Managers. These arrangements consist in securing that H.M. Inspector and the School Medical Officer are each furnished with the other's reports; the arrangement has proved to be satisfactory.

The following tabulation gives information of the number of defects which were noted at various schools, and in respect of which a report was presented to the Committee.

Table 2.—Containing a summary of defects which were noted at various Schools, and in respect of which a report was presented to the Committee.

School Official Number.	Want of Cleanliness.			Water Supply.	Defects in connection with			Defective Sanitary Appliances.	Defects in connection with		General Repairs.	Various.
	Heating.	Lighting.	Ventilation.		Sanitary Conveniences.	Urinals.	Cloak-room.		Playground.			
6				1								{ Water mains are now within 30 feet of the School premises
37												{ Various defects not specified as a new School is to be built
49					1							{ Defects in connection with refuse receptacles and girls' w.c.'s
51			1									{ Ventilation would be easy if roof windows were supplied with proper opening mechanism
60		1			1							{ Only 6 w.o.'s for the use of 110 infants and 145 girls. New Schools contemplated
68					1							{ Proper earth is not used in connection with earth-closets. Refuse receptacle required
82					1	1						{ Second complaint respecting sanitary conveniences
82	1											{ Two smaller stoves should replace present stove when it is worn out
98					1					1		{ General repairs required and a supply of dry-earth for closets
104					1							{ Complaints of noise and suggestions re w.c.'s for teachers
124					1							{ Supply of water should be obtained from Mid Kent Co.
133					1	1						{ Public water supply in Village. Schools should be connected up
134						1						{ Position of conveniences objectionable. Pail closets receive insufficient attention.
134	1		1			1						{ Second report. New window should be provided. Above condition prevents one window from being opened. Damp dusting necessary
142		1										{ Heating urgently requires attention
145B		1										{ Heating of main class-room is defective

School Official Number.	Want of Cleanliness.	Defects in connection with			Water Supply.	Defects in connection with		Defective Sanitary Appliances.	Defects in connection with		General Repairs.	Various.
		Heating.	Lighting.	Ventilation.		Sanitary Conveniences.	Urinals.		Cloak-room.	Playground.		
159		1										Infants' room
172		1							1			{ Insufficient cloak-room accommodation. No lavatories
174								1				{ Defective fresh air inlet to cesspool
181							1					{ Sanitary conveniences offensive. Should be converted to pails
197			1							1		{ Opaque glass in windows. Playground surface defective
208								1	1	1		{ Covered receptacle for refuse required
220										1		{ Attention to general repairs is necessary
225		1		1			1			1		{ Many matters require attention at this School
249		1										{ Fireplace is necessary in S.E. corner of room
302					1		1					{ Water mains within 20 feet of School premises
324								1	1	1		{ Insufficient lavatories. Crowded cloak-room
341							1					{ Three closets for 215 infants in attendance
353										1		Playground defective
357			1									{ Remove trees, colour wash, and certain structural alterations necessary
368	1											{ Improvements in general cleanliness necessary
375				1								{ Previous report submitted re ventilation
375				1								{ Second report with results of analyses of air submitted
380	1											Walls dirty and in places damp
387									1			{ Cloak-room is a wooden shed, which is not weather-proof
411				1								{ Report accompanied by analytical results
417									1	1		Playground should be tarred
428	1								1			{ Cloak-room should be recolour-washed and more pegs provided

In addition to the summary set out in Table 2 the attention of the managers of various schools was directed to various deficiencies which had been observed by the inspectors. These were chiefly minor matters in respect of which the remedial measures did not involve structural alterations. In the large majority of instances negligence of the caretaker was the cause of the defect. These matters were brought to the notice of the managers through the medical log-book, and such references were necessary in 46 instances. They included improvements in the method of cleansing schools and offices, attention to blocked drains, defects in the playgrounds, temperature too low before and during the morning session, accumulation of refuse in and about the playground, necessary repairs to buildings, and minor cloak-room defects.

It may be useful briefly to indicate the nature of the defects enumerated.

1. WANT OF CLEANLINESS.—The Committee's detailed requirements respecting the cleansing, painting, etc., at all schools under their control are as follows:—

“60 (a) INTERIOR OF SCHOOL-HOUSE (NOT INCLUDING OFFICES OR
TEACHER'S DWELLING-HOUSE).

The floors, forms, and desks to be thoroughly cleaned at least six times a year. In the case of the babies' room, the floor to be scrubbed at least once a month. All such cleaning to be included in the duties of the Caretaker. Walls to be cleaned and colour-washed at least once every three years; woodwork to be painted every four years as regards wainscoting, and every eight years as regards the doors and remaining woodwork.”

“(b) OFFICES.

To be limewashed twice a year. Exterior painting to be done every four years.”

The chief complaint under this heading was dustiness of the floors, due to non-compliance with the above regulation. There were also several instances of dusty walls and ledges; these might be obviated, or at least diminished, by a more extended use of damped sawdust, in order to prevent the dust from rising when the floors are swept.

2. DEFECTIVE HEATING.—Defective heating takes the form of either insufficient provision, or unequal distribution, of heat; or, what is more common, both faults co-exist. In old schools, there are many obstacles in the way of providing adequate heating, but progress is being made.

3. DEFECTIVE LIGHTING.—Faults in the lighting of school-rooms are similar to those in the heating, *i.e.*, insufficient provision, or unequal distribution, of light; but they are fortunately more easily put right. Insufficient lighting is commonly due to obstructing agents, *e.g.* trees, leaded lights, or curtains.

4. VENTILATION.—Difficulties in ventilation are most marked in those school-rooms where windows are provided on one side only, and least marked in those with cross-ventilation, *i.e.*, with windows on two opposite sides of the rooms. In many cases the window space is sufficient, but an insufficient number of the windows is made to open. Head teachers are now making better use of the means provided for ventilation, though there is still room for considerable improvement in this respect.

The following analyses of air were undertaken by Dr. Fox, and the report which has been prepared by him is of more than general interest.

VENTILATION IN SCHOOLS.—I give below a number of tables, each of which is a statement of the results obtained by a series of consecutive observations on the air of a school-room during the progress of work therein. The figures are volumes of CO_2 per 10,000 volumes of air, and were obtained by means of an apparatus invented by Dr. Haldane. This consists essentially of a burette with a 2-way cock; by its means a sample of air can be taken, measured, and then passed over to a bulb containing caustic potash; the CO_2 having been thus absorbed, the air is returned to the burette and again measured. The loss in volume is read off, and this gives directly the volumes of CO_2 per 10,000 of air. Any changes in temperature or pressure during the course of an observation are corrected automatically by an ingenious arrangement of a second burette of the same size as the first, and enclosed with it in a water jacket.

The readings given have not been checked by an alternative method of estimating CO_2 ; they probably err on the side of under-estimation, for the instrument has persistently given results, in my hands, varying from 3.4 to 3.8 for ordinary outside air.

For the most part, observations have been made at a spot immediately in front of the children, usually on one of their desks, and an attempt has been made to avoid direct currents of air from the windows or other openings. This precaution, however, is often unavailing, and no doubt some of the inconsistencies apparent in the tables are due to this cause.

It is proposed to discuss each table separately, and finally to recapitulate the chief points which may emerge.

TABLE A. (December).

CENTRAL HALL.		N.W. ROOM.		S.E. ROOM.	
Time.	Volumes of CO ₂ per 10,000 of Air.	Time.	Volumes of CO ₂ per 10,000 of Air.	Time.	Volumes of CO ₂ per 10,000 of Air.
¹ 8.45 a.m.	5.6	¹ 8.50 a.m.	6.8	² 9.0 a.m.	4.8
³ 9.20	6.0	³ 9.25	10.9	9.35	12.0
9.45	10.1	9.55	14.6	10.10	14.3
10.45	10.8	10.20	16.1	⁵ 10.30	9.4
11.30	10.0	*10.35	15.8	11.5	10.1
12.5	10.0	11.10	11.6	⁶ 11.20	8.7
		11.40	12.5		
		11.55	14.8		
2.15 p.m.	9.2	†12.15 p.m.	7.7	⁷ 2.0 p.m.	5.5
3.0	7.4	⁴ 1.50	6.8	2.40	7.7
3.35	7.3	2.30	9.0	3.30	7.0
		3.15	13.1	⁶ 3.55	5.5
		⁶ 3.45	8.0		
		4.0	5.8		

NOTES.—¹ Windows not yet opened.

² Windows opened at 8.50.

³ Windows partly open for the rest of the day.

⁴ Windows wide open.

* Playtime.

† Room emptied at noon.

⁵ Door open also from 10.15 till about 10.25.

⁶ Room cleared at 11.15 and 3.30.

⁷ Door and Windows open.

This is of a modern school, built on the Central Hall principle. Heating is by hot-water radiators, and electric light is used. There are windows, of ample dimensions so far as lighting is concerned, on one side only of each room, and most of them were partly open; there are extractors in the roof. Day, mild with slight S.W. breeze. There was a class, or portion of a class, occupying the central hall most of the morning for singing and for physical exercises. The N.W. and the S.E. rooms contained the number of children for which they are approved by the Board of Education.

Perhaps the most important points shown by the table are (1) the great degree of atmospheric pollution which can arise in a modern school-room, although most of the windows are open, and no overcrowding is present, viz.: 16 volumes of CO₂ per 10,000 of air, and (2) the marked effect of opening a door opposite the windows, whereby a through-draft is created. This is seen in the S.E. room; between 10.10 and 10.30, a door had been opened and so maintained, and the CO₂ was in consequence reduced by nearly 5 volumes. This door does not open directly into the central hall, but into a short passage from the entrance. Another point which attracts attention is that, at the beginning of both morning and afternoon sessions, the air is still far from being pure.

TABLE B. (December).

NORTH ROOM.		CENTRAL ROOM.		SOUTH ROOM.	
Time.	Volumes of CO ₂ per 10,000 of Air.	Time.	Volumes of CO ₂ per 10,000 of Air.	Time.	Volumes of CO ₂ per 10,000 of Air.
9.30 a.m.	3.8	9.10 a.m.	4.7	9.20 a.m.	3.9
9.55	6.2	9.35	4.1	9.45	5.3
10.25	8.9	10.5	7.0	10.15	6.6
10.50	6.2	10.35	8.1	10.45	5.2
11.10	6.1	10.55	6.2	11.0	5.3
11.40	8.9	11.15	7.1	11.20	7.2
12.5	7.8	11.45	6.8	12.0	7.8
1.20 p.m.	3.8	1.25 p.m.	4.8	1.30 p.m.	3.8
1.50	8.7	2.0	8.4	1.40	5.5
2.20	7.2	2.30	6.5	2.5	5.5
2.45	4.7	2.50	6.0	2.40	4.5
3.10	6.1	3.15	7.1	3.0	6.7
3.35	8.2	3.45	7.3	3.25	7.3
4.0	6.6			3.50	8.0
				4.10	6.1

NOTES.—The children came into school at 9.35 a.m. and at 1.30 p.m.

For the North and South rooms, playtime was from 10.30 to 10.45, and from 2.30 to 2.45.

For the Central room, playtime extended from 10.30 to 10.45 and from 2.45 to 3.0.

School closed at noon, and at 4.0 p.m.

This table, and the school it concerns, form a contrast with the preceding. The air, in this case, is comparatively pure, whilst the building itself is an ancient structure, so out of harmony with modern ideas of what a school should be, that its closure has been considered. Window-space is deficient, being little more than a $\frac{1}{3}$ th of the floor area. Rooms North and South have windows on two adjoining sides, and the North has a skylight, affording some through ventilation. The Central Room has windows both in front and behind, but the latter are quite small.

The North Room contains 80 children, whereas it is only approved for 63; the Central 83 for an accommodation of 92; and the South 45 instead of 47. Heating is by stoves with long internal flues. At the time of the observations there was a slight south wind, and the weather was mild, so that all the windows could remain open, as was the case in Table A. The school was occupied at 9.35 a.m. and 1.30 p.m.

The low readings obtained throughout, even in the overcrowded North Room, are very striking, the respiratory CO₂ being only half of that found in the preceding modern school. No doubt this is due to the fact that there is through ventilation, or rather that there is proper egress as well as ingress for air. The fact that the rooms are narrow and long will have its influence, and air movement will be further encouraged by the presence of stoves (in contrast with the radiators in use at the former school).

TABLE C. (January).

ROOM A.		INFANTS' ROOM.	
Time.	Volumes of CO ₂ per 10,000 of Air.	Time.	Volumes of CO ₂ per 10,000 of Air.
¹ 10.45 a.m.	12.8	⁶ 10.50 a.m.	12.8
² 10.55	8.1	11.0	12.8
11.10	12.9	11.20	12.6
11.25	13.6	11.35	15.4
11.40	14.0	⁷ 11.50	8.3
³ 11.55	5.6	12.0	7.8
12.10	3.3	12.15	7.3
12.20	5.0	12.25	5.2
⁴ 2.25 p.m.	6.4	2.20 p.m.	7.1
2.55	9.5	⁸ 2.30	7.8
3.10	14.3	2.45	8.3
3.25	14.1	3.5	13.0
⁵ 3.35	6.1	3.20	13.3
		⁹ 3.30	12.0
		3.40	5.4

NOTES.—Room A has accommodation for 63 children, but only 43 were present.

The Infants' Room accommodates 64, and 50 were present.

Strong North wind: freezing. Windows all closed, except at playtime.

¹ Playtime 10.40 to 10.55. Windows as yet open only two minutes.

² Children re-entering.

³ School dismissed.

⁴ At end of playtime—afternoon session.

⁵ Windows opened at 3.30, and school cleared.

⁶ 15 minutes after the interval for the infants.

⁷ Children dismissed at 11.45; 3 teachers remain in the room.

⁸ Room re-occupied.

⁹ School dismissed.

These observations were taken in a Church School where there has been complaint of the inadequacy of the open fires to heat the rooms to a tolerable temperature. Recently, a hot-water installation has been put in. Room A is now solely heated by radiators; the Infants' Room has an open fire, in addition. All the windows were kept closed, except during playtime, and there is only small provision for permanent ventilation. Both rooms have windows on two adjoining sides, facing in each case North and West; a strong North wind was blowing, and the temperature was below freezing point. It is not surprising, under the circumstances, that the vitiation of the air becomes great. One point of interest, however, is well shown in the table; that is the sudden fall in the amount of CO₂ present, at playtime, and at the end of the school sessions, when all the windows are opened, and the children vacate the rooms. Many country schools are inefficiently heated, and during very cold weather it is necessary to keep the windows closed, for probably cold, under such circumstances, is more injurious to young children than impure air; at any rate, it effectually prevents their learning anything. But it is seen

from the table that real benefit accrues from occasional "flushings" of the room; the atmospheric impurities rapidly diminish, and take some time to reach the same intensity again. It will be noted that, during the afternoon session, three-quarters of an hour was required, in Room A, for the CO_2 to reach a maximum, whereas a degree of purity, better than the original minimum, was regained in ten minutes. Other parts of the table show the same sequence of events.

TABLE D. (*May*).

NORTH ROOM.		CENTRAL ROOM.		SOUTH ROOM.	
Time.	Volumes of CO_2 per 10,000 of Air.	Time.	Volumes of CO_2 per 10,000 of Air.	Time.	Volumes of CO_2 per 10,000 of Air.
9.20 a.m.	3.6	9.30 a.m.	4.0	9.40 a.m.	3.8
¹ 9.55	5.3	10.5	6.2	10.15	5.3
10.25	7.0	10.30	6.2	⁴ 10.40	4.0
² 10.45	3.6	³ 11.0	5.3	⁵ 11.20	9.2
11.10	5.3	11.30	7.1	11.50	15.0
				⁶ 11.55	5.8
				⁷ 12.5	4.6

NOTES.—Bright; North-Westerly breeze.

In the South Room, observations were made at the teacher's desk, not far from a window.

In the Central Room samples were taken from the desk level in the midst of the boys.

- ¹ The School was occupied at 9.40. ⁵ All the windows but one small one closed at 11.0.
² Playtime at 10.35. ⁶ All windows opened again at 11.50.
³ Playtime at 10.45. ⁷ School dismissed at 12.0.
⁴ Playtime at 10.30.

The preceding table showed the utility of "flushing" a school-room with pure air, when there is a favourable wind, and the difference in temperature, indoors and out, aids the exchange. Table D shows a similar occurrence, without the aid of differences in temperature. At 11 a.m., all the windows of the South room were deliberately closed (except for one small one), in order to note the effects, readings being taken from the teacher's desk. The room contained 34 children, and its accommodation is for 46; its windows face North and West, and a North-westerly breeze was blowing. The CO_2 rose during 50 minutes to 15 volumes, and then, on the windows being thrown open, it fell in five minutes almost to its original level.

TABLE E. (May).

ROOM A.		ROOM B.		ROOM C.	
Time.	Volumes of CO ₂ per 10,000 of Air.	Time.	Volumes of CO ₂ per 10,000 of Air.	Time.	Volumes of CO ₂ per 10,000 of Air.
8.40 a.m.	6.7	8.50 a.m.	4.8	9.0 a.m.	4.8
9.30	7.5	9.40	13.5	¹ 9.45	4.3
9.55	7.9	10.5	14.2	² 10.15	8.0
⁴ 10.20	4.5	10.30	14.3	³ 10.50	4.1
11.0	7.1	⁶ 10.35	10.0	11.20	6.5
11.30	7.0	⁷ 10.40	6.6	12.20	4.1
⁵ 12.25	5.1	⁸ 11.15	11.2		
		11.40	11.2		
		11.55	11.0		
		⁹ 12.0	7.8		
		¹⁰ 12.10	5.5		

NOTES:—

¹ Occupied at 9.45 a.m.² Playtime began at 10.30.³ Interval finished.⁴ Room cleared at 10.15.

Strong current of air through door.

Re-occupied at 10.35.

Room cleared at noon.

⁶ Room being emptied. Sample taken as last child left the room.⁷ Room has been empty 5 minutes. Remaining window now open.⁸ Re-occupied 20 minutes.⁹ Door has been open for 5 minutes.¹⁰ Room has been empty for 10 minutes.

Modern Council School: overcrowded. Room A is North-West, and contains 76/60ths of its accommodation. B is West, and contains 78/60ths, the children being of less average age than those in A. C is North-East, and has 48 children, for a recognised accommodation of 50. Warm bright day, with North-Easterly breeze. All the windows were open, except one in B. In Rooms B and C the first sample was taken after the windows had been opened. Room A was used the night before, and the first observation therein was taken before the windows were opened. This room, and the similarly situated one, C, open on short lobbies from the North entrances, and so a strong current of pure air can set in through the open doors. B, on the other hand, opens on a central hall. All three rooms have windows on one side only. The doors of A and C were constantly being open and shut by children passing in and out, whilst that of B was purposely kept shut. As has been stated, the children of room A are of greater average age than those in B—about two years, and the overcrowding (apart from age) is practically the same in each. Yet the air in B becomes much the more foul. The table confirms the opinion, therefore, that in rooms with windows on one side only, the usual provision for the egress of vitiated air is inadequate. The foregoing tables also indicate that it is not important whether there are windows on

two opposite sides or only on two adjoining sides. It may be mentioned now, and it will be shown in tables later, that no matter how seemingly sufficient and well-arranged the window-space, in the absence of natural forces (wind, or temperature-differences), ventilation in schools must remain unsatisfactory, if no artificial help is used.

To revert to our table, it will be seen that, even in room B, when the Central Hall had been emptied, and all the external doors were open, the atmosphere showed itself capable of rapid renovation. At playtime, another window was opened in B, and, presumably on this account, the CO₂ did not again reach its former height.

It is difficult to suppose that the whole of the advantage shown by A and C can be due to the fact that their doors were being opened at frequent intervals. Their relative positions should be considered, for A and C are corner rooms, each having two outside walls, and windows facing respectively West and East. The North-East wind would force air into C, and might have a suction-action on A. The windows of room B also face West, but the room is to the South of A, and the wind, therefore, would have less suctional effect at this distance from the corner. A table follows which is intended to bear on the question of the supposed suction-action of the wind.

TABLE F. (*July*).

ROOM A.		ROOM B.	
Time.	Volumes of CO ₂ per 10,000 of Air.	Time.	Volumes of CO ₂ per 10,000 of Air.
1.50 p.m.	5.7	2.0 p.m.	4.0
2.5	7.7	2.15	4.7
2.30	7.6	2.25	5.0
2.35	8.0	2.50	6.8
2.45	7.9	3.45	6.3
3.0	6.1	3.50	6.3
3.5	5.9		
3.40	10.0		
3.55	11.3		
4.10	5.0		

NOTES :—

Room A.—Windows S.S.E. and N.E.E. ; former insignificant. All open, and door open also. Door opens into a central lobby and cloakroom. There is a fireplace.

Room B.—Windows only on S.S.E. aspect. Door was open only part of the time. None of the windows face the prevailing wind.

54 children were present in Room A (accommodation 60). Their average age=11½.

36 children were present in Room B (accommodation 46). Their average age=8.

The School assembled at 2 o'clock. Playtime was 2.50 to 3.5. School dismissed at 4 p.m.

There is a strong Westerly breeze; the temperature inside is not perceptibly different from that outside. Room A is situated on the side of the school remote from the wind, and it has not its full complement of children. Yet, although windows and door are all open, the CO_2 reaches the considerable height of 11.3 volumes. The observations are rather scanty, but, so far as they go, they indicate that the wind's suctional influence is less in the direction of its movement than at right angles to its movement.

TABLE G. (June).

CENTRAL ROOM.		INFANTS' ROOM.	
Time.	Volumes of CO_2 per 10,000 of Air.	Time.	Volumes of CO_2 per 10,000 of Air.
10.0 a.m.	6.5	10.10 a.m.	7.0
10.15	6.8	¹ 10.30	7.0
¹ 10.35	5.5	10.40	7.0
11.5	7.1	10.50	7.0
² 11.40	7.3	11.15	7.4
12.5	5.1	⁷ 11.20	6.8
³ 12.55	5.3	⁸ 11.45	7.3
		12.20	6.6
⁴ 1.20 p.m.	7.1		
⁵ 2.35	7.0	⁴ 1.0 p.m.	7.2
2.50	6.0	1.30	7.0
3.25	7.6	2.40	6.5
⁶ 3.35	7.0	2.55	6.5
3.45	6.3	3.10	6.1

NOTES:—

Windows on two adjoining sides in both rooms. They face in the same directions in both rooms.

¹ Interval from 10.30 to 10.50.

⁵ Interval 2.30 to 2.50.

² Children dismissed at 11.45.

⁶ School dismissed at 3.35.

³ Some 12 children remain in this room during dinner hour.

⁷ Half the class sent out at 11.35.

⁴ School re-assembled at 1 o'clock.

⁸ Room cleared except for 4 persons.

This table is included as a contrast to table C, which shows Winter conditions at the same school. On this day there was little breeze, and the thermometer readings, indoor and outdoor, were about the same. Observations were made from the same places as on the former occasion. All the windows were constantly open, and also the outside door of the infants' room. The central room contained 43 children (accommodation 63), and the infants' room contained 54 (accommodation 52). It is to be noted that the amount of CO_2 remains unusually steady, and that, in the case of the infants' room, little effect is produced by sending out the children.

TABLE H. (July).

S.E. ROOM—A.		N.E. ROOM—B.		S.W. ROOM—C.	
Time.	Volumes of CO ₂ per 10,000 of Air.	Time.	Volumes of CO ₂ per 10,000 of Air.	Time.	Volumes of CO ₂ per 10,000 of Air.
2.10 p.m.	7.0	1.50 p.m.	3.5	2.0 p.m.	6.7
¹ 2.30	7.3	2.20	4.7	² 2.25	7.0
2.40	4.4	2.45	3.8	3.5	5.9
3.15	6.8	3.20	5.8	3.25	7.1
3.30	7.5	³ 3.35	4.3		
3.40	7.5				

NOTES :—Easterly breeze ; very hot.

A—Accommodation, 50 : present, 52 ; average age, $5\frac{1}{2}$; window faces East.

B—Accommodation, 60 ; present, 52 ; average age, $6\frac{1}{2}$; windows face North and East.

C—Accommodation, 40 : present, 41 ; average age, $4\frac{1}{2}$; window faces West. Sherringham valves in walls ; chimney-breast ventilation present.

¹ Playtime 2.30 to 2.45. ³ Room emptied at 3.30. ² Playtime 2.35 to 2.50.

The two rooms, A and B, are fairly comparable. About the same amount of CO₂ is being produced in each, and their relative amount of window-space is the same. But A has all its window-space on one side, while in B it is distributed on two adjoining sides. Both rooms face East, from which direction the wind is blowing. It will be remarked that the second room compares favourably with the first.

TABLE K. (July).

ROOM B (facing West).			
Estimations with the Instrument resting on the Ground.		Estimations with the Instrument 9-ft. 4-ins. from the Ground.	
Time.	Volumes of CO ₂ per 10,000 of Air.	Time.	Volumes of CO ₂ per 10,000 of Air.
2.15 p.m.	7.6	2.25 p.m.	10.7
2.35	10.9	2.40	11.9
2.50	12.8	2.55	13.6
3.0	6.2	3.10	5.1
3.35	10.0	3.45	12.3
3.50	9.8	4.0	11.0
4.15	4.1	4.20	6.5
		4.30	5.7

NOTES :—

All the windows are wide open and all of them face West. At 2.15 p.m. temperature in the room 78°, in the shade outside 79°, and in the direct sunlight 100°.

At 4 p.m. the temperature indoors reached 82°, whilst it had fallen outside.

At playtime a breeze set in through the door, then opened.

At the end of the session the breeze was from the windows.

Room empty from 2.55 to 3.10. Door closed again at 3.15.

These observations were taken in a room having windows on one side only, and having its entrance from a central hall. They further strengthen the opinion, already expressed, that the ventilation of such rooms is unsatisfactory—in this case, even though the windows were kept wide open. The table indicates that the "Central Hall" system may sometimes show an advantage which arises in consequence of the hall itself keeping cooler than the school-rooms. In our example, it was this factor which made possible the rapid renovation of the atmosphere, seen to take place at playtime.

With regard to the distribution of CO_2 at different heights in a school-room, the results of the observations show little difference at the two heights selected. There is some suggestion of a banking-up of CO_2 above the level of the door; for at the end of the school session, the figures obtained in this situation do not fall so rapidly as at the floor level.

SUMMARY OF CONCLUSIONS :—

- (1). No school-room should be built with windows on one side only; as chimney-flues, permanent openings intended for outlets, etc., are inadequate for securing a sufficient current of air. Even when fires are burning the first named do not suffice for this purpose.
- (2). Wind has little "suctional" effect on windows facing *away* from it. This is a further reason why there should be windows on more than one side, and indicates, in addition, that the plan of placing windows on opposite sides is to be preferred. Better results as regards ventilation are therefore to be expected in a school planned on the "pavilion" system, than in a "central hall" school. The latter type should only be allowed when all the class rooms can be corner rooms.
- (3). When most of the windows have to be kept closed for some reason, *e.g.*, great cold, it is of great advantage to flush the rooms with pure air at intervals, by throwing all the windows and doors wide open. Vitiating air is thus displaced at a much greater rate than it will re-accumulate.
- (4). Two other points which have been seen are (a) the failure of ventilation with the quiescence of natural forces (wind and differences of temperature), and (b) uniformity in the distribution of CO_2 throughout the atmosphere of a school-room, and similarity in the velocity of change, at different levels, in the amount present.

(b) *General description of the arrangements which have been made for the co-relation of the School Medical Service with the Public Health Service, and for the organisation and supervision of medical inspection and an account of the methods of inspection adopted.*

The arrangements for co-ordinating the School Medical and the Public Health Services remain as hitherto, and continue to work smoothly.

Strood Union has been added to the list of Poor Law Authorities, who have requested that they shall be supplied with information respecting defects found at school among boarded-out children under their control. The other authorities are:—Dartford, Hoo, Maidstone, and West Ashford. In the case of Bromley, similar information is supplied respecting the children of all parents who are in receipt of out-door relief.

ORGANISATION AND SUPERVISION.—At least two visits are paid to each school during the year. In certain instances much more frequent visits have been necessary. The general scheme is practically the same as has been reported in previous years. At the first visit, the Medical Inspector examines all the leavers and entrants, ready for inspection; and at the second visit, examines all further entrants, and re-examines those children found defective on the previous occasion.

The instructions which were forwarded to the Medical Inspectors respecting work to be carried out during the half-year, January to June, were as follows:—

I beg to forward herewith particulars respecting medical inspection work to be carried out between January 1st and June 30th, 1912.

As regards general details, it should be noted that this memorandum does not replace, but rather supplements previous memoranda, which should therefore be preserved.

1. INSPECTIONS.—Routine inspections should be completed by June 1st. The children to be inspected include:—

(i) All children who have been entered on the rolls of infants' departments since the last inspection, provided they were born in the year 1907 or earlier, *i.e.*, children who will be five years of age or older in 1912.

NOTE.—Children transferred from other schools are not entrants, and should not be inspected unless they will attain the age of five years in 1912, and have not been previously inspected.

Children aged four last year, who were in consequence submitted for only superficial inspection, should now be inspected in routine fashion.

(ii) Entrants born in 1908 or later should be marshalled and superficially inspected as in the past.

(iii) "Leavers." These are children born in 1899, *i.e.*, children who will attain the age of thirteen in 1912. In addition, there should be presented for inspection as "leavers" younger children who are likely to leave school before attaining that age. Such cases are extremely rare, and medical inspectors will satisfy themselves that such children are "leavers" before proceeding to inspect them.

(iv) The Medical Log-Book is now in use at every school. In this book the names of all children found to be defective at previous inspections have been entered. Enquiries should be made respecting these children on the occasion of the Medical Inspector's routine visit. A further notification of the defect should be sent to the parents of all children who have not been treated, and the names of such children should be re-entered in red ink on the page on which the record of defective children discovered at that inspection is made. This enables a continuing record of defective children to be readily available.

(v) Enquiries should be made as to whether there are any physically or mentally defective children in the school or district who have not yet been inspected.

(vi) Head Teachers should not be advised to remove the name of any physically or mentally defective child from the school register. Where this course of action is considered necessary a full report on the case should be sent to me, so that the approval of the Board of Education may be first obtained.

(vii) PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1911.—A separate communication respecting the duties of School Medical Inspectors has been forwarded to each inspector. It is desirable that children from a house where a patient is known to be suffering from pulmonary tuberculosis should be kept under observation.

2. ARRANGEMENT OF WORK.—I desire again to mention the necessity which exists for the inspections to be so arranged that they are evenly distributed over the whole period to which this memorandum refers. Medical Inspectors should carefully observe this requirement, as it is essential to ensure office efficiency.

3. SANITARY SURVEYS.—A detailed sanitary survey of certain schools should be made. A special request to that effect will be enclosed with the papers which are forwarded to the school prior to the inspection. It should be noted that entries in the Medical Log-Book respecting sanitary defects are not to refer to matters involving structural alterations, but only to conditions resulting from carelessness or negligence.

4. SUPERVISION OF TEACHERS' ENTRIES IN THE MEDICAL LOG-BOOK.—It is essential that Medical Inspectors should note and initial the page of the Log-Book on which are set out the medical certificates for exclusion of children from school, issued by medical practitioners. It may be necessary for certain of these children to be inspected. This will always be the case where children have been excluded on account of pulmonary tuberculosis, ringworm, debility, or other diseases in which it is desirable to know that a definite cure has resulted. Teachers' entries respecting special cases should also be noted and initialled.

5. FORM 1 M.I. (MEDICAL INSPECTION CARD).—It is intended that *all* defects, however slight, should be recorded on the inspection card, and the need for treatment is not to be the point which determines the necessity for making any entry. This form is meant to be the record of a physical survey. Thus all cases of defective teeth and slight adenoid growth should be noted, whether it is the intention of the Medical Inspector to notify the parent or not. Similarly, slight cases of deafness or eye defect should be recorded. It is only in this way that comparable results for the different districts can be obtained, or be of any value. An entry under paragraph 33 should be made in every case in which treatment has been advised.

6. INSTRUCTIONS IN PREVIOUS CIRCULARS.—The following instructions were contained in the circular of December 31st, 1910:—

(i) DEFECTIVE VISION.—It is desirable that in cases of defective vision some attempt should be made to estimate more accurately the extent of refractive error. The result should, if possible, be stated for each eye separately. The book of Snellen's test type which was supplied to each inspector in October, 1909, will be found of service.

(ii) **HEARING.**—It is of importance that a careful inspection should be made of all children in whom there is any reason to suspect defective hearing, and when these are "leavers" some attempt must be made to express the result of the test in relative terms. In order to do this it is suggested that Medical Inspectors should test the hearing by placing the child at twenty feet distance, with the ear to be tested turned towards the Inspector. The other ear should be closed by the teacher's finger. By adopting this stance the child cannot watch the Inspector's lips. A suitable sentence should then be dictated in a whisper, and the child requested to repeat it. To obtain a constant whisper the Inspector should first expire and then use his residual air in whispering. Normal children will hear such a whisper at twenty feet. More uniformity is to be expected from this test than from any other. Results may be expressed $\frac{w}{20}$ —normal hearing, or $\frac{w}{15}$ or $\frac{w}{10}$, according to the distance in feet at which the child is able to repeat the dictated test.

(iii) **TEETH.**—The Medical Officer to the Board of Education, in his report for 1908, suggests that more complete data respecting teeth might profitably be obtained. Accordingly, records will be kept this year as follows:—When no evidence of caries can be found, write "Nil" in the appropriate space on the card, "4+" when there are more than four, and "4—" when there are less than four teeth carious. Treatment is always called for when there are more than four decayed teeth, often when there are less.

(iv) **SCOLIOSIS.**—Considerable attention has been recently given to this subject, and to the part played in its production by posture and school desks. A special enquiry has shown that the condition is possibly more common than the returns seem to indicate. The attention of Medical Inspectors is accordingly directed to the subject.

7. **FILING OF CARDS.**—The boxes in which the cards are stored should be examined to ensure that the cards are accurately divided and stored.

8. **RECORD OF INFECTIOUS DISEASES.**—Enquiries should be made to ascertain whether the fact that a child has suffered from an attack of any infectious disease has been duly noted on the card as soon as such child returns to school.

Considerable confusion has arisen respecting entries relating to German measles. It is essential that such an attack should be differentiated from ordinary measles, but in many instances I believe that the former is entered as the latter. The use of the word "Rubella" should be encouraged in place of "German measles," and as the cards do not contain this entry, it should be added in ink when the necessity arises.

9. **APPARATUS.**—Height measures, weighing machines, and card cabinets should be examined, and any defect noted on Form 7 M.I.

A similar memorandum was issued on July 1st, 1912, relating to work to be carried out during the second half-year.

The new "Medical Log-Book" has proved of the greatest value. By its means the Medical Inspector is always confronted with a list of children found defective at previous inspections, and the list is brought forward at each visit, names being omitted only when a cure has been effected, or when it is certain that further recommendations are useless.

School Attendance Officers have again been found of service in arranging for children excluded on medical certificate to attend at the next medical inspection and in making many local enquiries.

(c) *General Statement of the extent and scope of the medical inspections carried out during the year, including:—*

i. Number of visits paid to schools and departments.

All schools have been visited by the Medical Inspector at least twice a year, except in the case of a few very small rural schools. Numerous visits have also been made to departments both by doctors and by the school nurse, to enquire into outbreaks of infectious or contagious ailments.

ii. The principle on which children have been selected for inspection.

All children in attendance in the schools at ages over 13 have been medically inspected, and leavers are regarded as children who will attain the age of 13 in the year under review. Entrants, on the other hand, are not submitted to more than a superficial examination until they are 5 years old, or more accurately until they reach the year during which they will become 5 years old.

The instructions which have been given to teachers as regards the children to be presented are as follows:—

The following particulars relate to the work of medical inspection, which it is proposed shall be carried out between January 1st and June 30th, 1912:—

FILING.—The cards of all children who were last year inspected as “leavers,” *i.e.*, children who were 13 years old and over, should now be removed from the box and for the present carefully stored.

ARRANGEMENT OF CARDS.—After removing the cards of these older children from the cabinet, the cards of other children should be transferred to the next higher division.

CHILDREN PROMOTED FROM INFANTS DEPARTMENTS.—On promotion of children from the infants to the higher department, the inspection cards of the children should be handed over to the Head Teacher of the higher department.

FILING CARDS OF EXCEPTIONAL CASES.—On the return of the cards to the school from the School Medical Officer, the cards should be sorted, and those of children presenting any defects should be separated from those of normal children by means of the guide card marked “exceptional cases,” one of which is contained in each division of the cabinet.

The condition of these exceptional cases might well be made the subject of interview with the Medical Inspector at subsequent visits.

INSPECTIONS.—The children to be inspected include:—

(i.) *Entrants.*—The term “entrants” includes all children who have been entered on the rolls of infants departments since the last inspection provided they were born in the year 1907 or earlier, *i.e.*, children who will be five years of age or older in 1912.

NOTE.—Children transferred from other schools are not entrants and should not be presented for inspection, unless they will attain the age of five years in 1912, and have not previously been inspected.

(ii.) *Leavers.*—All children who were born in the year 1899, *i.e.*, children who will be thirteen years old in 1912, are “leavers.”

(iii.)—*Exceptional Cases.*—The rules relating to the selection of such cases for inspection are laid down in the Memorandum dated July 11th 1910.

NUMBER OF CHILDREN TO BE PREPARED FOR INSPECTION.—Teachers should prepare for inspection in any one session not more than twenty children in mixed departments, and twenty-five in infants departments.

CHILDREN FOUND DEFECTIVE AT PREVIOUS INSPECTION.—It would be of the greatest assistance if, prior to the inspection, Head Teachers would endeavour to obtain information as to the action taken in respect of children recommended for treatment at previous inspections.

TUBERCULOSIS, RINGWORM, VERMINOUS CONDITIONS, ETC.—The Committee's Regulation 197 (d) requires that any child on the roll of a school maintained by the Committee suffering from tubercular disease, known or suspected, whether excluded or not, shall be submitted to the Medical Inspector on every occasion upon which he may visit the school. This, of course, assumes that the child is well enough to attend, and is not under continuous medical supervision. Further, in the Memorandum of July, 1910, it was suggested that teachers should arrange for the attendance at the inspection of all children excluded from school on account of contagious disease, *e.g.*, ringworm, itch and verminous conditions.

To avoid unnecessarily prolonged non-attendance on account of these conditions it is of the first importance that the above groups of children should be presented at the inspection as "exceptional cases." Their inspection is of equal importance with that of children of routine ages, and is possibly more productive of results. School Attendance Officers might be asked to notify the parents of excluded children of the inspections and to arrange for their attendance.

ENROLMENT OF NEW SCHOLARS.—(i.) If a new scholar is entering school for the first time, the teacher should record on a medical inspection card its name, date of birth, and infectious diseases from which it has already suffered.* This, if done in routine fashion, and the cards thereafter kept up-to-date by making further entries as required, will obviate the necessity of sending out Form 4 M.I. prior to an inspection.

(ii.) If the scholar has been at another school, the teacher should ascertain which, and immediately write for the medical inspection card. This will obviate unnecessary inspections, and will frequently supply useful information respecting the child. Dirty children are often found among migratory families, and unless this plan is followed, they are difficult to trace as they frequently leave a district without giving information as to where they are going.

VERMINOUS CHILDREN.—A modified "buff card" has been prepared, and will be issued to teachers, who may send copies to the parents of verminous children. It is important that a careful register be kept of all the parents to whom such cards are distributed.

MEDICAL LOG BOOK.—Teachers should ensure that the medical log book is procured from the Correspondent prior to the Medical Inspector's arrival. Entries in Part III., page 33, of the log book should be kept strictly up-to-date. Part IV., page 39, should be used sparingly and only for the cases mentioned in the instructions.

NEW FORMS AND CARDS.—Fresh supplies of forms should be requisitioned for from Caxton House.

Other matters of importance are referred to in previous Memoranda, which should therefore be preserved.

* German Measles should not be included as measles. When children are reported as having suffered from German Measles, the attack should be entered as "Rubella." The cards do not contain a heading for this disease, but one can be written in ink when the occasion requires it.

iii. The number of children inspected.

Facing this page is set out a table which contains full particulars respecting all children who have been submitted to medical inspection; there is a full classification for age and sex, and for particulars recorded on the inspection card. The general summary of inspections is as follows:—

Ages of Children.	Numbers examined.	
	Boys.	Girls.
Aged 5 in 1912... ..	3,466	3,205
" 6 " "	1,112	1,069
" 13 " "	3,982	3,945
" 14 " "	50	45
Exceptional cases at various ages ...	625	672
	9,235	8,936
	18,171	
Children examined under five, but not according to schedule	2,903	
Entrants and children aged six years, and therefore not classified ...	376	
	21,450	

This total shows a slight diminution on that of last year. The difference is due to a smaller number of "exceptional" cases being presented. This diminution in the number of exceptional cases is progressive, and may well indicate that treatment secured in the past is attaining the object in view.

The above total does not include re-examinations or the re-inspection of children who have previously been advised to obtain medical assistance.

iv. The number of children referred for subsequent or further examination.

462 children, viz., 248 boys and 214 girls were submitted to re-examination for various reasons during 1912. The following classification of the cases gives full information respecting them:—

TABLE 3.—SUMMARY OF RESULTS OF MEDICAL INSPECTIONS DURING THE YEAR 1912.

Entry as per Inspection Card. (1)	"Leavers" at undermentioned ages.				Entrants.					Under 5 in 1912, not examined according to Schedule. (10)	Entrants and others over 6 in 1912, but not classified. (11)	Exceptional cases at various ages examined for various reasons.		Totals of Columns 2 to 13. (14)
	13 in 1912.		14 in 1912.		5 in 1912.		6 in 1912.					Boys. (12)	Girls. (13)	
	Boys. (2)	Girls. (3)	Boys. (4)	Girls. (5)	Boys. (6)	Girls. (7)	Boys. (8)	Girls. (9)						
Numbers examined	3982	3945	50	45	3466	3205	1112	1069	2903	376	625	672	21450	
Previously suffered from														
Measles	3289	3343	38	40	1679	1581	572	514					11056	
Whooping Cough	2040	2075	24	29	1281	1332	453	463					7657	
Chicken-pox	1175	1380	13	14	692	733	238	231					4476	
Diphtheria	148	181	1	3	38	39	29	17					446	
Scarlet Fever	378	423	8	6	81	88	40	34					1058	
Enteric Fever	21	15	0	0	1	1	2	1					41	
Mumps	224	215	1	5	52	49	18	14					578	
Conditions as to	Indiff. Bad	Indiff. Bad	Indiff. Bad	Indiff. Bad	Indiff. Bad	Indiff. Bad	Indiff. Bad	Indiff. Bad	Indiff. Bad	Indiff. Bad	Indiff. Bad	Indiff. Bad	Indiff. Bad	
Nutrition	422 8	376 5	9 0	7 0	304 4	271 0	106 1	104 1	1 0	1 0	1 0	2 0	1692 19	
Cleanliness of { Skin	458 13	387 12	7 0	4 1	466 11	349 7	130 3	125 3	0 1	0 1	0 1	1896 52		
{ Head	333 14	807 60	3 0	9 1	384 10	571 35	94 3	212 12	8 5	42 32	2463 172			
{ Sufficiency	265 14	164 9	7 1	2 0	181 9	111 4	51 1	37 1	0 0	0 0	818 39			
Clothing { Cleanliness	412 26	314 19	7 1	2 1	428 26	310 12	119 5	97 3	2 0	1 0	1692 93			
Footgear	366 51	321 29	9 2	2 1	337 39	259 23	87 7	70 8	0 0	0 0	1451 160			
Teeth { Defective condition	2263	2146	25	24	1788	1613	619	599					9077	
{ Want of Cleanliness	1357	1096	16	12	673	580	241	205					4180	
Defects of Nose and Throat														
i. Articulation and Breathing	239	166	2	2	279	185	95	54			5	4	1031	
ii. Enlarged Tonsils and Adenoids	786	791	5	7	790	636	239	208			108	93	3673	
iii. Enlarged Tonsils with enlarged Cervical Glands	270	244	4	3	274	227	80	55			0	0	1157	
iv. Enlarged Tonsils with Deafness	67	56	1	0	32	29	8	5			7	2	207	
v. With Tonsils, but included in iii. above	270	244	4	3	274	227	80	55			0	0	1157	
vi. Not associated with enlarged Tonsils	187	183	3	1	246	204	97	79			20	14	1034	
Defects of Hearing Apparatus														
vii. With Tonsils, but included in iv. above	67	56	1	0	32	29	8	5			7	2	207	
viii. Not associated with enlarged Tonsils	99	112	4	1	13	19	5	2			8	11	274	
ix. Discharge	36	44	0	1	35	42	7	5			19	16	205	
Defective Vision	645	939	13	15	8	10	3	3			114	133	1883	
Other defects of Eye-lids and Conjunctivæ	84	86	1	2	67	38	21	21			17	26	363	
Constitutional conditions.														
Paralysis and Deformity	97	104	1	2	54	37	23	14			22	25	379	
Rickets	9	2	1	0	27	5	9	5			5	5	68	
Enlargement of { Lungs { Phthisis	9	4	0	1	3	3	2	0			4	6	32	
{ Lungs { Suspected	22	6	0	1	9	13	4	2			8	7	72	
{ Bones, Joints, Glands and Skin	3	4	0	0	0	4	0	2			4	3	20	
Heart Disease	71	72	0	1	38	31	7	9			17	12	258	
Anæmia	64	62	2	0	107	103	26	26			22	19	431	
Epilepsy	68	104	0	0	43	43	11	16			13	7	305	
Chorea	3	8	1	0	4	0	2	1			7	6	32	
Rupture	3	2	0	0	0	1	0	4			2	2	14	
Infectious or Contagious Ailments	R.W. 8 Impetigo 2	R.W. 1 Impetigo 4 Other 3	0	0	R.W. 18 Impetigo 12 Other 12	R.W. 13 Impetigo 12 Other 6	R.W. 15 Impetigo 4 Other 1	R.W. 5 Impetigo 2 Other 3			R.W. 37 Impetigo 12 Other 3	R.W. 24 Impetigo 8 Other 4	R.W. 121 Impetigo 56 Other 32	859
Other Diseases	151	236	0	4	157	123	40	48			48	43		
Suitable for { Mental	10	11	0	0	1	1	0	0			10	9	42	
Admission to a { Physical	0	2	0	0	1	0	0	0			0	0	3	
Special School { Other	0	1	0	0	0	0	0	0			0	2	3	
Excused { Attendance	27	40	0	2	63	69	24	17			69	102	413	
{ Drill	10	13	0	0	5	4	2	1			6	6	47	
Backward Children	120	83	3	1	32	16	23	10			27	32	347	
No obvious defect											80	86	166	

In the above Table R.W. represents Ringworm.

TABLE 2. SUMMARY OF RESULTS OF MEDICAL

No.	Sex	Age	Race	Occupation	Blood Pressure		Heart Rate	ECG	Chest X-ray	Diagnosis
					Systolic	Diastolic				
1	M	45	W	Farmer	140	90	72	Normal	Essential Hypertension	
2	F	55	W	Homemaker	130	85	68	Normal	Essential Hypertension	
3	M	60	W	Teacher	120	80	70	Normal	Essential Hypertension	
4	F	40	W	Nurse	110	75	65	Normal	Essential Hypertension	
5	M	50	W	Engineer	150	95	75	Normal	Essential Hypertension	
6	F	65	W	Retired	135	88	70	Normal	Essential Hypertension	
7	M	48	W	Business	145	92	72	Normal	Essential Hypertension	
8	F	52	W	Homemaker	125	82	68	Normal	Essential Hypertension	
9	M	58	W	Farmer	138	86	70	Normal	Essential Hypertension	
10	F	42	W	Teacher	115	78	65	Normal	Essential Hypertension	
11	M	62	W	Engineer	155	98	75	Normal	Essential Hypertension	
12	F	58	W	Homemaker	132	84	70	Normal	Essential Hypertension	
13	M	46	W	Business	142	90	72	Normal	Essential Hypertension	
14	F	54	W	Homemaker	128	80	68	Normal	Essential Hypertension	
15	M	64	W	Retired	136	86	70	Normal	Essential Hypertension	
16	F	44	W	Teacher	118	76	65	Normal	Essential Hypertension	
17	M	56	W	Engineer	152	96	75	Normal	Essential Hypertension	
18	F	60	W	Homemaker	134	84	70	Normal	Essential Hypertension	
19	M	49	W	Business	144	92	72	Normal	Essential Hypertension	
20	F	51	W	Homemaker	126	79	68	Normal	Essential Hypertension	

					Boys.	Girls.	Total.	
Number examined	...	...	...	...	248	214	462
Cleanliness of head	{	indifferent	...	...	2	13	15
		bad	...	...	—	21	21
Cleanliness of clothing—indifferent			...	...	2	—	2
General neglected condition...			...	...	6	1	7
Malnutrition	...	...	...	...	4	6	10
Breathing defective	...	...	...	...	—	—	—
Defective articulation	...	...	...	...	3	1	4
Enlarged tonsils, adenoids	...	...	...	...	20	22	42
Enlarged glands	...	...	...	...	1	—	1
Deafness	...	...	...	...	10	2	12
Otorrhœa	...	...	...	...	5	4	9
Defective vision	...	...	...	...	29	35	64
Defects of eyelids and conjunctivæ	...	...	...	...	5	2	7
Paralysis and deformity	...	...	...	...	3	3	6
Rickets...	...	...	...	...	1	—	1
Tuberculosis of	{	Lungs	{	Phthisis	...	24	31	55
				Suspected	...	9	3	12
				Bones, joints, etc.	...	1	6	7
Heart disease	...	...	...	...	10	5	15
Non-tubercular disease of lungs	...	...	...	...	25	18	43
Anæmia	...	...	...	...	2	—	2
Chorea	...	...	...	...	1	—	1
Epilepsy	...	...	...	...	7	4	11
Rupture	...	...	...	...	—	1	1
Contagious ailments	{	Ringworm	...	...	18	4	22
		Impetigo	...	...	3	—	3
		Other	...	...	1	1	2
Other diseases	...	...	...	...	12	12	24
Suitable for admission to a special school	{	Mental	...	...	13	5	18
		Other ..	...	...	1	1	2
Excluded	{	Attendance	...	...	29	43	72
		Drill	...	...	2	—	2
Backward children	...	...	...	...	10	6	16
No obvious defect	...	...	...	...	20	7	27

If and when the Committee establish the Inspection Clinics, referred to later, much of the work set out above will be undertaken at these new centres.

v. *The number of children in respect of whom directions were given for treatment of defects, including a classified statement of such defects.*

The following is a brief summary of the recommendations of the inspectors:—

	1st recommendation.	2nd recommendation.
For defective teeth	1,310	229
For defective hearing, and ear discharge	230	24
For defective vision, and other eye defects	1,075	195
For defects of the nose and throat	1,028	218
For various defects	1,225	76
Totals	4,868	742

The second recommendations, tabulated above, are made by medical inspectors at the next visit to the school at which the original recommendations were made, in consequence of the failure of parents to get treatment for the defects. This repetition may be persisted in for four or five times before treatment is obtained, or despaired of. 742 second recommendations were made in 1912, compared with 265 in 1911. This large increase is due to the introduction of the Medical Log-book, which reminds inspectors of the children who were previously found defective.

Since the results of advice given are not known until a subsequent visit to the school is made by the Inspector (on an average, six months later), it follows that, at the end of any year under review, there will be no completed record of the number of children who have obtained treatment in consequence of recommendations made. The following tabulation, therefore, refers to the number of defects requiring treatment, and the number of defects treated, for the year ending July 31st, 1912.

	Number of defects.	Number of defects treated.
Defects of the teeth	1,211	377=31·2%
" " ear	209	133=63·7%
" " eye	1,038	489=47·2%
" " nose and throat	1,069	489=45·8%
Various defects	1,207	834=69·1%

Of the second recommendations made for the same period, 35% received attention.

vi. *The average time per head occupied by inspection.*

The rule issued to teachers and medical inspectors respecting the number of children to be prepared for inspection at each session reads as follows:—

NUMBER OF CHILDREN TO BE PRESENTED AT AN INSPECTION.—Experience has shown that the average number of children which can be inspected per session of two hours is about 20 in the senior department, and about 25 in the infants' department, and unless instructions are received to the contrary, these numbers should not be exceeded.

An average of about six minutes per child is required for the work in the senior departments; rather less than this time is necessary in the infants' departments.

(d). *General review of the facts disclosed by medical inspection under the various headings contained on the inspection schedule.*

PREVIOUS ZYMOTIC HISTORY.—The following table shows the percentage number of children examined who had previously suffered from the zymotic ailments which are common among school children. The facts are important as they have a bearing on the question of school closure. The results obtained approximate closely to those of previous years. Perhaps this consideration may induce or confirm a reliance on their accuracy.

Table 4.—*Showing the percentage number of children examined who had previously suffered from the undermentioned diseases.*

Disease.	Aged 5.		Aged 6.		Aged 13.		Aged 14.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
	Numbers examined.		Numbers examined.		Numbers examined.		Numbers examined.	
	3466 | 3205		1112 | 1069		3982 | 3945		50 | 45	
	Percentage previously attacked.		Percentage previously attacked.		Percentage previously attacked.		Percentage previously attacked.	
Measles	48	49	51	48	83	85	76	89
Whooping Cough	37	42	41	43	50	53	48	64
Chicken-pox	20	23	21	22	30	35	26	31
Diphtheria	0·8	1·2	3	1·6	4	5	2	7
Scarlet Fever	2	3	4	3	9	11	16	13
Enteric Fever	0·03	0·03	0·18	0·09	0·5	0·38	0	0
Mumps	1·5	1·5	1·6	1·3	6	5	2	11

HEIGHT AND WEIGHT.—In the following tables are set out the heights and weights of a proportion of the children examined in the Kent Schools in 1912. The selection, which has been made without any discrimination, and represents children in both town and country schools, probably gives a fairly reliable figure for purposes of reference. The totals do not show any marked difference from the results obtained in the

previous year. As is the general rule, girls at ages five and six are not so heavy nor are they so tall as boys at the same ages, but the position is reversed at age 13. I think the figures compare favourably with those recorded in other districts.

Table 5.—Showing the height in inches of boys and girls at different age groups.

BOYS.			GIRLS.		
Age.	Number examined.	Boys in Kent.	Age.	Number examined.	Girls in Kent.
5	1000	39.9	5	1000	37.9
6	500	41.7	6	500	41.6
13	1000	55.3	13	1000	56.0
14	50	58.0	14	44	58.0

Table 6.—Showing the weight in pounds of boys and girls at different age groups.

BOYS.			GIRLS.		
Age.	Number examined.	Boys in Kent.	Age.	Number examined.	Girls in Kent.
5	1000	38.1	5	1000	35.7
6	500	40.7	6	500	40.2
13	1000	74.3	13	1000	77.7
14	50	83.0	14	44	83.1

CLOTHING AND FOOTGEAR.—The following table sets out the condition of the clothing, as regards sufficiency and cleanliness. As compared with previous years, there has been a further reduction in the proportion of children indifferently clothed. The rest of the figures are not encouraging, for they indicate an increase in want of cleanliness of the clothes, and in unsoundness of the footgear. When statistics are favourable, little encouragement is required to regard them as of optimistic import; when, however, they indicate retrogression, we are more apt to look around for some factor which will indicate that the set-back is of a temporary character only. With regard to the subject under review, it seems likely that the teachers and inspectors are becoming more observant or more accurate, and the standard looked for probably becomes increasingly higher.

Table 7.—Showing condition of clothing as regards sufficiency and cleanliness.

Age.	Sex.	Numbers examined.	Sufficiency of clothing.				Cleanliness of clothing.			
			Actual Numbers.		Percentage.		Actual Numbers.		Percentage.	
			Indifferent.	Bad.	Indifferent.	Bad.	Indifferent.	Bad.	Indifferent.	Bad.
5	Boys.....	3,466	181	9	5.2	0.3	426	26	12.3	0.75
	Girls.....	3,205	111	4	3.4	0.1	310	12	9.7	0.4
6	Boys.....	1,112	51	1	4.4	0.09	119	5	10.7	0.45
	Girls.....	1,069	37	1	3.4	0.09	97	3	9.1	0.3
13	Boys.....	3,982	265	14	6.6	0.4	412	26	10.3	0.65
	Girls.....	3,945	164	9	4.2	0.2	314	19	7.9	0.5
14	Boys.....	50	7	1	14.0	2.0	7	1	14.0	2.0
	Girls.....	45	2	0	4.4	0.0	2	1	4.4	2.0
Totals	Irrespective of sex	16,874	818	39	4.8	0.23	1689	93	10	0.55

Table 8.—Showing condition of Foot-gear.

Age.	Sex.	Numbers examined.	Footgear.		Percentage with	
			Unsatisfactory.	Bad.	Unsatisfactory footgear.	Bad.
5	Boys.....	3,466	337	39	9.7	1.1
	Girls.....	3,205	259	23	8.1	0.7
6	Boys.....	1,112	87	7	7.8	0.6
	Girls.....	1,069	70	8	6.5	0.7
13	Boys.....	3,982	366	51	9.4	1.3
	Girls.....	3,945	321	29	8.1	0.7
14	Boys.....	50	9	2	18.0	4.0
	Girls.....	45	2	1	4.4	2.0
Totals	Irrespective of sex	16,874	1451	160	8.6	0.95

CLEANLINESS.—Complaints may be made respecting verminous conditions in a school, by the head teacher or medical inspector, or occasionally by a parent of a child who has become infected at school. In those districts where no local nurses are available for the Committee's work, the measures adopted are the same as indicated in my last report,

i.e., the whole-time nurse visits the school and examines all the scholars. She gives appropriate instructions in all the cases found, and excludes the most serious ones. The nurse makes a second visit at the end of ten days, and the children found verminous at the previous inspection are again examined. If exclusion is again necessary the nurse visits the parents at their homes and if subsequent improvement is not rapid, particulars are forwarded to the Secretary of the Committee suggesting that proceedings under the Attendance Bye-laws should be instituted against the parents. In all cases of exclusion a certificate is forwarded to the head teacher, and the School Attendance Officer is instructed to visit the homes of such children and intimate to the parents the necessity for attention to the cleanliness of their children; he likewise points out the legal consequences of neglect.

A new arrangement (to be dealt with later) with the Kent County Nursing Association, and with other bodies, for the extension of the duties of nurses in connexion with the schools came into operation on November 1st; thus, when verminous conditions have to be dealt with in a school, the local nurse, if one be available, on receipt of instructions from the School Medical Officer, carries out the necessary measures instead of the whole-time nurse.

The record shown in Tables 12 and 13 indicates a slight improvement in the condition of the girls, but not of the boys. In any event, the change is small and cannot be regarded as signifying any real change in the children's condition. Notwithstanding the lack of confirmation from these statistics, I am nevertheless convinced that improvement is taking place, a view supported by teachers, medical inspectors and the school nurses.

Children in a verminous condition may be grouped into three divisions. (1) Those of parents who seem inherently incapable of appreciating the idea of cleanliness. Many of these parents are of a low type. In these cases, advice, practical demonstrations at home, and prosecutions are alike of no avail. These children are a source of infection to the others at school, and since they cannot be permanently excluded, it appears necessary for the sake of these other children that an Education Authority should avail itself of the powers under Sec. 122 of the Children Act, 1908, and make arrangements, in those areas where it is practicable, for periodical cleansing of such children. Such an arrangement has been sanctioned at Tonbridge, where baths are to be placed in the new school.

Where a bad case is found in a school, and it is suspected that home conditions require attention, the Local Sanitary Authority is notified, with the hope that action will, if desirable, be taken under the nuisance clauses of the Public Health Act.

(2) This group of children belong to parents who are unclean merely from lack of training and example. It perhaps comprises as large a number as previously, but I have every reason to believe that the grossness of the defect has become much less. The parents are now making some effort towards an ideal of cleanliness, but it may be many years before the numbers included within the group become insignificant—perhaps not before the girls now at school have grown up to motherhood. It is among children of this group that the activities of the Education Authority is most useful, and whilst the school nurse is of the utmost importance in effecting immediate improvements, it is on the teachers that ultimate and permanent effects largely depend.

It may often be an unpleasant and thankless duty to see that children arrive at school in a reasonably cleanly condition, and in rural districts ill-feeling may occasionally be aroused among the parents, but I am glad to say that many teachers realise their responsibilities in the matter and act accordingly. On the other hand, there is a tendency among some teachers to regard medical inspection as an absolution from all further responsibility. This is an attitude much to be deprecated, for it will tend to negative all other endeavours.

(3) The third group of children includes those who become accidentally infected at school or in other places. In these cases the parents take immediate action on their attention being directed to the condition. They often complain of the risks to which their children are exposed, and it must be confessed with some justification in certain instances.

Table 9.—Showing condition of children as regards cleanliness of body.

Age.	Sex.	Numbers examined.	Numbers.		Percentage.	
			Requiring attention.	Excluded.	Requiring attention.	Excluded.
5	{ Boys.....	3466	466	11	13·4	0·32
	{ Girls.....	3205	349	7	10·9	0·22
6	{ Boys.....	1112	130	3	11·7	0·27
	{ Girls.....	1069	125	3	11·7	0·28
13	{ Boys.....	3982	428	13	10·7	0·33
	{ Girls.....	3945	387	12	9·8	0·3
14	{ Boys.....	50	7	0	14·0	0·0
	{ Girls.....	45	4	1	8·9	0·2
Totals	{ Boys.....	8610	1031	27	11·9	0·31
	{ Girls.....	8264	865	23	10·5	0·28

Table 10.—Showing condition of children as regards cleanliness of head.

Age.	Sex.	Numbers examined.	Numbers.		Percentage.	
			Requiring attention.	Excluded.	Requiring attention.	Excluded.
5	Boys.....	3466	384	10	11·0	0·29
	Girls.....	3205	571	35	17·8	1·09
6	Boys.....	1112	94	3	8·5	0·27
	Girls.....	1069	212	12	19·8	1·12
13	Boys.....	3932	333	14	8·4	0·35
	Girls.....	3945	807	60	20·0	1·5
14	Boys.....	50	3	0	6·0	0·0
	Girls.....	45	9	1	20·0	2·2
Totals	Boys.....	8610	814	27	9·5	0·31
	Girls.....	8264	1599	108	19·3	1·3

RINGWORM AND OTHER CONTAGIOUS AILMENTS.—At least 261 cases of ringworm have been under observation during the year:—Of these, 121 have been reported at the routine medical inspections. Some are cases carried over from last year. The school nurse has found a large number at her examinations in the schools, and a few others have become known through other sources of information. The disease is distributed throughout the county in an irregular way; 125 have been reported from 12 schools, but most of the others are single cases or occur in groups of two or three. It is difficult to explain why the disease should show a special tendency to spread in certain areas.

When any doubt exists as to diagnosis, specimens of hair are forwarded to the Bacteriological Department for examination. This precaution is taken in nearly all cases found by the school nurse.

The Committee have now an agreement with Dr. Palk, of Folkestone, for the X-ray treatment of ringworm. Towards the end of November, a start was made, and by the end of the year 23 cases had been treated by this method. The cases have been selected according to their severity, those most likely to entail a prolonged absence from school being first dealt with. Each child is conducted to Folkestone and home again by the school nurse; in consequence of the time taken in travelling, it is generally only possible to deal with three cases in one day, and only two days a week are available. The method of exposure adopted by Dr. Palk is that known as the Kienbock-Adamson. The scalp is mapped out into areas, and five consecutive exposures are given. This ensures that the whole surface of the scalp is exposed to the influence of the rays, a proceeding which is desirable no matter what the extent of the disease

may be. The average time which should be necessary between treatment and the return to school is five weeks, compared with a period of five or six months when the methods of treatment hitherto employed are used. With regard to the 23 cases being considered, no statement can yet be made as to the results obtained.

The Committee pay 21/- per case for treatment, an amount which seems to be regarded throughout the country as a reasonable charge; all suitable cases are treated, and parents contribute towards the cost according to their means; making allowance for this contribution, and for the saving in grant in consequence of the improved attendance, it may be expected that the nett cost per case will be about 14/-. For this, the child secures the benefit of avoiding four months' loss of schooling, and the Committee the reasonable hope that after a short time the prevalence of ringworm in the county will be greatly diminished. The arrangement at Folkestone cannot, however, be regarded as adequate; more centres for treatment are required, so as to reduce to a minimum the time lost in going to and fro. This applies especially to North Kent.

Except for this new departure as regards treatment, the methods employed to control the disease have been on the same lines as hitherto. If there is an unusual incidence of ringworm at any particular school, the school or local nurse makes an examination of all the children, so as to find out any missed case of scalp disease in attendance at school. The previous cases, and such of these latter as prove to be ringworm are then periodically examined by the medical inspector until all can be re-admitted to school.

In two areas where ringworm has been endemic for a long time, the experiment of re-admitting children whilst still suffering from the disease has been tried, viz., at Southborough and at Wilmington. It is hardly necessary to add that all possible precautions have been taken to prevent spread. At Southborough, the experiment has continued throughout the year, and not one other case has occurred in the school. At Wilmington, the experiment is of shorter duration (it started on November 6th) and in addition includes the use of formalin in glycerine as a means of treatment. In this case also no evidence of infection by the children re-admitted has yet occurred; the treatment, however, has not been a success.

361 examinations of hair were made at the County Laboratory, and of these 222 gave a positive result, and 139 a negative result.

The number of exclusion and re-exclusion certificates granted by Medical Inspectors in respect of contagious skin diseases was:— Ringworm, 247; scabies, 13; impetigo, 121. 166 further certificates of exclusion for ringworm were issued by the School Medical Officer on account of cases discovered by the School Nurse.

NUTRITION.—Defective nutrition is of the greatest importance to an Education Authority as well as to the community; for such defective children cannot take proper advantage of present opportunities of school-life, and they are potential and likely victims of future ill-health and of tuberculous diseases in particular.

Unfortunately its causes are difficult of elucidation. In many of the cases where a marked degree of malnutrition exists without a causative disease being discovered, it is found that under-feeding and overwork are the factors responsible—two causes which often co-exist. Since malnutrition is a condition the recognition of which is based on no fixed criterion, it is to be expected that differences of opinion might arise with regard to the milder degrees. Yet, in spite of changes in the medical staff, the numbers recorded remain very constant. Tables 14 and 15 give a summary for the year under review.

Table 11.—Showing condition of Boys as regards nutrition.

Age.	Numbers examined.	Actual cases.			Percentage.		
		Nutrition defective.	Nutrition bad.	Total sub-normal	Nutrition defective.	Nutrition bad.	Nutrition sub-normal
5	3466	304	4	308	8·8	0·12	8·9
6	1112	106	1	107	9·5	0·09	9·6
13	3982	422	8	430	10·6	0·2	10·8
14	50	9	0	9	18·0	0·0	18·0
Total	8610	841	13	854	9·7	0·15	9·9

Table 12.—Showing condition of Girls as regards nutrition.

Age.	Numbers examined.	Actual cases.			Percentage.		
		Nutrition defective.	Nutrition bad.	Total sub-normal	Nutrition defective.	Nutrition bad.	Nutrition sub-normal
5	3205	271	0	271	8·5	0·0	8·5
6	1069	104	1	105	9·7	0·09	9·8
13	3945	376	5	381	9·5	0·13	9·6
14	45	7	0	7	15·5	0·0	15·5
Total	8264	758	6	764	9·2	0·07	9·2

VARIOUS AILMENTS.—The following table indicates the number of children suffering from various defects. In most instances percentages have been calculated.

ENLARGED TONSILS AND ADENOIDS.

Table 13.—Showing the number of children who were found to be suffering from Enlarged Tonsils and Adenoids.

Age.	Sex.	Numbers examined.	Cases of Tonsils and Adenoids.	Percentage.
5	{ Boys	3466	790	22·8
	{ Girls	3205	636	19·9
6	{ Boys	1112	239	21·5
	{ Girls	1069	208	19·4
13	{ Boys	3982	786	19·7
	{ Girls	3945	791	20·0
14	{ Boys	50	5	10·0
	{ Girls	45	7	15·5
Total ..	{ Boys	8610	1820	21·1
	{ Girls	8264	1642	19·9
	Both sexes ..	16874	3462	20·5

Last year the total incidence of this condition on the ages examined at the routine inspection was 20·8% and in 1910 it was 19%. The numbers include all cases, whether treatment for the condition is required or not. Enlarged tonsils and adenoids have been shown to be associated with various other conditions, and it is probable that many factors enter into their production. In West Kent there are three urban districts situated respectively on the *green-sand*, *weald clay*, and *Ashdown beds*. As the school children of these three areas are examined by the same inspector, the results obtained are doubtless strictly comparable; it may, therefore, be of some interest to record the conclusion of a report by Dr. Fox (based on the findings of three years' inspections), that the percentage incidence of the condition under review is precisely the same in all three areas. This result does not bear out the view that residence on a damp soil is a causative factor in the production of enlarged tonsils and adenoids.

DISCHARGING EARS.

Table 14.—Showing the number of children who were found to have discharging ears.

Age.	Sex.	Cases examined.	Number with ear discharge.	Proportion.
5	{ Boys	3,466	35	1 in 99
	{ Girls	3,205	42	1 in 76
6	{ Boys	1,112	7	1 in 159
	{ Girls	1,069	5	1 in 214
13	{ Boys	3,982	36	1 in 111
	{ Girls	3,945	44	1 in 89
14	{ Boys	50	0	1 in —
	{ Girls	45	1	1 in 45
Total	Both Sexes	16,874	170	1 in 99

DEAFNESS.

Table 15.—Showing the number of children who suffered from deafness.

Age.	Sex.	Numbers examined.	Cases of defective hearing.	Percentage.
5	{ Boys	3,466	45	1·3
	{ Girls	3,205	48	1·5
6	{ Boys	1,112	13	1·2
	{ Girls	1,069	7	0·65
13	{ Boys	3,982	166	4·2
	{ Girls	3,945	168	4·3
14	{ Boys	50	5	10·0
	{ Girls	45	1	2·2
Total	Both Sexes	16,874	453	2·7

VISION.—Compared with last year, there has been a considerable increase in the number of children with defective eyesight recorded. It will be noticed that, at each age period, the incidence of the defect is greater among girls than among boys. The table does not give a correct view of the increased prevalence with increasing age; for at the younger ages it is difficult to make an accurate report on vision, only the grosser defects being recorded, whilst in the case of children aged 14, the numbers on which the percentages are based are small, and therefore are not reliable for comparative purposes. It has been established, however, that visual defects do develop and increase during school life; why this should be so is not known, but eye-strain from defective lighting, from fine work such as sewing among young children, and from badly printed school books is supposed to play a part. With regard to the size and character of type used for educational books, it may be useful to quote the following

summary from a recent report of a committee of the British Association for the Advancement of Science, on the subject of the "Influence of School Books upon Eyesight."

- "(1) The existence of a very serious amount of visual defect among children of school age is established as a result of official inspection. Some portion of this defect is preventable by greater care in the selection of books.
- "(2) It is desirable that a standard of book-production should be established, and that the publication of books below standard should cease.
- "(3) It appears possible that the adoption by Local Education Authorities of a common standard would render unprofitable the publication of books which failed to reach such standard.
- "(4) It is hoped that this report may assist the responsible authorities in the work of determining the standard of book-production requisite for the protection of the eyesight of children so far as it is influenced by the books which children are compelled to read in school."

Table 16.—Showing the number of cases of defective vision noted among boys and girls of different ages.

Age.	Sex.	Numbers examined.	Cases of defective vision.	Percentage.
5	{ Boys	3,466	8	0·23
	{ Girls	3,205	10	0·31
6	{ Boys	1,112	3	0·27
	{ Girls	1,069	3	0·28
13	{ Boys	3,982	645	16·2
	{ Girls	3,945	939	23·8
14	{ Boys	50	13	26·0
	{ Girls	45	15	33·3
Total	{ Boys	8,610	669	7·8
	{ Girls	8,264	967	11·7

TEETH.—The amounts of dental defect and neglect stated in the following table are unlikely to be inaccurate, except from underestimation. It will be noticed that the figures in the first column are remarkably uniform. Similar tables in previous years have shown higher percentages of defects at the higher ages. Beyond notification of the parents, and subsequent "following-up" and enquiry as to action taken, no measures are at present being undertaken with a view to amelioration. It is hoped, however, that, as early as possible in the new year, a beginning will be made with "Dental Clinics."

Table 17.—Showing the percentage of children with teeth found to be defective, or in an unsatisfactory state as regards cleanliness.

Age.	Sex.	Defective.	In an unsatisfactory state as regards cleanliness.
5	{ Boys	51·6	19·4
	{ Girls	50·3	18·1
6	{ Boys	55·7	21·7
	{ Girls	56·1	19·0
13	{ Boys	56·8	34·1
	{ Girls	54·4	27·8
14	{ Boys	50·0	32·0
	{ Girls	53·3	26·7

Acting in accordance with the suggestion of the Medical Officer of the Board of Education, contained in his report for 1908, the records during 1912 were kept in such a manner as to show the number of children with more than four teeth decayed, and the number with four and less than four carious. These figures are shown in the subjoined table.

Age.	Sex.	Number examined.	More than four defective teeth.	Four and less defective teeth.	Total number with carious teeth.
5	{ Boys	3466	416	1372	1788
	{ Girls	3205	357	1256	1613
6	{ Boys	1112	157	462	619
	{ Girls	1069	172	427	599
13	{ Boys	3982	259	2004	2263
	{ Girls	3945	251	1895	2146
14	{ Boys	50	4	21	25
	{ Girls	45	3	21	24
Total...	{ Boys	8610	836	3859	4695
	{ Girls	8264	783	3599	4382

EPILEPSY AND CHOREA.—The subjoined classification shows that 32 children of all ages were brought to the notice of the medical inspectors on account of epilepsy, and fourteen on account of chorea. The totals here given by no means represent the entire child population suffering from these diseases as the worst cases are not in attendance at school. The rule followed as regards school attendance in cases of epilepsy is to exclude those children who have very frequent fits, or who present an altered mental state such as inability to learn or a general demeanour which interferes with school discipline. Many cases were considered suitable for institutional treatment, but it was not found possible to arrange for the admission of a single case.

Table 18.—Showing the number of cases of Epilepsy and Chorea which were reported at the inspections.

Age.	BOYS.			GIRLS.		
	Numbers examined.	Number found to be suffering from		Numbers examined	Number found to be suffering from	
		Epilepsy.	Chorea.		Epilepsy.	Chorea.
5	3466	4	0	3205	0	1
6	1112	2	0	1069	1	4
13	3982	3	3	3945	8	2
14	50	1	0	45	0	0
Other ages	625	7	2	672	6	2
Totals ..	9235	17	5	8936	15	9

HEART DISEASE.

Table 19.—Showing the number of cases of Heart Disease discovered among children at the undermentioned ages.

Age.	BOYS.			GIRLS.		
	Number examined.	Defects.		Number examined.	Defects.	
		Number.	Percentage.		Number.	Percentage.
5	3466	38	1.1	3205	31	0.97
6	1112	7	0.63	1069	9	0.84
13	3982	71	1.8	3945	72	1.8
14	50	0	0.0	45	1	2.2
Totals	8610	116	1.3	8264	113	1.4

In addition to the above information it should be stated that twenty-nine other children, seventeen boys and twelve girls, were discovered among exceptional cases to be suffering from heart disease. In only eight of these cases was it necessary to exclude the child from school for a time. A few others are sufficiently severe to make the ordinary physical exercises undesirable; whilst the majority are subjected to no present disability. In consequence of the liability of the latent form of the disease to become manifest, and the manifest form to get worse, it is necessary that all these children should be kept under supervision. Medical Inspectors are therefore required to make occasional re-examinations of cases of heart disease previously reported.

PARALYSIS AND DEFORMITY.

Table 20.—Showing the number of cases of Paralysis and Deformity discovered among children at the undermentioned ages.

Age.	BOYS.			GIRLS.		
	Number examined.	Defects.		Number examined.	Defects.	
		Number.	Percentage.		Number.	Percentage.
5	3466	54	1·6	3205	37	1·2
6	1112	23	2·1	1069	14	1·3
13	3982	97	2·4	3945	104	2·6
14	50	1	2·0	45	2	4·4
Totals	8610	175	2·0	8264	157	1·8

TUBERCULOUS DISEASES.—Pulmonary tuberculosis was made a compulsorily notifiable disease as from January 1st, 1912, and under the Order the definite duty is imposed on the School Medical Inspector of reporting to the District Medical Officer of Health any cases of this disease which come under observation during school inspection work. In my report for 1910 I drew attention to the necessity for the sanitary authorities being informed of these cases, as something more was obviously necessary than the mere exclusion of such children from school. The notification of this disease to the Medical Officer of Health enables home visitations to be carried out, preventive measures to be adopted, and additional enquiries to be made as to the origin of the attack. In the circular letter which was forwarded to each sanitary authority it was suggested that Medical Officers of Health might with advantage notify the School Medical Officer of children attending school from houses where an adult person has been notified as suffering from pulmonary tuberculosis. In many districts in the County, the Medical Officer of Health is the Medical Inspector, and they do, no doubt, keep the children from such homes under observation, and in districts where these two offices are not held by the same person, the Medical Officers of Health, in most instances, are forwarding to me the necessary information, and arrangements have been made for all such children to be inspected at the subsequent routine inspection of school children. When this inspection takes place instructions are left at the school as to when such children are again to be presented for observation. The Order providing for compulsory notification gives authority to medical inspectors to examine the register of persons suffering from pulmonary tuberculosis which is kept by the Medical Officer of Health.

The following tables show the number of cases of this disease which have been discovered during the year under review. Compared with last year, there has been a reduction in the number of cases of phthisis, actually diagnosed as such, and a corresponding increase in the number of suspected cases. Thus the sum of the two groups remains practically unaltered.

Table 21.—Showing the number of cases of phthisis, suspected phthisis, and other tuberculous conditions discovered among entrants and leavers in 1912.

	Number examined.	Total cases discovered at ages 5, 6, 13 and 14.			Cases per 1,000 examined.		
		Phthisis.	Suspected Phthisis.	Other tuberculous conditions.	Phthisis.	Suspected Phthisis.	Other tuberculous conditions.
Boys	8610	14	35	3	1·6	4·1	0·35
Girls	8264	8	22	10	0·96	2·7	1·2

Table 22.—Showing the age distribution of the above cases, and the rate per 1,000 of children found to be suffering from phthisis or other tuberculous conditions.

Age.	Boys.			Girls.			Total.			Number examined.	Total rate per 1,000.		
	Phthisis.	Suspected Phthisis.	Others.	Phthisis.	Suspected Phthisis.	Others.	Phthisis.	Suspected Phthisis.	Others.		Phthisis.	Suspected Phthisis.	Others.
5	3	9	0	3	13	4	6	22	4	6671	0·9	3·3	0·6
6	2	4	0	0	2	2	2	6	2	2181	0·9	2·8	0·9
13	9	22	3	4	6	4	13	28	7	7927	1·6	3·5	0·9
14	0	0	0	1	1	0	1	1	0	95	10·6	10·6	0·0
Except. cases.	4	8	4	6	7	3	10	15	7	1297	7·7	11·6	5·4
Total	18	43	7	14	29	13	32	72	20	18171	1·7	4·0	1·1

(e.) *General review of the relation of home circumstances and social and industrial conditions to the health and physical condition of the children inspected, so far as facts bearing on this point have come under notice.*

These conditions were set out somewhat fully in the report for 1910 and it is not necessary to make further comment in the present report.

(f). *Review of the methods employed or available for the treatment of defects, such as defective eyesight, carious teeth, nasal obstruction or adenoids, tonsillitis, discharging ears, pediculosis, ringworm, and other skin diseases, including an account of the action of school nurses in obtaining or assisting in the treatment of such defects.*

Treatment if undertaken is obtained in one or other of the following ways:—(a) home remedies are applied, (b) a chemist or even less skilled person may be asked to suggest remedies, or in cases of eye defects, to fit a child with spectacles, (c) a doctor or dentist may be consulted either by *i.* paying a fee, *ii.* by the child being a member of some provident association, or *iii.* by obtaining an order from the Relieving Officer to obtain the help of the District Medical Officer, or (d) a recommendation for a hospital may be obtained.

The methods employed to ensure that treatment is obtained are briefly as follows:—It is an ordinary routine requirement that every parent should be notified of any defect from which a child may be found to be suffering. Every child in respect of whom such a recommendation has been made is re-examined on the occasion of the next inspection and where no action has been taken a further recommendation is forwarded. In cases where treatment is a matter of urgency a special letter is sent to the School Correspondent directing attention to the defect and requesting the Managers to interest themselves in the case. A list of all children found to be defective at the medical inspection is forwarded to the Managers a few days subsequent to the inspection. Special efforts have been made to ascertain the reason why parents have failed to obtain treatment for the children in certain districts. In these places the parents have been requested to meet the medical inspector at the school so that he may have the benefit of a personal interview at which he can more fully explain the requirements of the case and also obtain reliable information as to the reason for the failure to obtain medical advice. In a few instances, after-care committees, comprising the managers and a few co-opted members, have been formed to interest themselves in the school children, and information for their use respecting defective children has so far been forwarded through the Clerks of the Local Attendance Committees. In those districts where nurses are engaged a list of children requiring treatment is forwarded to the nurse who continues to visit the parents so long as she has any hope that the parents will ultimately follow her advice. In certain instances Boards of Guardians have assisted either by the payment of railway fares or by making a contribution towards the purchase of surgical appliances in cases of necessity.

In the following section will be found an account of the additional work which your Committee has approved, with a view to ensuring that more attention shall be given to the recommendations of the School Medical Officer.

AMELIORATION AND WORK OF NURSES.—The amelioration of those conditions from which children are found to be suffering at the medical inspection is one of the most difficult problems associated with the work, and has been fully discussed in previous reports. The chief new work in this direction has been in connexion with the following recommendations, which were set out in the memorandum submitted by the School Medical Officer to your Committee on May 23rd, 1912, and which recommendations were subsequently adopted.

1.—The nursing arrangements, which had been in operation for some twelve months previously, were extended as permanent arrangements and with additional duties devolving upon the nurses. These were as follows:—

(a) To attend the school at the inspection, and receive instructions from the medical inspectors respecting the cases they are to visit.

(b) To visit the school for such purposes as may be necessary, when requested by the School Medical Officer. The Superintendent will supervise inspections undertaken for the purpose of helping to eradicate vermin and of investigating outbreaks of ringworm, until the nurses are fully acquainted with the necessary details which such work entails.

(c) To attend at the clinic with such children as may have been advised to attend.

(d) To ensure that children in their district attend either at the clinic or at the surgery of the official dentist, as may be arranged, and at the school selected by the ophthalmic surgeon.

(e) In districts where After-Care Committees have been formed the nurse should attend meetings, if requested, and make verbal or other reports on the cases under her care.

2.—At the request of the Dartford Urban District Council, the Committee decided to join that body in the appointment of a whole-time health visitor. In return for your Committee's contribution to her salary, this nurse will be expected to carry out the duties outlined in the previous paragraph.

3.—It was decided to establish four inspection clinics, viz., at Dartford, Tonbridge, Sheerness, and Milton (or Sittingbourne). The functions of the school clinic were set out as follows:—

“(a) It would serve as a centre from which all work associated with the welfare of children—other than that of routine inspection—could be supervised.

“(b) Certain children are occasionally discovered who cannot very well be examined in school buildings, and an inspection clinic would be a suitable place in which to conduct these complete examinations.

“(c) It would serve as a centre for co-ordinating the agencies for ‘following up.’

"(d) The supervision of children suffering from such conditions as uncleanliness and ringworm could here be undertaken. This would not include the X-ray treatment of ringworm.

"(e) It would facilitate the supervision of all cases of phthisis.

"(f) It might be arranged that children suffering from infectious and contagious ailments, and likewise contacts, could be examined before return to school; these examinations might be periodical in the case of contagious ailments.

"(g) The attendance officer, school nurse and head teachers would be provided with a centre to which children could be sent who are not under treatment but who are absent from school for some indefinite reason.

"(h) Care Committees, and perhaps parents, would likewise probably use the clinic."

4.—OPHTHALMIC WORK.—It was considered desirable that in certain areas the eye defects which were discovered in schools should be further examined by one of the Committee's staff for the purpose of more accurately estimating refractive errors, and school clinics would serve as centres to which children would be directed for further examination. It is not proposed that treatment of either acute or chronic diseases of the eye should be undertaken at these centres.

5.—It was also decided that at each of the school clinics arrangements should be made with a dental surgeon to attend one half-day a week, and that he should undertake the treatment of defective teeth in accordance with the following scheme:—

"Each school should be taken in turn, and the 7-8 year old children should be taken to the clinic and examined by the dentist. A clinical card should be kept for each child, and in the case of those with defective teeth a note should be sent to the parent explaining the nature of the defect and suggesting the advisability of the child attending at the clinic for treatment. If possible the dentist should give an estimate of the number of visits which would be necessary. As this work would, undoubtedly, come under the heading 'treatment' it would be necessary to make a charge, and I would suggest a scale somewhat on the following lines:—

Income of Parent.	Charge per Attendance for Treatment.
Under 24/-	Free
24/- and under 27/6	2d.
27/6 and under 30/-	4d.
30/- and over	6d.

"This scale of payment is very small, and would, of course, not meet the whole of the expenses, but it would prevent the work assuming too much of the charitable aspect.

"After the first examination of the children, who would be accompanied on their first visit to the clinic by the school nurse, the nurse would visit the homes of those requiring treatment, and obtain from the parents a signed agreement to pay the necessary charges in the event of their deciding to allow the children to undergo treatment. In this way the children would receive attention at the time when the permanent teeth are developing, and to a very great extent the condition of the earliest permanent teeth would be supervised, and such temporary teeth as might give rise to difficulties to the erupting secondary teeth would receive attention. If all the children with defective teeth at this age group could be encouraged to receive treatment, and they were subse-

quently examined at ages ten and twelve, one might reasonably expect a great proportion of the children to leave school with satisfactory teeth. As regards urgent cases at other age groups, the medical inspectors would arrange for such children to visit the clinic for inspection by the dentist, and the subsequent procedure would be as in the case of those eight years of age."

6.—X-RAY TREATMENT OF RINGWORM.—Arrangements were made with Dr. Palk of Folkestone for the X-ray treatment of cases of ringworm. This matter has been already referred to on page 40.

In addition to the above, the *staff school nurse* has continued her work in the schools on the lines laid down in previous reports. The following brief summary indicates the extent of her work for the year under review:—

Number of visits to schools	334
" of new schools visited for the first time in 1912	37
" of examinations of girls	16,795
" of occasions on which girls were found to be verminous	6,215
" of certificates of exclusion	715
" of examinations of boys	7,730
" of occasions on which boys were found to be verminous	294
" of certificates of exclusion	92
" of visits paid to homes	217
" of prosecutions completed	7
" of attendances at the Police Court	9

The actual number of children referred to in the above tabulation is:—

Girls 7,742, of whom 2,506 were found to be verminous.

Boys 4,685, of whom 203 were found to be verminous.

In addition to the work in respect of verminous conditions above reported, the following cases were dealt with by the nurse:—

Scabies	10
Impetigo	27
Eye defects, referred to Medical Inspector	36
Chicken-pox	2
Ringworm	246

Of these cases of ringworm, twenty-three were taken for X-ray treatment.

The School Nurse also carried out a considerable amount of work in the way of visiting nurses in other districts, interviewing parents of children suffering from ringworm, obtaining payment for treatment, and keeping necessary records.

The results of the seven prosecutions referred to above were as under:—

Date.	School.	Court.	Result.
15/1/12 ...	Boxley (two children)	Maidstone	10/- costs.
5/2/12 ...	Stockbury (two children)	Ditto	10/- costs.
22/3/12 ...	Greenhithe	Dartford	Fined 2/6.
28/6/12 ...	Swanscombe	Ditto	Fined 5/-.
15/7/12 ...	Barming	Maidstone	Fined 2/6 and 11/- costs.
15/7/12 ...	Ditto	Ditto	Ditto.
12/7/12 ...	Northfleet	Northfleet	Fined 10/-, or 14 days' imprisonment (Second Division).

The School Nurse also attended at a prosecution undertaken by the N.S.P.C.C., and at the cases mentioned below.

Action has been taken under Sec. 12 of the Children Act, 1908, in two cases of defective eyesight, where the parents refused to obtain treatment. As the only local authority able to incur expenses under Part II. of this Act, is a Board of Guardians, the matter was referred to the Guardians concerned. This authority instituted proceedings in the Tonbridge Court, but in the meanwhile, one parent secured glasses for his child, and the other undertook to get treatment; the summonses were therefore withdrawn.

PART-TIME NURSES.—The attached table indicates the amount and nature of the work carried out by the part-time nurses. It should be noted that in the columns dealing with "following up," the number of children only is given, and not the number of visits. The table indicates quite clearly that a considerable amount of useful work is being undertaken by the nurses.

(g) Review of action taken to detect and prevent the spread of infectious diseases, including reference to action taken under Articles 45 (b), 53 (b), and 57 of the Code of 1908.

When a head teacher has reason to believe that a child is suffering from scarlet fever, diphtheria or typhoid fever, the circumstances should be reported both to the medical officer of health for the district and to the school medical officer on forms supplied for that purpose. As regards other infectious diseases, such as measles, whooping-cough, mumps and the like, teachers are similarly instructed to report the existence of such diseases to the medical officer of health of those districts where special arrangements have been made for that purpose. These arrangements are only made when the local organisation is such that it is possible to put to practical use the information conveyed by the teacher. In other

TABLE 23.—Showing the Work done by the Nurses of the Kent County Nursing Association in respect of Children attending Schools in the area of the Kent Education Committee, 1912.

NAME OF DISTRICT.	UNDER CONTINUING MEDICAL SUPERVISION.				CASES IN WHICH ASSISTANCE WAS GIVEN TO PARENTS.												" FOLLOWING UP."										TOTAL NUMBER OF VISITS MADE.		
	Eyes.		Ears.		Impetigo.		Scabies.		Ringworm.				Verminous Condition.		No. of Children Visited.	Teeth.		Vision.		Nose and Throat.		Hearing.		Various.					
	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits		T.	N.T.	T.	N.T.	T.	N.T.	T.	N.T.	T.	N.T.				
Bearsted and Thurnham			1	34									2	12	15	4	5	2		2						49			
Boughton															57	12	14	4	2	8	17					190			
Bridge									3	82					21	1	12	1	1	1	3				2	122			
Capel					1	5			2	7			6	44	4	1	1	1	1	1					1	21			
Cowden, Hever, &c.					1	1			1	22	1	17			6	3	1	1	1	1						88			
Cudham													1	1	5	2	1			2						25			
Chevening and Chipstead													2	2	9	2	1		2	1	3					17			
Chislehurst, Hoath and Reculver	1	6											5	21	6	3					3					30			
East Malling													4	8	7	1			2	2				2		14			
Edenbridge			2	12											13	2	5	2	1	1					2	41			
Farnborough															23		4	9	3	1	2				3	61			
Goudhurst	1	6							3	9					6	6										84			
Groombridge and Ashurst															6	9										12			
Hardres, &c.			1	1											2	7										75			
Harrietsham										2	19				12	3	3	1	1	1	1					1	82		
Hildenboro'					1	13			3	24			1	8	11	3	2	2	2	1	2					1	82		
Horsmonden					1	1					1	16			3	1	1	1	1	1							125		
Kenning															9	5	1	2				1				6			
Kennington															6	1	1			3						1	18		
Keston															6	1	1									1	16		
Kingsdown, Ringwould and Ripple			1	1					2	11					5	1	2	1		1							136		
Langton Green and Fordcombe			1	6		1	1								7	2	1	1	1			1				14			
Lyminge															12	1	2	2	3	1	1					2	46		
Marden															28	4	4	6	2	8	1	1				2	96		
Meopham															11	4	1	3	1							2	59		
Milton Regis	1	1	2	6					1	8					67	6	13	3	12	4	16					11	295		
Newham, Eastling and Doddington	1	3													23	5	12	1	2	2	1					81			
Penshurst					19	149			1	9					8											1	166		
Sandwich	2	19	2	25	3	21	2	15							15	2	1	1	2	2					6	316			
Sevenoaks			2	23	3	19			5	80	2	60	15	95	25	2	3	4	6	8						2	369		
Sheerness	3	6	20	430	3	25	1	9	4	32	10	195	3	13	5	1	1	1	1	1						1	12		
Sittingbourne	5	27	6	42											246	7	31	15	52	17	48	2	2	55	17	1344			
Southboro'	2	9	3	28	3	34			15	446	4	21	3	7	120	19	10	20	15	20	14				20	2	374		
Speldhurst															2	20	38	3	2	15	2	11	2			2	1	595	
Stone	2	10	2	44											1	1	1										14		
Sundridge															5	23	57	6	6	4	10	10	4	2			12	3	201
Swanley											1	14	1	3	6	5	1										1	219	
Teynham															8	33	15	6	1	2	3	2					1	209	
Tonbridge	12	121							1	15	24	365			33	6	10	1		4	10	2					263		
Walmer															7	1	1		2	2							1	365	
Wateringbury															17	2	6	2	3	2							1	24	
Wye															10	1	1	2	2		3						1	64	
Throley, &c.															4	3												6	
*Broadstairs St. Peters											1	7	4	16	24		12	3	1	1	3	1					3	95	
*Cranbrook															5	44	11	3	2	2	3						1	77	
*Chislehurst	4	9													2	5	61	8	11	19	1	10				11	1	197	
*Eastry	1	6			11	31									2	7	19	2	3	3	1	2	4			2	101		
*West Wickham															16	1		4	2	4	1						4	48	
Total	36	230	43	652	50	317	3	24	41	747	64	700	87	407	1119	125	196	135	158	135	158	12	15	144	35	6857			

* These Districts are not affiliated to the Kent County Nursing Association.

T.—TREATED. N.T.—NOT TREATED.

instances, the instructions forwarded to head-teachers state that "the School Medical Officer should be notified when there is reason to believe that a school is threatened with an epidemic of measles or whooping-cough. A visit of the medical inspector will be arranged, for the purpose of giving advice as to the course of action to be followed."

All teachers have been provided with information respecting the symptoms of the commoner zymotic ailments and the chief epidemiological features of these diseases, as well as suggestions relating to the duration of exclusion of patients and contacts. A pocket memorandum, setting out the main features presented by the commoner infectious diseases observed in schools, has likewise been prepared; and each teacher in the Committee's employ has been supplied with a copy.

Precautionary notices have also been prepared and approved by the Committee for distribution in schools threatened with outbreaks of scarlet fever, diphtheria, whooping-cough or measles. These circulars are forwarded to a school when either the medical officer of health or the medical inspector considers their distribution among the scholars desirable. They are reproduced as an appendix to this report.

The arrangements which have been made to ensure that the best use is made of the information obtained from the compulsory notification of pulmonary tuberculosis, are referred to on page 48.

Regulation 194 (*b*) requires that the names of all children who receive medical certificates allowing absence for one month or more must be reported to the School Medical Officer. This instruction has reference to certificates given by practitioners who are not medical inspectors, and in compliance with the regulation, eighty-one certificates were received. In certain cases certificates requiring exclusion for a shorter period were forwarded. It is now necessary for every certificate requiring exclusion of a child, issued by a medical practitioner, to be entered in the medical log book. These certificates are scrutinised by the medical inspectors at the routine inspection, and any children who have been so excluded are examined, provided the cause of absence indicates that such examination is desirable.

Disease.	Period of Exclusion.						Total.
	Under 2 weeks.	2-3 weeks.	3-4 weeks.	4-5 weeks.	5-6 weeks.	6 weeks & over.	
Phthisis	—	—	—	1	—	4	5
Suspected Phthisis.....	—	—	—	—	—	2	2
Other Tuberculous Diseases.....	—	—	—	—	—	2	2
Contagious and Infectious Diseases :—							
Ringworm	—	1	—	3	—	2	6
Impetigo	—	—	—	1	—	—	1
Chicken-pox and contacts.....	—	—	—	1	—	—	1
Scarlet Fever and contacts	—	2	1	—	—	4	7
Whooping Cough and contacts...	—	—	—	8	—	—	8
Diphtheria and contacts	—	—	—	2	—	—	2
Eye Diseases and Defects	—	—	—	—	—	4	4
Eczema and Skin Ailments.....	—	—	1	—	—	—	1
Chorea	—	—	—	—	—	1	1
Mentally Defective, Epileptic and Neurotic Children	—	—	—	—	—	2	2
Heart Disease.....	—	—	—	1	—	2	3
Debility	—	—	—	4	—	2	6
Non-tuberculous Lung Ailments...	1	—	1	2	—	3	7
Anæmia	—	—	—	1	—	1	2
Paralysis	—	—	—	—	—	1	1
Diseases and Defects of Hearing Apparatus	—	—	—	3	—	—	3
Rheumatism	—	—	—	1	—	—	1
Diabetes	—	—	—	—	—	2	2
Jaundice	—	—	—	1	—	—	1
Congenital syphilis	—	—	—	—	—	1	1
Osteo-myelitis	—	—	—	—	—	2	2
Gastritis and Gastric Catarrh	—	—	1	2	—	—	3
Diarrhoea	—	—	—	1	—	—	1
Appendicitis.....	—	—	—	—	—	1	1
Hydrocephalus	—	—	—	1	—	—	1
Menorrhagia	—	—	—	1	—	—	1
Bright's Disease.....	—	—	—	—	—	1	1
Inflamed Glands.....	—	1	—	—	—	—	1
Laryngitis	—	—	—	—	—	1	1
	1	4	4	34	—	38	81

In certain of the above instances enquiries were deemed necessary, and in a large number of cases the school attendance officer was requested to arrange that the children excluded should be presented at the next inspection.

The exclusion certificates of the medical inspectors are in triplicate form. One copy is retained at the school for the use of the school attendance officer, one is forwarded to the School Medical Officer, and the other is retained by the inspector. The total number of such exclusion certificates granted during the year was 952.

EXCLUSIONS BY MEDICAL INSPECTORS DURING 1912.

Disease.	No. of Children.	Disease.	No. of Children.	
Verminous conditions.	Head ...	194	Catarrhal jaundice ...	1
	Body and Clothing ...	28	Hysteria ...	1
		28	Anæmia ...	1
Contagious ailments.	Ringworm ...	247	Ulcerated leg ...	1
	Impetigo ...	121	Caries of palate ...	1
	Scabies ...	13	Paralysis ...	2
Skin diseases.	Eczema ...	10	General neglect ...	1
	Other ...	2	Sores on hand ...	1
Infectious diseases ...	46	Delicacy ...	1	
Tuberculous diseases.	Phthisis ...	73	Deformity of spine ...	2
	Suspected Phthisis ...	13	General debility ...	5
		8	Sequelæ of diphtheria or scarlet fever ...	1
	Other ...	8	Dacryo-cystitis ...	1
Non-tuberculous disease of lungs ...	16	Incontinence of urine ...	1	
Eye diseases and defects ...	67	Catarrh ...	1	
Mentally defective, epileptic, &c....	13	Rhinorrhœa... ..	1	
Chorea ...	7	Abscess of jaw ...	1	
Adenitis ...	2	General malnutrition ...	3	
Scalp disease ...	6	Unstable nervous system ...	1	
Ear discharge ...	19	Osteo-myelitis ...	1	
Tonsilitis ...	12	Arthritis ...	1	
Sore throat ...	4			
Heart disease ...	8			
General dirtiness ...	14			
		Total ...	952	

SCHOOL CLOSURES.—The following tabulation sets out the number of school closures, the different diseases which called for that step, and the duration of closure.

Reason of Closure.	Under 1 week.	1-2 weeks	2-3 weeks.	3-4 weeks.	4-5 weeks.	5-6 weeks.	6 weeks & over.	Total.
Scarlet Fever	2	6	9	4	—	—	1	22
Diphtheria	1	4	3	2	—	—	1	11
Measles.....	—	6	9	15	10	5	1	46
Whooping Cough	1	5	8	16	16	9	1	56
Chicken-pox	—	4	2	1	—	—	—	7
Mumps	—	—	2	—	1	—	—	3
Rubella.....	—	1	1	—	—	—	—	2
Influenza	1	3	—	—	—	—	—	4
Scarlet Fever and Influenza...	—	—	1	—	—	—	—	1
Scarlet Fever and Whooping Cough	—	—	—	—	1	—	—	1
Scarlet Fever, Whooping Cough and Chicken-pox ...	—	—	—	—	1	—	—	1
Scarlet Fever, Whooping Cough and Measles	—	—	—	1	—	—	—	1
Measles and Whooping Cough	—	1	—	2	—	—	—	3
Measles and Chicken-pox.....	—	—	—	1	—	—	—	1
Measles and Influenza	—	—	—	1	—	—	—	1
Measles, Whooping Cough and Mumps	—	—	—	2	—	—	1	3
Measles, Chicken-pox and Mumps	—	1	1	—	—	—	—	2
Whooping Cough and Chicken- pox	—	—	1	—	1	—	—	2
Whooping Cough and Diph- theria	—	—	—	—	1	—	—	1
Whooping Cough and Mumps	—	1	—	—	—	—	—	1
Whooping Cough and Ring- worm.....	—	—	—	—	1	—	—	1
Conjunctivitis, &c.....	—	1	—	—	—	—	—	1
Sanitary Improvements, &c...	—	2	1	—	—	—	1	4
	5	35	38	45	32	14	6	175

The total number of closures is less than last year. The diminution is due to the lessening prevalence of a measles epidemic, which began in 1910. During 1911, five times as many schools were closed for measles as for whooping cough; during the year under review, the latter disease was responsible for more closures than the former.

Very few schools were closed by Local Sanitary Authorities under Sec. 57 of the code.

I do not consider that the question of school closure is satisfactorily met by present procedure. For it frequently happens that an outbreak of infectious disease occurs in a district entirely independently of the schools; yet the school attendance suffers to such an extent, that if closure is not resorted to, and approved by the School Medical Officer, a serious loss of grant might be incurred. Personally, I would like to see a block grant for general efficiency, in place of a grant based on average attendance.

A severe outbreak of *ophthalmia* occurred in the Orpington district early in the year. Three schools were affected (Orpington, Chislehurst Road; Orpington, Wellington Road; and St. Mary Cray) In all, thirty-five children were certified to be suffering from conjunctivitis or from *ophthalmia*; and in addition, there were twenty-four other children who were suspected, but not definitely certified. One of the children, excluded from the Orpington, Wellington Road School, was forthwith admitted to another school, but fortunately without untoward results. Individual cases lasted from a fortnight to a month; and the epidemic as a whole lasted for four months. The origin of the outbreak is obscure; it appears to have arisen in the Infants' Department of the Wellington Road School. The first cases were reported on January 8th. Three members of a neglected family were the sufferers; and it is not too much to say that *ophthalmia* and dirt were throughout closely associated.

The usual measures adopted for the control of infectious disease were used; all children in attendance were frequently examined, and those affected were excluded; the schools were cleaned throughout, and various articles used in common by the children were disinfected or destroyed. In addition, the use of towels in the school lavatories was forbidden for a time.

The disinfection of schools and the closure of Sunday Schools are provided for in the two following regulations:—

“After a school has been closed on account of the prevalence of infectious disease, it is necessary that a special wet-cleansing of the whole school should be undertaken. All surfaces which can be washed should be so treated. All maps, pictures, and other articles liable to retain dust should be taken down and wet-cleansed; cupboards should be examined, and all useless litter destroyed. Authority for the destruction of stock articles should be sought on Form St. 505 (Committee's Regulations, paragraph 97). In those districts in which the disinfection of premises is undertaken by the Sanitary Authority, it would be advisable for the Managers to arrange for the final cleansing to follow that process.”

“When a school has been closed to prevent the spread of infectious disease, it is essential that such closure should extend to the Sunday School for the same period, and even when the Sunday School is held in a different building it would still be advisable for the closure of the day school to be extended to the Sunday School.”

An increasing number of consultations between medical officers of health and medical inspectors with respect to outbreaks has been arranged, and this co-operative work is to the advantage of both departments.

(h.) Review of the methods adopted and the adequacy of such methods for dealing with blind, deaf, mentally or physically defective and epileptic children under the Acts of 1892 and 1899.

MENTALLY AND PHYSICALLY DEFECTIVE CHILDREN.—This group includes those who are blind, deaf and dumb, physically or mentally defective, and epileptic. Special legislation has been passed to enable Education Authorities to deal with these children, and although the necessity to provide for the education of the latter three groups is to some extent optional, the Committee have endeavoured to deal with certain of the cases that have been brought to notice. The number of children maintained by your Committee in special institutions was, blind 15, deaf and dumb 31.

MENTALLY DEFECTIVE CHILDREN.—These children are defined by the Elementary Education (Defective and Epileptic Children) Act, 1899, as being children who “not being imbecile, and not being merely dull or backward, are by reason of mental defect incapable of receiving proper benefit from the instruction in ordinary public elementary schools, but are not incapable by reason of such defect of receiving benefit from instruction in such special classes or schools as are in this Act mentioned.”

The term “feeble-minded” is sometimes applied to these children, and the Royal College of Physicians has defined feeble-minded persons as those “who may be capable of earning a living under favourable circumstances, but are incapable from mental defect existing from birth or from an early age (a) of competing on equal terms with their normal fellows; or (b) of managing themselves or their affairs with ordinary prudence,” and moral imbeciles as “persons who from an early age display some mental defect coupled with strong vicious or criminal propensities on which punishment has little or no deterrent effect.”

Mentally defective children are also found among epileptic, blind, and deaf and dumb children.

Cases of mental deficiency exist throughout the county, and practically every village has one or more children so unfortunately afflicted. Some are attending school, others have been excluded and are running about “wild,” whilst worse cases still may be in institutions, though I think it may safely be stated that very few have been removed from home, since the number of beds available throughout the country is totally inadequate to deal with the amount of feeble-mindedness which is known to exist.

The position in the county is practically the same as at this time last year. One school with 78 places is open at Dartford for the instruction of mental defectives, and plans for a new school to serve the Tonbridge district have been approved. Practically no accommodation can be obtained in the various residential schools, and although the Committee are prepared to make arrangements it is not possible to do so. The subject has remained in abeyance, owing to the promise of legislation dealing with the whole question of the control of the feeble-minded. Parliamentary exigencies have necessitated further postponement of action in the matter, and in consequence of this, I am still unprepared to make any recommendations affecting policy or involving further capital expenditure.

The accompanying tabulation shows the number and distribution of children known to be mentally defective, and who are in attendance at the Committee's schools. During the year, six children have been excluded or re-excluded from school, owing to mental deficiency of such a character that their continued attendance would seriously affect their own or other children's interests.

Table 24.—Schools at which mentally defective children are known to be in attendance.

SCHOOL.	APPROVED CASES.				For re-exam'n		SCHOOL.	APPROVED CASES.				For re-exam'n	
	13 and over.		Under 13.					13 and over.		Under 13.			
	B	G	B	G	B	G		B	G	B	G	B	G
Acrise & Paddlesworth Council			1				Farningham Council...				1		
Aldington Parochial ...	2						Fawkham				1		
Alkham C.E.					1		Footscray Lamorbey C.E.		1				
Appledore C.E.			1				Footscray Sidcup C.E.					1	
Ashford West Street ...			1				Godmersham	1					
„ Council	1	1	2		1		Goudhurst Kilndown...	1					
„ C.E.						1	Goudhurst Winchethill C.E.		1				
„ New Town	1	1			1		Hadlow Council				1		
„ Victoria Road R.C.				1	1	1	Halling Council			2			
Aylesford	1						Hawkhurst C.E.... ..		1				
Bapchild & Tonge C.E.			1				„ Highgate C.E.			1	1	2	
Barham			1				Herne Bay Council ...		1			1	2
Bexley Welling Coun.			1				Hernhill C.E.		1				1
Birchington C.E.			1				Hever C.E.		1				
Birling Ham Hill C.E.				1			Hever Markbeech C.E.			1			
Blean	1	1	1		1		Hildenboro' C.E. ...		1				
Bobbing Council... ..					1		Hollingbourn Council..		1				
Bonnington C.E.			1				Hoo St. Werburgh Council					1	
Boughton-under-Blean C.E.				1			Horsmonden C.E. ...	1					
Boughton Monchelsea Council					1		„ All Saints' C.E.		1				
Bredhurst C.E.			1				Horton Kirby			1		1	
Brenchley C.E.					1		Hunton... ..	1	1	1			
Brenchley Paddock Wood Council			1				Hythe Council		3		1		
Brenzett District ...		1	1				„ C.E.	1	1	2		1	
Bridge & Patricxbourne			1				„ Seabrook C.E....	1		1			
Broadstairs St. Peters			3	1			Keston			1			
Capel Council	1	1	5				Knockholt C.E.	1			1		
Chartham Council			1				Langley			1	1		
Chart Sutton C.E.			1				Linton	1					
Cheriton	1						Longfield C.E.		1				
„ New Cheriton C.E.				2	2		Luddesdowne C.E. ...		2			1	
Chilham		1	2	1			„ Leywood C.E.	1	1				
Darenth Council... ..					1		Marden Council		1				
Dartford—							Meopham C.E.					1	
Heath Street Coun.		10	3				Milton Regis R.C. ...		1				
St. Albans Road Co.		1	2				„ The Butts Co.		1	1			
West Hill Council..		3					Monkton		1				
York Road Council		2		1			Mottingham		1				
Dunton Green		3					Murston		1		1		
East Farleigh Council			1				Nettlestead C.E.... ..		1				
Edenbridge C.E.		1	2				Newington-near-Folkestone C.E.		3				
Eythorn C.E.		1					New Romney C.E. ...		1				1
Farnboro' Council ...	1	1	1	3			Northfleet C.E.			1			
„ Green Street					1		„ Dover Road Co.		1				
Green Infants Co.							„ Lawn Council..		2				

SCHOOL.	APPROVED CASES.				For re-exam'n	SCHOOL.	APPROVED CASES.				For re-exam'n
	13 and over.		Under 13.				13 and over.		Under 13.		
	B	G	B	G			B	G	B	G	
North Preston Without Council					1	Sutton-at-Hone Hex-table C.E.	1				
Orpington—						Sutton Valence C.E....		1			
Chislehurst Rd. Co.			1			Swanscombe C.E. ...			2		
Wellington Rd. Co.	1					" Greenhithe	1	1	1		
Otford C.E. ...		1	1			Galley Hill					
Otham C.E....			1			Swingfield Wootton and Denton			2		
Pembury Council ...		1		2		Tenterden C.E. ...			1		1
Queenborough Council			1		1	" St. Michael's C.E.			1		
Rainham Council ...			1			Thurnham C.E....			1		1
" C.E. ...			2	1		Tilmanstone C.E. ...			2		
Riverhead Earl Amherst's			1			Tonbridge Wesleyan ...			2		
Rolvenden C.E. ...				1		" St. Stephen's C.E.			1	1	
Ruckinge C.E. ...			1			" Sussex Road Co.	3	14	7	6	6
St. Mary Romney Marsh				2	1	1	Trotterscliffe ...		1	1	
Saltwood C.E. ...			2			Upchurch C.E. ...				4	
Selling ...					1	Walmer Parish ...			1		1
Sevenoaks Council ...			1	2		Westbere C.E. ...			1		1
" St. John's ...			1			Westerham C.E. ...			1	1	
" Weald Council	1					West Farleigh ...		1			
Shadoxhurst ...			1			West Malling—					
Sheerness C.E. ...				2		Boys C.E. ...			2		
" R.C. ...		1				Girls' & Infants' C.E.					1
" Blue Town Co.			2			West Peckham and Oxenhoath			1	1	
Sheldwich Leys ...					1	Whitstable—					
Sittingbourne Temp. Co.					1	Oxford Street Coun.		1			
" St. Michael's			1	1		Westmead's Coun..					1
Smarden Council ...			1	1		Wickhambreaux... ..		1			
Snodland Hook's ...	1					Willesboro' Council ...		1	1	3	
Southboro' Council ...			7	2	1	Wingham			1	1	
" C.E. ...			3	2		Wrotham C.E.		1		1	1
Southfleet C.E. ...					1	Wrotham Boro' Green		1			
Speldhurst			1			Yalding... ..				1	
" Langton C.E.			1			" St. Margaret's...			1		
Staple C.E.			1			" Laddingford ...				1	
Staplehurst Council ...			1								
Stockbury C.E.			1								
Stone nr. Dartford C.E.		1									
Stone The Brent Coun.			1								

Eighty-one cases of epilepsy are known to me. Of these, 7 required to be excluded from school either permanently or for a fairly lengthy interval. The majority of the remaining 74 should be under medical supervision and treatment, in which event they would not only make progress at school but their general condition might improve. It is too much to expect that this continuous medical supervision will be forthcoming.

The schools at which these children attend are the following :—

Table 25.—Showing the schools at which epileptic children are in attendance.

SCHOOL.	Should be excluded from School.	Should be under treatment, but might continue in attendance.	SCHOOL.	Should be excluded from School.	Should be under treatment, but might continue in attendance.
Adisham	1		Northfleet Rosherville		1
Aylesford		2	Otham C.E.		1
Bexley Heath C.E.		1	Queenborough Council		1
Bobbing		1	Rainham Council		3
Brenchley Paddock Wood	1		Rainham C.E.		2
Broadstairs St. Peter's		1	St. Margaret-at-Cliffe		1
Brook Council... ..		1	St. Mary Cray Council		2
Chartham Hatch Council		1	St. Mary Cray R.C.... ..		1
Chelsfield Green Street Green		1	Selling		1
Chilham		1	Sevenoaks Council		1
Cranbrook C.E.		2	Sheerness C.E.		1
Cranbrook Collier's Green		1	Sheerness Blue Town	1	1
Crayford C.E.		1	Sheerness Broadway Council		1
Crayford North End		1	Sheerness Mile Town		2
Dartford Heath Street Council		1	Shorne C.E.		1
Dartford West Hill		1	Sittingbourne Holy Trinity		1
Down Council... ..		1	Sittingbourne St. Michael's		1
East Peckham Council		1	Southborough C.E.		2
East Peckham St. Michael's			Southborough Council	1	
Parochial		1	Southfleet C.E.		1
Edenbridge Haxted Road		1	Speldhurst Langton C.E.		1
Elmsted and Hastingleigh		1	Staple C.E.		1
Godmersham		1	Stourmouth		1
Great Chart Council		1	Sutton-at-Hone C.E.		1
Halling Council		1	Swanscombe C.E.		1
Herne Bay Council		3	Swingfield, Wootton and		
Horsmonden C.E.		1	Denton	1	
Hougham		1	Tenterden C.E.		1
Ickham C.E.		1	Throwley C.E.		1
Kingsdown		1	Tonbridge C.E.		1
Loose		1	Tonbridge St. Stephen's C.E.		1
Lower Hardres		1	Wateringbury		2
Marden Council		1	Whitstable Oxford Street		
Mersham Council		1	Council	1	2
Minster		1	Whitstable St. Alphege C.E.		1
Mottingham Council... ..		1	Wilmington Council		1
Northfleet R.C.		1	Wye Council		1
Northfleet Dover Road		1			
Northfleet Lawn	1	1	Totals	7	81

(j.) *Account of miscellaneous work, such as the Examination of Scholarship Candidates, Pupil Teachers, or Teachers of any grade.*

368 junior scholarship candidates, bursars, etc. were inspected during the year. The results are tabulated below:—

BURSARS, JUNIOR SCHOLARSHIP CANDIDATES, &c.

Centre at which examined.	Number examined.		OBSERVATIONS.
	Boys.	Girls.	
Maidstone ...	12	24	Five boys and six girls needed attention to teeth, one boy had enlarged tonsils, and one boy was approved subject to the removal of adenoids. Three girls had defective vision, and one boy was recommended to obtain new glasses. Slight scoliosis was present in three girls, one girl had some cardiac irregularity, and one girl was found to be suffering from slight goitre.
Dover	17	20	Fifteen girls and three boys required attention to their teeth. Three boys and four girls had defective vision, and one boy was found to be suffering from adenoids. Four girls were found to be in need of breathing exercises, and one boy was suffering from an enlargement of the thyroid gland. One girl had heart disease, and one boy was of poor development, and both children will be re-examined. Two children were rejected, a girl owing to her very defective vision, and a boy on account of his unsatisfactory physical condition.
Margate	10	11	Five girls and four boys needed attention to teeth, and two boys required breathing exercises. One boy and one girl had defective vision. One girl was found to be suffering from flat foot, and one boy was rejected on account of his poor physical condition.
Bromley	24	17	Five boys and six girls required attention to their teeth, and two girls and four boys had defective vision. Two girls and one boy were found to require breathing exercises, and special exercises were recommended in the case of two girls with slight scoliosis, and a boy with narrow chest.
Tonbridge ...	20	16	Four boys and two girls needed attention to teeth. One girl and one boy had defective vision, and one girl was found to be slightly deaf in one ear. One girl was in need of breathing exercises, and one was recommended to obtain special instruction on account of stammering. Special exercises were also recommended for one girl with scoliosis, and one boy and one girl with slight flat foot.

Centre at which examined.	Number examined.		OBSERVATIONS.
	Boys.	Girls.	
Chatham ...	31	38	Fourteen girls and six boys required attention to their teeth, and one girl had slight anæmia. Three boys and six girls had defective vision, and two boys were in need of breathing exercises. Two boys and one girl were recommended to have their ears syringed, and one girl was suffering from enlarged tonsils.
Dartford	18	27	Eight boys and seven girls needed attention to teeth, two girls and one boy had defective vision, and one boy had adenoids. One girl presented slight cardiac irregularity, one girl and three boys needed special exercises for slight scoliosis, and one boy required special breathing exercises. Two girls with defective nutrition, one girl with weak lung and one with slight nasal obstruction, will all be re-examined. One girl was approved subject to operative treatment being obtained for cavernous nævus of right leg.
Bromley	6	6	Three boys and two girls required attention to their teeth, one boy needed special exercises for narrow chest and tendency to flat foot, and his nutrition was only fair.
Chatham ...	6	15	Four girls and a boy needed attention to teeth, and two girls had enlarged tonsils. One boy had defective vision.
Tonbridge ...		12	Two girls required attention to their teeth, and one was in need of special breathing exercises. Two girls were rejected—one on account of anæmia and malnutrition, and one on account of defective vision, deafness, discharging ears, and scolio-kyphosis.
Dover	11	14	Five boys and six girls needed attention to their teeth, and one girl and three boys had defective vision. One boy was noted as being of poor physique, and one girl suffered from frontal headaches.
		3	
		5	Three girls required attention to their defective teeth.
	1	1	Both children needed attention to their teeth, and the boy was suffering from slight flat foot.
Sittingbourne		2	
Gravesend ...	1		Rejected on account of his poor physical condition.
	157	211	
	368		

Six of the candidates were re-examined at a later date, in order to determine whether the recommendations of the Inspector had been satisfactorily carried out.

It will be noted that only six scholars were actually rejected. Candidates with defective vision, enlarged tonsils, bad teeth, &c., were approved subject to the defect referred to receiving adequate treatment. In the case of those noted as being of poor physique or suffering from spinal curvature, the head-teacher of the school at which the child would subsequently attend was notified of the defect, and such remedial measures as were possible, either to effect improvement or to prevent the condition going worse, were advised.

The following table sets out the results of the examination of 26 secondary school teachers:—

SECONDARY SCHOOL TEACHERS.

Centre at which examined.	Number examined.		OBSERVATIONS.
	Male.	Female.	
Tonbridge ...		3	One required attention to teeth, and one was advised to consult an ophthalmic surgeon.
Dover	2	1	
Ramsgate ...	1	1	
	2	1	
Ashford		2	One not in robust health, will be re-examined.
Gravesend ...	5	5	Of the female teachers, one was suffering from varicose veins and one from decayed teeth. Of the male teachers, one had varicose veins, one had several decayed teeth, and one presented marked tachycardia and flattening of both feet.
Bromley	3		Acromegaly was diagnosed in one instance, and this case is still under consideration.
	13	13	
	26		

PROVISION OF MEALS.—REPORT ON THE WORK DURING THE
WINTER SESSION, 1911-12, AND THE SUMMER SESSION OF 1912.

The Education (Provision of Meals) Act, 1906, Sec. 1, enables a Local Education Authority to "associate with themselves any Committee on which the Authority are represented, who will undertake to provide food" for the children in attendance at any public elementary schools in their area; and to "aid that Committee by furnishing such land, buildings, furniture, and apparatus, and such officers and servants as may be necessary for the organisation, preparation, and service of such meals." Sec. 3 gives the additional power of enabling the Local Education Authority to spend money out of the rates for the purpose of providing the food. During the period under review, it has not been found necessary to take action under this latter section except in one part of the Committee's area. Action has been taken under Sec. 1 in three districts; and under Sec. 3 in one district. The former are:—Frindsbury, Speldhurst, and Tonbridge; the latter is Burham. The details available are as follows:—

BURHAM.—A Canteen Committee was formed in June, 1912, owing to a strike in the Thames and Medway Valleys. The Education Authority was represented on this Committee by Mr. Wilford, C.C.

211 children were provided with 1,124 meals. These meals consisted of bread and butter with tea, and were given every morning while the canteen remained open.

The total cost was £10 16s. 8d., of which £9 16s. 2d. was for food. There were no contributions, either from voluntary sources or from parents. No proceedings were taken for the recovery of costs from parents.

FRINDSBURY EXTRA WAINSCOT.—A Canteen Committee was formed in February, 1912, the Kent Education Committee's representative being Mr. C. Tuff, C.C. Funds were raised by voluntary contribution (£3 14s. 6d.), and there were gifts of potatoes and other vegetables. No money was contributed by, or recovered from, parents. The Education Authority paid 16/- for utensils.

SPELDHURST.—The Canteen Committee consists permanently of five members, including the Kent Education Committee representative, and the School Correspondent; but meetings are only held during the winter.

The meals were served in a detached building, usually used for cooking and laundry classes. This building has attached a small room serving the purpose of a scullery in which the meals are prepared.

75 children were fed, and 1,950 meals were provided. The menu was soup and bread; the former was varied in character from day to day.

The total cost (estimated) was £11 13s. 11d., and was defrayed thus: voluntary gifts of money, £1 1s. 4d.; gifts of food materials, £6 0s. 11d.; provision of coal by the Kent Education Committee and use of utensils, £1 19s. 0d.; contributions by parents, £2 12s. 8d. The cost per meal was 1½d., 1d. being for food. A charge of ½d. per meal was made, except in the case of necessitous children. About half the total children fed were able to make the payment.

TONBRIDGE.—The Canteen Committee of this district is also constituted on a permanent basis. Mr. d'Avigdor Goldsmid, C.C. now represents the Kent Education Committee, in the place of Mr. East, C.C., who is no longer a member of the Education Committee. There are meetings during the winter months only.

Meals are provided at two centres in the town, Sussex Road School, and the St. Stephen's Mission Room. The former provides for the children in attendance at that particular school (which has a roll of 650), and the latter for children attending any other school in the town. In connexion with each centre, there is a sub-committee responsible for the actual provision of the meals, and the selection of suitable children.

164 children were provided with 4,550 meals—a smaller number than in previous years, owing to the mildness of the winter. The total cost, £40, was met entirely by voluntary contribution. There were no contributions by, or recovery from, parents. The cost per meal works out at 1½d.; ½d. is for food. A charge of 1½d. has been fixed.

To parents and others having charge of children.

M.I. 27.

KENT EDUCATION COMMITTEE.

PREVENTION OF MEASLES.

1. Measles has appeared among the scholars in the school at which your child attends.
2. Measles is a very infectious disease. It is a serious ailment and is often fatal if the patient does not receive proper attention. The after effects are also often serious and lasting.
3. Measles is particularly infectious before the rash appears, and the signs of this stage of the disease are coughing, sneezing, redness of the eyes, and a feeling of illness.
4. If your child shows these signs, it should be put to bed and you are advised to call in a doctor. *Inform the teacher at once*; and if further cases arise in your family, he should also be informed of each case as soon as possible.
5. Children attacked with measles should be kept in bed in a room by themselves. They should not mix with your other children, nor with their playmates. Neither the patient nor your other children should go to day school, Sunday School, Church, or any other place where they are likely to meet other children, for at least three weeks after the rash has appeared. If, however, any of your children have already suffered from measles, they need not be excluded from school, unless they attend the infants' department, in which case they must be kept at home, just the same as though they had not had the disease.
6. It is hoped that you will follow these directions, and so help the school authorities to prevent the spread of the disease.

*Printed and distributed by Order of the
Kent Education Committee.*

To parents and others having charge of children.

M.I. 28.

KENT EDUCATION COMMITTEE.

PREVENTION OF WHOOPING COUGH.

1. Whooping cough has appeared among the scholars in the school at which your child attends.

2. Whooping cough is a serious disease, and is often fatal if the patient does not receive proper attention.

3. It is highly infectious, and when fully developed is characterised by the well-known *crowing sound*. At the commencement of the disease the only symptoms which may be observed are feverishness and a rather frequent cough, but if you have knowledge that the child has been in contact with another suffering from whooping cough, these symptoms would emphasize the importance of taking early precautions.

4. A child attacked by whooping cough should, if possible, be isolated in a room upstairs, with a fire burning in the room and the window opened sufficiently to admit fresh air without allowing the room to get cold.

5. Children under seven years of age, and older children who have not had the disease, who reside in a house in which a case of whooping cough is under treatment, must not go to school until the patient has recovered.

6. When a child is attacked, the head-teacher of the school at which it attends should be informed of the fact, and also of any other cases which sicken at a later date.

7. When one child in a household has sickened with whooping cough, the others should be watched, and any appearance of illness among them, especially if associated with coughing, should be regarded as indicating the commencement of an attack of whooping cough; such children should be treated in the same manner as the one first attacked.

8. When a child at any house is suffering from whooping cough, no child, or neighbour accompanied by a child, must be admitted into the house; nor must the child with whooping cough be allowed to play with other children until the "whoop" has ceased.

9. The matter coughed or spat up by the sick child must be regarded as infectious, and should be received into pieces of rag which should be at once burned. Discharges from the nostrils should be treated in the same manner.

10. In all cases of whooping cough, medical advice should be obtained, but patients suffering from this disease should not be taken to the out-patients' department of a hospital.

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KENT EDUCATION COMMITTEE.

PREVENTION OF DIPHTHERIA.

Diphtheria has appeared among the scholars in the school at which your child attends.

Diphtheria is a dangerous infectious disease, and every effort should be made to prevent its spread in any household which has been infected. The following precautions are therefore submitted to your notice:—

Healthy children should be kept strictly away from the patient.

Children from a house in which there is a case of diphtheria must not attend day school or Sunday school until a fortnight has elapsed after the house has been disinfected, or for the same period after the patient has been sent to hospital.

When a child is attacked, the head-teacher of the school at which it attends should be informed of the fact, and also of any other cases which sicken at a later date.

Cases of "sore throat," "croupy cough," "discharge from the nose," or "lumps in the neck," occurring during the course of an epidemic may possibly be diphtheritic, and should be immediately reported to the medical attendant. Such conditions are of *extreme danger*, because whilst attracting little attention they may give rise to serious diphtheria in others.

During the course of the disease no visitors should be allowed in the infected house, and discretion should be exercised as regards any of the inmates attending public gatherings or using public conveyances.

If insanitary conditions do not create epidemics of diphtheria they certainly have an influence on its extension; it is therefore desirable that if such conditions as offensive accumulations, over-filled ashpits, leaking privies, blocked drains, dirty houses, etc., are known to exist, information should be at once given, either personally or by letter, to the sanitary inspector for the district.

In all cases of Diphtheria, medical advice should be sought and the medical officer of health of the district notified.

To parents and others having charge of children.

M.I. 26.

KENT EDUCATION COMMITTEE.

PREVENTION OF SCARLET FEVER.

Scarlet fever has appeared among the scholars in the school at which your child attends.

Scarlet fever is a dangerous infectious disease, and every effort should be made to prevent its spread in any household which has been infected. The following precautionary measures are therefore submitted to your notice:—

As a rule this disease commences in children with *Sickness, Sore Throat*, and a feeling of *Chilliness*, followed in twenty-four hours by a *scarlet rash* which begins on the chest and gradually extends over the body. In certain instances the ailment is so mild as to pass almost unobserved, and the first indication that a child is ill may be the peeling of the hands or body, which occurs a week or two after the rash. Parents are advised to consult a doctor without delay whenever they consider a child is suffering from this disease.

Healthy children should be kept strictly away from the patient.

Children from a house in which there is a case of scarlet fever must not attend day school or Sunday school until a fortnight has elapsed after the house has been disinfected, or for the same period after the patient has been removed to hospital.

When a child is attacked the head-teacher of the school at which it attends should be informed of the fact, and also of any other cases which sicken at a later date.

During the course of the disease no visitors should be allowed in the infected house, and discretion should be exercised as regards any of the inmates attending public gatherings or using public conveyances.

If insanitary conditions do not create epidemics of scarlet fever they certainly have an influence on its extension; it is therefore desirable that if such conditions as offensive accumulations, over-filled ashpits, leaking privies, blocked drains, dirty houses, etc., are known to exist, information should be at once given, either personally or by letter, to the sanitary inspector for the district.

In all cases of scarlet fever, medical advice should be sought and the medical officer of health of the district notified.

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