[Report of the Medical Officer of Health for Bromley].

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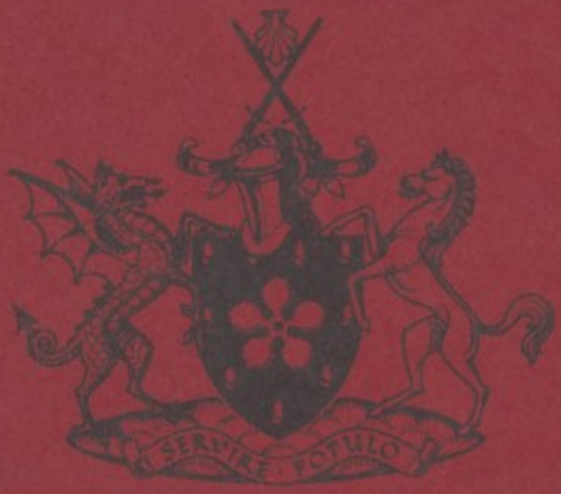

ANNUAL REPORT ON THE SCHOOL HEALTH SERVICE. 1972

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(as at 31st December 1972)

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LONDON BOROUGH OF BROMLEY
STAFF OF THE SCHOOL HEALTH SECTION
(as at 31st December, 1972)

Principal School Medical Officer
L.R.L. Edwards, M.D. (Lond), M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer
A. J. I. Kelynack, M.B., B.S., D.P.H.

Principal Medical Officer
P. A. Currie, M.R.C.S., L.R.C.P.
* 9 Medical Officers in Department

Principal Dental Officer
Mrs. C. M. Lindsay, L.D.S., R.F.P.S. (Glasgow)
* 6 Dental Officers
* 4 Sessional Dental Officers
* 9 Dental Surgery Assistants
* 1 Dental Hygienist
* 2 Anaesthetists (sessional)

Senior Speech Therapist
* Miss V. M. Connery, L.C.S.T.
* 1 Speech Therapist (Full time)
*+ 5 Speech Therapists
\+ 4 Ophthalmologists
\+ 1 Orthoptist
\+ 1 Physiotherapist
\+ 1 Orthopaedic Surgeon
\+ 1 Consultant Psychiatrist

Superintendent Health Visitor
* Miss B. N. Chandler, S.R.N., S.C.M., H.V.Cert., Dip.Soc.Studies (Lond)

Deputy Superintendent Health Visitor
* Mrs. L. A. Hamilton, S.R.N., C.M.B. Part 1., H.V.Cert.

Group Adviser
* Miss C. M. Paxton, S.R.N., S.C.M., H.V.Cert.
* 38 Health Visitors
\+ 7 Health Visitors
2 School/Clinic Nurses

Chief Administrative Officer
D. J. Tinson, Inter., D.M.A.

Senior Administrative Officer
Miss D. W. Gardner
1 Administrative Assistant
10 Clerical Assistants
2 Clinic Clerks (Full time)
\+ 2 Clinic Clerks

* Also employed in the Maternal and Child Health Service

\+ Part time

TO: THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Ladies and Gentlemen,

I have the honour to present the eighth annual report of the School Health Service of the London Borough of Bromley.

There was no special outbreak of infectious disease, and in general the health of schoolchildren is satisfactory. The pattern of measles incidence follows that of previous years.

A Table indicating defects found on periodic and special medical inspections though not required in future by the Department of Education and Science, has been included as the information was available and enable a final local comparison with previous tables to be recorded.

There was an increase of 2,353 routine medical inspections which was an improvement on previous years. A contributory factor has been the employment of a school nurse for vision testing and an audiometrician for hearing tests thus freeing more time of the Medical Officers in Department for these examinations.

DENTAL HEALTH

Even though comparing favourably with most London Boroughs indications are that dental good health if expressed by a diminishing tooth extraction rate, still leaves much to be desired. The Principal School Dental Officer refers to the harmful effects of consuming sugar and sweetstuffs, and comments favourably on a small trial of topical application of fluoride, and on the co-operation of Head Teachers and Staff in a Dental Health Campaign.

IMMUNISATION SERVICE

The acceptance rate for Rubella (German Measles) vaccination reached a record 79.9%, and this vaccination has now been offered to all eligible groups. The acceptance rate for B.C.G. vaccination for the prevention of tuberclosis was 91.5%.

SPEECH THERAPY

Changes and shortages of staff have continued in this section. Consequently, while the number of children referred to clinics increased from 209 to 221, the number of attendances fell from 4,583 to 3,579. However, the service is being spread in as rational a manner as possible and while there was a decrease in the number of home and school visists, there was an increase in the number of initial interviews and of attendances at Special Schools (excluding Goddington) and at special opportunity classes.

SCHOOL PSYCHOLOGICAL SERVICE

A most precise and comprehensive report summarises the provisions for children within the scope of the School Psychological Service; and also indicates the extent of commitment of this service beyond its original brief as the result of new legislative requirements arising in the past 3 years.

Of particular interest is the anticipated additional work arising from four capital educational projects planned for handicapped children during 1973/74/75 of a school for Physically Handicapped, a Day School for Maladjusted, a Day School for Severly Sub-Normal, and a Secondary Partially Hearing Unit.

Most important has been the extension of the risk age range from the narrower limits of 5 to 15 years to one starting at 2 years or even before and extending to 16 years and even beyond both for private provisions and under the National Health Service.

In view of National Health Service Reorganisation it is especially relevant to note the supporting services now given to National Health Service Hospitals and Centres and to the Local Authority Social Services Department, and the need for any new authority to maintain these services to the present high standard of provision.

Anomalies of referral procedures to Child Guidance Clinics should be rectified after 1974.

The analysis of referrals indicates various associations where further research could prove fruitful, and high in priority should be research as to why boys form 72% of the total of referrals for learning and behaviour problems.

AUDIOLOGY

In this report a very valid point is made that time spent in excluding deafness is as justifiable as time spent in identifying and diagnosing deafness. It is, therefore, reassuring to note that 4,866 children (8 years) out of a total 5,095 passed the necessary audiometric examination. The further educational provision for hearing impaired children is set out in the Report, and especial praise is due to the staff of the Peripatetic Service of Teachers of the Deaf and to the Head Teachers and staff concerned with the Unit at Darrick Wood.

Members will be aware of the need for secondary provision within the Borough for children with impaired hearing, and the progress towards this end that has already been achieved.

The co-operation of two Medical Officers interested in this speciality of School Health with the Peripatetic Teachers of the Deaf, the development of aids in ordinary classrooms, the supervision at the Hearing Clinic, and counselling services to parents and teachers, has helped to retain as many partially hearing children as possible in their neighbourhood schools.

HANDICAPPED PUPILS

The handicapped pupil attends an ordinary school for preference both for social and educational reasons, and in Bromley the splendid co-operation of Head Teachers, the School Health Section and the Social Services Department, assures that such children are correctly identified and placed, and that their parents receive informed counsel in their care both at home and at school.

A report from the Department of Education and Science on a National Survey of the welfare of physically handicapped children attending neighbourhood schools indicates the criteria by which certain children should be selected for special schools and suggests that studies should continue on the welfare needs of children who attend neighbourhood schools.

The building of a Special School for handicapped children adjacent to Coopers School, Chislehurst, has commenced, and also during the year a new Phoenix Centre at Farnborough Hospital, presented to the Hospital by the Spastic Society was opened by Sir Keith Joseph, Bt. M.P., Secretary of State for Social Services. The Centre has impressed all by its spaciousness and comprehensive planning for the needs of a wide range of spastic children who now attend.

Cheyne Hospital School, West Wickham, also provides for physically handicapped children and during the year the hospital admitted six children transferred from Leybourne Grange Hospital.

The activities at the five Special Day Schools, are dealt with in detail towards the end of the Report and the special defects of children attending these schools are noted.

HEALTH EDUCATION AND HOME SAFETY

This is an aspect of preventive medicine that has interested me intensely throughout my career in the School Health Service.

In this Borough the service has benefited from the splendid efforts of Mr. J. Bretton who retired in 1972. His reports were most factual and comprehensive, and contained much practical common sense advice. He was a popular figure in all the schools. Mrs. Eves, who succeeded him, brought a valuable approach of experience in health visiting, midwifery and nursing, coupled with a flair for organisation. Both Officers were concerned with the scheme now developed in the Secondary Schools of education for health and personal relationships. Both Officers developed the seasonal campaigns on Health Hazards and Home Accidents which are a continuing feature in schools.

Health Education must be regarded as complementary to Physical Education and the valuable activities of that section of the Education Department are set out clearly in the final pages of this Annual Report.

In conclusion, I wish to thank the Chairman and Members of the Education Committee for their support and advice in the past year. This Report may well be the last under present arrangements and therefore an occasion to express the hope that the service given to the Education Authority may continue to be efficient, humane, and with local understanding of problems.

The Principal Dental Officer, Mrs. C. M. Lindsay, will be retiring in 1973, and I would pay tribute to the manner in which she has managed the dental service with tact and efficiency throughout our association in the London Borough of Bromley from 1965.

Dr. P. A. Currie, Principal Medical Officer, supported by Miss D. Gardner, has been responsible for the day to day medical administration of the service, and it is a tribute to them that problems have been so few, and that this Report, like its predecessors, has been so precisely compiled.

The co-operation of Mr. Barraclough, Chief Education Officer, of Mr. Chamberlain, and other members of the Education Staff has been invaluable in giving great support to the School Health Service throughout the year.

Finally, I would offer my most sincere thanks and good wishes for the future to the medical, nursing, administrative and clerical staff of the School Health Section.

L.R.L. Edwards,
Principal School Medical Officer.

SCHOOL HEALTH SERVICE

The Borough has a duty to provide for the medical inspection at appropriate intervals and to make arrangements for securing the provision of free medical and dental treatment to pupils in attendance at Maintained Schools. The School Health Service, under the direction of the Principal School Medical Officer, administers these services on behalf of the Borough.

It is the aim of the School Health Service, in collaboration with the Education Department, to be satisfied, by means of these medical examinations, that every child is able to receive the type of education best suited to his age, aptitude and ability.

There are 34 Secondary Schools (including 2 Direct Grant) and 90 Primary Schools in the Borough; also 4 special day schools for educationally subnormal children, and one hospital school.

In January there were 48,174 pupils (an increase of 55) on the registers of the Maintained Primary, Secondary, Special and Nursery Schools.

It is the aim to give statutory routine medical inspections to all pupils entering the infants' school and to repeat these when they reach the age of 10 years and 14 years. In addition at 8 years of age pupils are given routine tests of vision and hearing alone; a full medical examination is undertaken at this age only if, for any reason, it appears necessary. Further, when at any time during a child's school career the head teacher, parent or doctor is concerned about the health of a particular child in relation to school education or activity, arrangements are made for special examinations to be carried out. Private schools may participate in the School Health Service at request.

The total number of children attending both Maintained and Independent Schools who were examined in the routine age groups was 14,646. The physical condition of all the pupils inspected was satisfactory and 1,819 pupils (12.4%) were found to require treatment.

A further 5,199 children were given routine tests of vision and hearing, as a result of which 215 pupils (4.1%) were referred for treatment because of visual defects and 47 pupils (0.9%) were referred for treatment because of hearing defects.

Follow-up examinations, referrals to General Practitioners, specialist clinics and to Hospital Consultants were arranged as and when necessary. Further details of these examinations will be found later in the report.

It will be appreciated that Medical Officers devote about half of their time to the School Health Service. The arrangement of identification of an area based around the Child Health Clinics has worked very satisfactorily, as it enabled a continuity of service to be given to the family.

It will have been noted in the figures reported above that an increased number of children have been routinely tested for vision and hearing. Whereas in previous years sweep testing in the 8 year old children was carried out by Medical Officers at special vision and hearing sessions, this service has now been taken over by the Audiometrician and School Nurse – the first to be appointed to the School Health Service. The former received training at the Audiology Clinic and during this year has completed audiometric testing of all 8 year old children within the Borough, details of which are enumerated later in this Report.

Particulars of the numbers of children issued with free milk certificates under the Education (Milk) Act 1971 since it became operative in the latter part of that year are shown under School Meals and Milk Service.

It was possible during the year to release several Medical Officers for attendance at formal Courses, in addition to which some were able to attend either one day or half day Conferences.

There has been continued difficulty in filling the post for a part-time Psychotherapist as only 2 applicants were interviewed and both subsequently withdrew from the appointment.

In March of this year a report was received from the Department of Education and Science of a survey made on physically handicapped children in normal schools. A considerable amount of detail and figures are contained in this report, but the conclusion which is quoted is worthy of note:

CONCLUSION

It is the wish of many parents that their child should attend an ordinary school, both for social and educational reasons. In Circular 276, issued on 25 June, 1954 by the Department of Education and Science it states that "no handicapped pupil should be sent to a special school who can be satisfactorily educated in an ordinary school". Where a special school is necessary, a day school is preferable if it offers a satisfactory and practical solution.

It has been shown that 10,200 physically handicapped children are, in fact attending ordinary schools. For some this may be the right placement but for others the more sheltered environment of the special school with smaller classes, intensive medical and nursing care and a full range of therapies available may be more suitable. Those in the special schools tend to be the most severely physically handicapped; many having multiple defects.

This survey by its very nature and the inclusion of multiple observers and many variables can only produce a value judgement which cannot be standardised. It may, however, be considered to be an indication that further study of the needs of physically handicapped children in ordinary schools might be appropriate."

As no Borough was identified local figures are not available for publication.

Two years have now elapsed since the separation of the Health and Welfare Departments, but liaison has been maintained with what is now known as Social Services on a very happy and reciprocal basis, particularly with a free exchange of information on handicapped pupils.

The report would be incomplete without an appreciative reference to the great co-operation and goodwill which is extended to the School Health Service, by the Head Teachers and staff of schools within the Borough, when medical examinations are carried out. This enables the maximum number of children to be seen, which is especially to be remembered where real difficulties of accommodation exist.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A. - PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1968 and later	13	13	–		1	2	4
1967	841	841	–		40	51	90
1966	2,489	2,489	–		117	289	391
1965	195	195	–		13	15	28
1964	68	68	–	3,396*	10	14	23
1963	102	102	–	1,683*	10	16	26
1962	3,596	3,596	–		145	191	331
1961	2,622	2,622	–		156	268	410
1960	104	104	–		6	3	9
1959	70	70	–		4	11	15
1958	3,482	3,482	–		260	233	469
1957 and earlier	154	154	–		11	12	23
TOTAL	13,736	13,736	–	5,079*	773	1,105	1,819

The physical condition of all the children inspected was satisfactory.

* Tests of Vision and Hearing only at age of eight years.

215 Pupils referred for treatment because of Visual Defect.
47 Pupils referred for treatment because of Hearing Defect.

OTHER INSPECTIONS

Number of Special Inspections	2,245
Number of Re-inspections	3,129
	5,374

SPECIAL INSPECTIONS

Special inspections are carried out at any time during a child's school career if the head teacher, family doctor, parent or health visitor is concerned about the health of a particular child. A total of 2,245 special inspections was carried out during the year.

RE-INSPECTIONS

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection. A total of 3,129 re-inspections was carried out during the year.

FOLLOW-UP EXAMINATIONS

Follow-up examinations, referrals to General Practitioners, Specialist Clinics, and to Hospital Consultants are arranged as and when necessary.

CLEANLINESS INSPECTIONS

These inspections are carried out by the Health Visitors. Children in the Infants Departments are inspected during the first six weeks of each term.

Inspections in the Junior and Secondary schools are also carried out each term unless clear inspections are reported for three consecutive terms.

In addition to the above, inspections are carried out at any time if and when necessary.

(a)	Total number of individual examinations of pupils in schools by Health Visitors	45,670
(b)	Total number of individual pupils found to be infested	328
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	75
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	2

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS

MAINTAINED SCHOOLS

Defects Code No (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTION
			ENTRANTS	LEAVERS	OTHERS	TOTAL	
4	Skin	T	12	78	185	275	11
		O	8	26	58	92	9
5	Eyes – a. Vision	T	41	271	461	773	279
		O	118	298	1133	1549	944
	b. Squint	T	5	8	27	40	2
		O	3	6	43	52	5
	c. Other	T	1	14	28	43	–
		O	1	3	22	26	1
6	Ears – a. Hearing	T	12	15	66	93	112
		O	169	70	717	956	536
	b. Otitis Media	T	3	–	13	16	1
		O	8	1	43	52	1
	c. Other	T	–	2	5	7	1
		O	1	2	5	8	–
7	Nose and Throat	T	5	31	85	121	2
		O	29	19	203	251	25
8	Speech	T	4	2	31	37	24
		O	22	1	84	107	19
9	Lymphatic Glands	T	–	–	3	3	–
		O	1	3	21	25	–
10	Heart	T	–	4	6	10	1
		O	4	20	60	84	5
11	Lungs	T	–	18	45	63	4
		O	9	19	86	114	10
12	Developmental – a. Hernia	T	1	5	7	13	5
		O	6	6	26	38	11
	b. Other	T	2	7	39	48	15
		O	10	18	139	167	40
13	Orthopaedic – a. Posture	T	1	8	5	14	7
		O	1	26	79	106	8
	b. Feet	T	2	13	57	72	14
		O	2	18	112	132	8
	c. Other	T	1	15	28	44	5
		O	4	17	55	76	10
14	Nervous System – a. Epilepsy	T	–	9	18	27	–
		O	2	1	17	20	3
	b. Other	T	–	–	7	7	2
		O	8	12	61	81	15
15	Psychological – a. Development	T	3	3	8	14	6
		O	7	19	119	145	21
	b. Stability	T	–	5	21	26	22
		O	18	50	292	360	55
16	Abdomen	T	1	3	20	24	14
		O	6	8	86	100	16
17	Other	T	–	6	4	10	20
		O	8	68	243	319	11

T = TREATMENT
O = OBSERVATION

INDEPENDENT SCHOOLS

Independent Schools, which so desire, have continued to participate in the School Health Service. At present 14 such schools take advantage of the facilities provided by the Service. Subject to their parents' consent pupils attending these schools receive routine medical inspections (at the same ages as children attending maintained schools), and also have the advantage of access, where necessary, to the specialist clinics. Arrangements are also made as and when necessary for the special examination of any child.

During the year 910 children were medically inspected and a further 120 children received tests of vision and hearing only.

Further details, with a summary of the various defects found at these examinations are as follows:-

PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1968 and later	4	4	–		–	–	–
1967	97	97	–		3	16	19
1966	72	72	–		1	4	5
1965	22	22	–		–	4	4
1964	14	14	–		–	–	–
1963	12	12	–	120*	–	–	–
1962	179	179	–		16	24	38
1961	139	139	–		5	15	20
1960	17	17	–		3	2	5
1959	4	4	–		–	–	–
1958	315	315	–		13	28	39
1957 and earlier	35	35	–		3	10	13
TOTAL	910	910	–	120*	44	103	143

The physical condition of all the children inspected was satisfactory

* Tests of Vision and Hearing only at age of eight years

Pupils referred for treatment because of Visual Defects = 2
Pupils referred for treatment because of Hearing Defects = Nil

OTHER INSPECTIONS

Number of Special Inspections	110
Number of Re-inspections	90
	200

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS

INDEPENDENT SCHOOLS

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTION
			ENTRANTS	LEAVERS	OTHERS	TOTAL	
4	Skin	T	7	10	20	37	1
		O	1	3	8	12	2
5	Eyes – a. Vision	T	3	17	23	43	17
		O	19	30	66	115	46
	b. Squint	T	2	2	–	4	–
		O	–	–	1	1	–
	c. Other	T	–	1	1	2	–
		O	–	1	2	3	–
6	Ears – a. Hearing	T	–	1	–	1	–
		O	22	7	30	59	16
	b. Otitis Media	T	–	–	–	–	–
		O	7	–	1	8	–
	c. Other	T	–	–	2	2	–
		O	–	–	1	1	–
7	Nose and Throat	T	2	2	3	7	–
		O	6	2	14	22	5
8	Speech	T	1	–	2	3	–
		O	2	–	1	3	–
9	Lymphatic Glands	T	–	–	–	–	–
		O	–	1	3	4	–
10	Heart	T	–	–	2	2	–
		O	2	–	–	2	–
11	Lungs	T	1	–	1	2	1
		O	–	2	10	12	–
12	Developmental – a. Hernia	T	–	–	–	–	–
		O	3	–	1	4	–
	b. Other	T	1	6	–	7	–
		O	2	1	2	5	3
13	Orthopaedic – a. Posture	T	–	1	2	3	1
		O	1	6	10	17	2
	b. Feet	T	1	–	5	6	1
		O	2	4	10	16	2
	c. Other	T	–	2	1	3	–
		O	3	6	3	12	1
14	Nervous System a. Epilepsy	T	–	–	–	–	–
		O	–	–	1	1	–
	b. Other	T	–	1	–	1	–
		O	–	1	1	2	–
15	Psychological – a. Development	T	1	–	–	1	–
		O	3	1	1	5	2
	b. Stability	T	–	–	2	2	–
		O	2	5	21	28	–
16	Abdomen	T	–	1	1	2	–
		O	3	2	4	9	2
17	Other	T	–	5	–	5	–
		O	1	15	12	28	12

T = TREATMENT
O = OBSERVATION

MINOR AILMENTS

Minor ailments are treated by the Health Visitors at the Clinics, or at school if requested by the Head Teacher.

These arrangements are found to avoid loss of school time which would otherwise be inevitable.

During the year a total of 252 pupils was treated.

TREATMENT OF PUPILS

EYE DISEASES, DEFECTIVE VISION AND SQUINT

Number of cases known to have been dealt with:-

External and other, excluding errors of refraction and squint	11
Errors of refraction (including squint)	3,984
Total	3,995

Number of pupils for whom spectacles were prescribed ... 1,734

OPHTHALMIC CLINICS

These Clinics are situated at Beckenham, Bromley, Chislehurst, Orpington, Penge and St. Paul's Cray. A total of 9 weekly sessions is held at these centres. In addition, a session is held every other week at Bromley.

A total of 837 new cases and 3,147 re-examinations was seen at the Clinics.

It would seem unnecessary to stress how vital it is that children's vision should be checked. It is not universally appreciated how defects of vision are often accepted by a child, and the parents are, therefore, not alerted to their existence.

In spite of this it is surprising the wastage that occurs from appointments not being kept. Regrettably, in some cases no message is received either, which leads to difficulties in making up full appointment lists.

ORTHOPTIC CLINIC

Patients seen at this Clinic are always referred by an Ophthalmologist. Two weekly sessions are held at the Bromley North Clinic, and one session per week at The Willows Clinic, Chislehurst. Patients not living in the areas served by these two clinics are seen at the nearest local Hospital.

The following types of cases are referred:-

(a) Cases of obvious strabismus or squint.
(b) Patients suspected of having a strabismus.
(c) Amblyopic patients.
(d) Patients with any ocular muscle imbalance.
(e) Patients who are complaining of ocular symptoms, the cause of which is not obvious to the Ophthalmologist.

Details of treatments and attendances are as follows:-

Number of new cases		77
Number on treatment		19
Number on occlusion		52
Number under observation		149
Number of treatments given		44
Number of cures with operation		13
Number of cures without operation		50
Cases discharged – cured	a) Functional for binocular single vision	36
	b) Cosmetic	27

Total number of attendances	586
Transferred or left the district	21
Number of sessions	141
Number on waiting list at 31.12.72	Nil

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Number of cases known to have been dealt with

Received operative treatment:-

(a)	for diseases of the ear	–
(b)	for adenoids and chronic tonsilitis	452
(c)	for other nose and throat conditions	321
	Total	773

Total number of pupils in schools who are known to have been provided with hearing aids:-

(a)	during 1972	21
(b)	in previous years	85

ORTHOPAEDIC AND POSTURAL DEFECTS

Number known to have been treated

(a)	Pupils treated at clinics or out-patients	112
(b)	Pupils treated at school for postural defects	–
		112

ORTHOPAEDIC CLINIC

The Clinic is situated at Bromley North and caters for the surrounding population. Other parts of the area are covered by various Hospital Out-patient Departments. The attendances continued to be good and the Clinic is held according to need, which is approximately once a month.

PHYSIOTHERAPY CLINIC

Cases are treated at the Bromley North and Beckenham Town Hall Clinics and at Hospital Out-patient Departments.

The majority of cases attending for treatment were referred direct from the Orthopaedic Consultant. Cases of general debility were referred to the Clinics for a course of sunlight.

A total of 899 attendances was made at the two Clinics and of these 753 were for remedial exercises, etc., and 146 for sunlight.

DISEASES OF THE SKIN (excluding uncleanliness)

Number of pupils known to have been treated

Ringworm –	(a)	Scalp	–
	(b)	Body	–
Scabies			12
Impetigo			–
Other skin diseases			181
			193

B.C.G. VACCINATION

In the effort to eradicate tuberculosis, B.C.G. vaccination was again undertaken, with parental consent, on children in the 13-14 year age group, who are found to need this form of protection following upon a skin test. In addition, those who are shown by the skin test to need further investigation are referred, with the approval of the family doctor, to the appropriate Chest Clinic.

During the year 3,309 children received a skin test and the 2,806 negative reactors received B.C.G. vaccination. Of the 297 children who were found to have a positive reaction to the skin test, 81 were referred to the appropriate Chest Clinic for further investigation. No further action was necessary in the case of the remaining 216 children who gave a positive reaction because of previous B.C.G. vaccination.

RUBELLA

Rubella vaccination was initially introduced into the School Health Service Immunisation Programme in September, 1970.

At that time the Department of Health and Social Security recommended that vaccination against Rubella (German Measles) should be offered to all girls between their 11th and 14th birthdays, with initial priority being given to the older girls in this group. This to ensure that as many girls as possible were offered protection against Rubella by vaccination, before reaching child-bearing age. Although the disease itself is mild, there are well-established associations between an attack of Rubella during pregnancy and the occurrence of serious abnormalities in the unborn child. Due to an intensive programme in 1971, vaccination of the lowest possible age group within the category laid down, has now been achieved.

During the year the following programme of Rubella vaccinations was carried out:-

Age Group	Term	No. of Vaccs. carried out
1960	Autumn	1,677

It is gratifying to record that the average acceptance rate for the vaccination was 79.9%

INFECTIOUS DISEASES

524 notifications of infectious diseases in children of school age were received during the year.

Details of the notifications received are as below:-

DISEASE	TOTAL NO. OF CASES	1st QUARTER	2nd QUARTER	3rd QUARTER	4th QUARTER
Dysentery	3	1	2	–	–
Food Poisoning	1	–	–	1	–
Infective Jaundice	7	2	4	–	1
Measles	456	147	116	164	29
Meningitis	13	3	–	4	6
Scarlet Fever	32	13	7	5	7
Tuberculosis (Pulmonary)	6	2	2	2	–
Whooping Cough	4	2	–	1	1
Encephalitis	2	–	–	1	1
TOTALS:	524	170	131	178	45

SPEECH THERAPY

Once again there have been changes in staff. Early in the year we lost one full time and one part-time therapist, but we were fortunate in gaining the services of three part-time therapists in September. Nevertheless, as the waiting list indicates, the Speech Therapy services are seriously understaffed and in some areas children are having to wait for more than a year before they can receive treatment.

Again we have not had a Speech Therapist available to work at Goddington School.

As a part of their practical training students from The Central School of Speech Therapy and The Oldrey-Fleming School of Speech Therapy have been attending the Bromley Clinic and students from The Kingdon-Ward School of Speech Therapy have been attending the sessions held in the Special Opportunity Classes at St. Paul's Wood School, Leesons School and Midfield School.

Conferences and Courses attended during the year included a 4-day Conference of the College of Speech Therapists which the Senior Speech Therapist attended; a weekend Course of the National Society for Autistic Children was attended by one of the Therapists, who also attended a one-day Symposium sponsored by the I.L.E.A.

The figures for 1972 are as follows:-

Number of children referred by:-		
1.	Medical Officers in Department	111
2.	Head Teachers	47
3.	Hospital Consultants	8
4.	General Practitioners	9
5.	Parents	14
6.	Health Visitors	26
7.	Educational Psychologists	2
8.	Other Districts	4
	Total:	221
Number of children seen in Clinic		553
Number of children seen in Special Schools (including Cheyne Hospital and Special Opportunity Classes)		81
		634

Number of Attendances:-		
1.	Clinics	3,579
2.	Special Schools (including Cheyne Hospital and Special Opportunity Classes)	1,321

The numbers for Special Schools do not include Goddington, as no Speech Therapist was available to work there.

Number of Home Visits	76
Number of School Visits	50
Number of initial interviews	176

Distribution of Cases:-

Retarded Speech & Language Development	227
Dyslalia	162
Interdental Sigmatism	59
Lateral Sigmatism	16
Stammer	44
Cleft Palate (repaired)	15

Deaf	11
Dysphasia – Language Difficulties	14
Hypernasality	8
Hyponasality	0
Dysphonia	3
Dysarthria	5
Mentally Retarded	48
	612

Twenty two cases seen in the Clinic have not been classified as therapy was either not indicated, or being received elsewhere.

Cases closed:–

Improved	41
Removed	12
Refused Appointments	9
Non-attendance after first interview	11
Failed Initial Appointment	5
Therapy not indicated	7
Therapy elsewhere	4
Left School	3
	92

At the close of the year the numbers on the Waiting List were almost treble those of 1971. The figures are as follows:–

Assessed and Awaiting Treatment	82
Awaiting Assessment	104
Total (including 18 children considered to be priority cases)	186

CHILD GUIDANCE

Through various sources, cases of psychological disturbance come to light and are referred, if necessary to the appropriate Child Guidance Clinic.

These Clinics which are spaced throughout the district, are held in Hospital premises except at "The Willows". Red Hill, Chislehurst, which is the Council's own premises. The remaining Child Guidance Clinic sessions are held at Farnborough Hospital, "Stepping Stones", Bromley Hospital and at Sydenham Hospital, which serves the Borough of Bromley although it is outside the geographical limits. One Consultant Psychiatrist is now responsible for the Child Guidance work at local hospitals and at our own Clinic at Chislehurst.

I am grateful to Dr. Rodriguez, the Consultant Psychiatrist for the following report in respect of the Chislehurst Child Guidance Clinic.

During 1972 the demands made on the Clinic have remained fairly constant as regards the number of new referrals and new cases taken on for treatment, but there has been a marked increase in the number of interviews carried out by the Psychiatrist and Social Worker. The median length of the waiting list was about 10 weeks – more than half the cases had their diagnostic interview within 2 months of being referred. Some urgent cases were seen within 48 hours. The waiting list is still long and continues to be a source of frustration to parents and referring agencies. Treatment facilities are still insufficient, and it is not possible to offer adequate treatment for all the children still referred while the post of Child Psychotherapist remains unfilled. The appointment of a fourth Psychologist to the School Psychological Service was most welcome, as for some time, because of so many other commitments, the School Psychological Service had reduced drastically the amount of work undertaken at this Clinic.

The staff of the Clinic, as in previous years, has co-operated with other care-giving agencies through informal meetings, case conferences and discussions.

With the reorganisation of the National Health Service in 1974, some uncertainty exists about the future of psychiatric services for children in the London Borough of Bromley.

Staff:

Medical Staff: Dr. R. Rodriguez MD., MRCP., DPM., MRC. Psych. has continued to act as Consultant Psychiatrist and Medical Director (4 sessions per week).
Educational Psychologists: Miss A. Griffiths and Mr. T. Russell, who recently joined the School Psychological Service have visited the Clinic to carry out psychological assessments and also for weekly case discussions. Their efforts in increasing communication with schools has been greatly appreciated.
Social Worker: Mrs. Walton was appointed full time Social Worker in September 1972. This is most welcome, as this for the first time, has meant there has been full time professional coverage at the Clinic.
Child Psychotherapist: This post is still vacant.
Clerical Staff: Mrs Gurr has given valuable service as Clinic Secretary, assisted by Mrs. Lane (one morning per week).

Building and Equipment:

Some much needed decorations were carried out during the year. The shortcomings of the present building were partly highlighted by the failure to appoint a Psychotherapist, as the sessions can only be held on a Thursday. It is not possible to have a full team (Psychiatrist, Psychologist, Social Worker and Psychotherapist) to work simultaneously at this Clinic, as there are not enough rooms available.

Referral and Treatment:

68 children from the Borough were investigated and taken on for treatment (1971 = 78). Approximately another 180/200 children were seen by Dr. Rodriguez in the hospitals of the Bromley Group. School Medical Officers and General Practitioners continue to refer nearly 50% of the children seen at this Clinic.

Co-operation with outside agencies:

As in previous years, close co-operation was maintained with other disciplines in the field of education and child care, and there were discussions with School Medical Officers, Head Teachers, Education Welfare Officers, Social Service Department Workers, Probation Officers and Health Visitors. Inter-disciplinary case conferences were held at this Clinic. Dr. Rodriguez attended the quarterly meetings with other Child Psychiatrists working for the South-East Regional Metropolitan Hospital Board.

Six students attended the Clinic:–
1– Social Services Student
5– Health Visitor Students

Details of referrals and attendances during the year are as follows:–

Waiting List:

(a)	Awaiting first interview	31
(b)	Interviews and awaiting treatment	Nil

In attendance:

(a)	Active	87
(b)	Periodic Review (holiday cases)	25

Number of cases closed: 74

Number of applications withdrawn
(Failed repeatedly to attend for diagnostic interview) 15

Source of referral:

Probation Officers	3
Court	2
Head Teachers	8
Medical Officers in Department	18
General Practitioners	32
Parents	19
Social Services Department	5
Hospital (Paediatricians and Psychiatrists)	2
Chief Education Officer	1
School Psychological Service	6
Others	8
Total	104

Number of new patients taken on for treatment during each month:

January	6	May	6	September	7
February	7	June	6	October	10
March	8	July	5	November	6
April	–	August	2	December	5

	Number of Psychiatric Interviews:	Number of Social Workers Interviews:
Quarter to 31st March, 1972	275	263
Quarter to 30th June, 1972	226	178
Quarter to 30th September, 1972	211	190
Quarter to 31st December, 1972	263	274
	975	905

Number of Home Visits by Psychiatric Social Worker: 61

Number of School Visits:

Psychiatric Social Worker	12
Educational Psychologists	No figures available

The Social Workers made 21 visits to different outside agencies, and attended Court on 2 occasions.

SCHOOL PSYCHOLOGICAL SERVICE

I am grateful to Mr. D. R. Barraclough, Chief Education Officer, for the following report on the School Psychological Service:-

The School Psychological Service is intimately concerned with both the education and the welfare of children. Not surprisingly, the new Acts*, together with other educational changes such as the raising of the school leaving age and the effects of a vigorous population growth within the Borough, have imposed new demands resulting in subtle but continuous changes in the working of the Service. It seems desirable to look at the extent to which the service has thus found itself committed beyond its original brief within the Borough.

(A) Summary of Provisions for Children relating to the work of S.P.S.

The Service is concerned with all children resident or at school (L.E.A., direct grant or private) in the Borough. The provisions for children can be classified broadly within three categories, as follows:

1. Within the Educational framework

1a L.E.A. ** Provisions
(i) Total population 49,399 (summer term)

(ii) Total number of schools *** 122, thus:

22 Junior
68 Infant and Primary
32 Secondary

(iii) Total number of special establishments 28 **** thus:

4 Special Day Schools
5 Infant Opportunity Classes
4 Special Infant Units
3 Voluntary Play Groups (S.S.N.)
2 Partially Hearing Units (Nursery & Primary)
9 Tutorial: Remedial and Maladjusted
1 Child Guidance Clinic

* Children and Young Persons Act 1969
Social Services Act 1970
Education (Handicapped) Act 1971

** And Direct Grant Schools

*** Excluding Special Schools dealt with under (iii)

**** This number is to increase to possibly 32 units by 1975 as follows:
1 P.H. School, all ages, at Coopers (?1973)
1 Day S.S.N. School in the Crays (?1974)
1 Secondary Partially Hearing Unit, Darrick Wood (?1973/74)
1 Day Maladjusted School shared with Bexley (?1975)

1b Private Provisions

(i) Total population not known
(ii) Total number of private schools 24 (Infant, Junior & Secondary)
(iii) Boarding and other day schools outside the Borough which Borough children attend, variable number.

Now all the children are the responsibility of the Education Authority throughout their educational careers. For some this responsibility may start as early as 2 years of age and for some it may extend well beyond the age of 16 into some form of further education and training. This Service now finds itself required to cover a considerably extended age range. Its original commitment was to children between the ages of 5 and 15 years.

2. Within the National Health Service (under re-organisation by 1974)

Total number of provisions 7*, thus:

Bromley Hospital Child Guidance Clinic
Farnborough Hospital Paediatric Department
Farnborough Hospital Psychiatric Clinic
Phoenix Centre for Spastic Primary Classes and Nursery Group
Cheyne Hospital Primary School
Nursery Group
S.S.N. Group

Now all children, whether normal or handicapped and whatever the nature, degree and number of handicaps, are the responsibility of the Education Authority. This Service now finds itself required to apply its resources to an increasingly varied and complex range of problems attending the handicapped. This has considerably widened the scope of the Service. Its original brief excluded the handicapped, who were then the responsibility of the Health Authority.

3. Within the Social Services Department

Total number of special establishments 2**, thus:

Reception/Assessment Hostel (all ages), Reynolds House
Adult Training Centre

Children who are made subjects of Care Orders should now have their personal needs assessed by a multi-disciplinary team which includes a psychologist. The Children's Department has become incorporated in the new Social Services Department, with wider involvement in community care, and inevitably would request the psychologist's advice about children in a wider variety of instances than just those in which a formal Care Order has been made. The School Psychological Service now faces increasing demands from an entirely new Department.

Over half the special provisions for children have been established during the past three years to meet the requirements of the new Acts. It is expected that they should continue to grow in the next few years as the full extent of the educational needs of the handicapped becomes more clearly understood.

* This number is to increase to 8 by 1975 with the proposed S.S.N. Unit at Cheyne Hospital.

** This number is to increase to 4 by 1975 with the proposed S.S.N. Hostel in Bromley for children up to 16 years (?1973) and another Reception/Assessment Hostel.

(B) Analysis of work carried out in the 1971-72 Academic Year

Whatever the growth in diversity and complexity of duties, the work of the Service is still best presented under the three main categories of individual psychological investigations, group studies and general education advisory activities.

Individual Psychological Investigations

The psychological investigation of an individual child includes the necessary interviews and dialogues with parents, teachers and any other professional concerned in the case. During the course of the year, many children are put forward by their schools as presenting some problems. Some of these can be resolved through discussion with the teachers on the spot. Such cases are not included in the number of individual investigations, because they would not have been reported on; these numbers do not figure in the statistics of the Annual Report but come under the umbrella term of advisory activity.

This year, 623 children were investigated and reported on by the three Educational Psychologists who manned the Service. Table I below sets out details of the referral agencies and the incidence of boys and girls referred.

TABLE I REFERRALS

Total number of children seen and reported on individually during the academic year 1.9.71-31.8.72.

SOURCE	BOYS	GIRLS	TOTAL NO. OF CHILDREN
(a) Schools	293	110	403 (307)**
(b) Hospitals	98	44	142 (169)**
L.E.A. Clinics	–	–	–
(c) Miscellaneous:	54	24	78
S.M.O.	(5)	(2)	(7)
C.E.O.	(40)	(19)	(59)
Parent	(4)	(1)	(5)
G.P.	(1)	(–)	(1)
Probation Officer	(–)	(1)	(1)
Child Care Officer	(4)	(1)	(5)
TOTALS	445	178	623(556)**

** These figures refer to the 1970/71 referrals; the first year when the Service had had three full-time Educational psychologists on establishment.

There is an increase in the total number of children seen as usual, the heaviest demand by far comes from the schools. Over the past years this demand has grown*. Some transient working difficulties in connection with the ~~London~~ Local Education Authority Child Guidance Clinic at The Willows may explain the apparent slight drop in the number of children seen in the hospital clinics. Their demands, on the whole, remain fairly constant.

* There is still a large waiting list of children referred but not investigated. It is some relief to note that the waiting list has decreased to 160 children this year.

It is interesting to note the relatively high number of boys seen. They form 72% of the total. A closer examination of the returns shown in the appendices, which carry more detailed statistics indicates that the majority of problems are related to, or reveal, learning difficulties. This appears more obviously within the younger age groups. The discrepancy between the sexes is consistently large enough to warrant closer investigation as to possible contributing causes. Unfortunately, the present staffing ratio of the Service does not permit a research project of this nature to be undertaken as part of the general work. It remains, however, an aspect of work which needs to be considered for future development.

Children are referred to the Service for a variety of reasons by a variety of agencies; mostly, it would seem, their problems prove to be of an educational nature. Just over half of all children referred fall into three categories:- behaviour problems, learning difficulties and general retardation.

It would seem that learning problems attend mostly the children of average and below average intelligence. Behaviour problems – whether within the home or in the schools – seem to occur more among children of average and above average intelligence.

There are few cases referred for queried developmental retardation. This category concerns young, pre-school infants. It would seem that young infants may wrongly present a clinical picture of retardation, as most prove to be slow rather than subnormal.

A total of 196 children (S.S.N., E.S.N., and Dull) were identified as slow children in practice. One fifth would have clearly fallen in the field of special educational provision; the remaining four-fifths would have been retained within framework of the ordinary schools. For a few of them, boarding school placement would have been required.

The recommendations made by the Educational Psychologists when investigating individual cases, seem to fall mainly into eight categories. Some of these are mutually exclusive but most are not; in fact, frequently multiple recommendations occur. Table II below lists the eight main categories and the number of children involved with each of them.

TABLE II

Distribution of main categories of recommendation made by the Educational Psychologists during the academic year 1.9.71 – 31.8.72.

RECOMMENDATION	BOYS	GIRLS	TOTAL
1. Advice to Parents	59	32	91
2. Advice to Teachers	248	94	342
3. Remedial Teaching Provision	43	9	52*
4. Remedial Maladjusted Provision	9	4	13**
5. E.S.N. Placement	36	17	53***
6. S.S.N. Placement	8	2	10
7. Special Opportunity Class (Inf.) Placement	11	6	17
8. Referred to Child Guidance Clinic	14	8	22
TOTALS	428	172	600

* Only 3 of these were implemented during the year.

** Only 1 of these was implemented during the year.

*** The total number implemented is not known precisely.

With regard to category 8 (referral to Child Guidance Clinic), the Educational Psychologist can only refer to the Local Authority Child Guidance Clinic at The Willows. The hospital clinics only accept referrals from medical practitioners. At the best level of co-operation, this situation means a delay while a child is channelled through the proper administration (e.g. the G.P. or School Health). It is not yet known whether the future reorganisation of the Health Service may affect this particular matter, but it is to be hoped the happy and harmonious relationship with School Health will continue.

(C) Group Studies

Within the extended special educational provisions, group studies continue with the aid of the infant rating scales for the younger age groups. The questionaire for children with hearing impairment has been tried out by the peripatetic teachers of the deaf and has proved helpful to the Hearing Impaired Ascertainment Team. The final form for the annual screening of slow learners at top infant level was redesigned. The number of slow learners referred by Head Teachers had dropped gradually over the past five years. As screening for slow learners by group testing is impossible because of the work involved, it was thought desirable to change referral format by introducing more precise guide lines and re-structuring the form differently. Results were encouraging. The Head Teachers like the revised form and the number of children referred increased.

(D) General Advisory Activity

The problems of adequate provision for children who fail to learn the basic skills of literacy and numeracy still concerns the Service. On this question, the traditional approach of the Educational Psychologists advising on individual children brought to their notice, is far from meeting the general need in schools. A more economical, practical and efficient deployment of professional resources is required and a system of in-service training courses for teachers is forecast as a possible solution.

This year, the staff of the Opportunity Classes and Special Infants Classes did not go on educational visits. Together with the staff of the Phoenix Centre and Cheyne Hospital School, they attended special films and seminar sessions at Stockwell Teachers Centre, on different aspects of their work.

The Hearing Impaired Ascertainment Team has met regularly at St. Paul's Wood Hill and also at the Darrick Wood Unit. This group of specialist teachers, School Medical Officers and Educational Psychologists, is working very happily together.

Regular quarterly meetings with the Tutorial Teachers and some meetings with Dr. Rodriguez have taken place at St. Paul's Wood Hill and Bromley Hospital. Close collaboration with Mrs Powell and the Remedial Teachers continues to be free and easy throughout the year.

(E) Staff

This year the Service, which had been manned by three Educational Psychologists, achieved its full establishment, and enjoys a very competent and friendly staff and it has acquired through the years a sound basic working pattern. The Service should continue to meet the various demands made on it, given an adequate staffing ratio. Another full-time clerical assistant and at least one more Educational Psychologist appear to be required in the immediate future.

AUDIOLOGY SERVICE

Two Medical Officers have particular responsibilities in this field and I am happy to submit this report:–

All the Medical Officers continue to carry out sweep frequency tests during medical examinations at their schools and give particular emphasis to these at the entrant routine medical examinations.

Whereas in previous years sweep testing in the eight year old children was also done by the Medical Officers at special Sessions, this service is now undertaken by the newly appointed Audiometrician. Following a period of training at the Audiology Clinic, these children were then tested with the following results.

	Passed	Failed	Absent		Total pupils tested
First Test	4733	362 +	(165)		5095
	Passed	Failed second test	To own G.P.	Failed appointment	carried forward
Second test of failures (362) + above	133	69 *	15	55	90

* Referred to Medical Officer in Department.

Total number of sessions 165
Average number of pupils per session . . . 31

We have maintained weekly diagnostic sessions at the Audiology Clinic at Beckenham where we see referrals from Child Health Clinics, Schools, School Psychological Service, Speech Therapists and General Practitioners. In our work there we regard the exclusion of deafness in a child to be quite as justified of the time allotted to us as is the time spent in identifying and diagnosing a hearing loss.

Details of attendances at the Audiology Clinic are as follows:–

Number of sessions held 41

	No. of children seen	No. of attendances
Over 2 years of age	76	84
Under 2 years of age	57	66
	133	150

The Ascertainment Team meetings are now well established. They are held about twice a term when every effort is made to plan educational provision to suit the individual needs of the child, and to make specific recommendations to the Chief Education Officer.

The total number of sessions held this year was 7 and the number of children discussed was 47.

We hope the truth is not obscured by the cliche to say that the interest of the child is our only consideration at these meetings and that there exists a stimulating and agreeable relationship between the members in trying to fulfil this aim.

ALSO UNDER THE HEADING "AUDIOLOGY SERVICE" I AM GRATEFUL TO MR. D. R. BARRACLOUGH, CHIEF EDUCATION OFFICER, FOR THE FOLLOWING REPORT ON THE SERVICE FOR THE HEARING IMPAIRED CHILD:-

The total number of hearing impaired children in Bromley, as of July 31st 1972, who come under the regular supervision of a teacher of the deaf is 122, 116 of which have hearing aids. 5 of this total live in Bexley but attend the Darrick Wood Unit, and 31 are educated outside the Borough. Of the remaining 86, 17 are at Darrick Wood and 69 are covered by the Peripatetic Service.

i.e. Children attending the Darrick Wood Unit:-

Nursery -	Infant groups	13	(including 2 from Bexley)
	Junior Class	9	(including 3 from Bexley)
	Total	22	(including 5 from Bexley)

Peripatetic Service:

The following receive regular help from a teacher of the deaf:

Pre-school children with hearing aids	6
Children with hearing aids attending normal schools within the Borough	17
Hearing impaired children without hearing aids	6
Total	29

In addition, the Peripatetic Service has some responsibility for the following:
Children with hearing aids educated outside the Borough:

(a)	in residential placement –	18	(including 1 placed because of maladjustment)
(b)	in day placement –	13	(including 3 in normal I.L.E.A. schools)
		31	

Other children with hearing aids attending normal schools within the Borough – 40

Total for Peripatetic Service = 100. Full total = 122

The Darrick Wood Unit

In addition to the 22 children attending full-time, 1 pre-school deaf child in the Autumn term and 2 in the Summer term each spend three or four trial sessions a week at the Unit as a preparation for full-time admission when older. This has been found most helpful both for adjusting the children to the Unit routine, and for assessing their suitability for permanent admission. The mothers of the children provided the transport and have generally felt that the benefits of this arrangement have outweighed the personal inconvenience.

Varying amounts of integration, as appropriate to the individual hearing impaired child, has continued with the hearing Infant and Junior children; this has included participation in school outings and functions – although the Unit children have also gone on visits within their own groups. Even the profoundly deaf children can gain in verbal communication skills and social ease from controlled contacts with their hearing contemporaries and the practice of integration has the support of Mrs Jordan and Mr. Langley the Headteachers of the Infant and Junior Schools respectively; extension of it was also urged by Dr. D. C. Wollman, H.M.I., of the Department of Education and Science when he visited the Unit in January 1972.

Discussions on secondary provision within the Borough for children with impaired hearing has been continuing, the interest in and helpful advice on the project having been obtained of Mr. J. E. J. John of the Department of Audiology and Education of the Deaf at Manchester University.

The Peripatetic Service

29 pre-school and school age children have been receiving regular help from the Peripatetic Teachers of the Deaf at home, in school or at the Beckenham Audiology Clinic. This help varies in intervals from twice a week to once a fortnight and takes the form of speech improvement, auditory training, parent guidance, language development, remedial reading, number work etc. About two thirds of the teachers' time is devoted to these regular cases; one session a week is spent at the Audiology Clinic with Medical Officers of the Health Department and most of the remaining time at schools assessing new cases and checking on children with hearing aids etc. In our endeavour to retain as many partially hearing children as possible in their neighbourhood schools we have been helped not only by their parents but also by many busy teachers who involve themselves actively in the childrens progress.

Apart from the weekly clinics with either Dr. Lewis or Dr. Luscombe both of whom take a keen interest in our work and give us unfailing assistance, there have been in the course of the year several meetings of the ascertainment team, consisting of these two School Medical Officers, The Educational Psychologists and the Teachers of the Deaf. These assess the progress of our hearing impaired children and consider any who may be causing concern. Two meetings have been held at Darrick Wood and the remainder at the School Psychological Service centre at St. Paul's Wood Hill. These meetings have been productive of useful advice and more so this year as a result of our jointly devising a comprehensive report form for completion by the teachers of the children.

Not included in our statistical analysis are the increasing number of children with minor hearing defects being brought to our notice not only by the Principal School Medical Officer but also by the Heads of schools. Many of these appreciate our function of helping to avoid any educational retardation due to a loss of hearing by ascertaining and advising on its existence as early as possible. We depend on their interest for this and are grateful for it.

Some of our children have participated in research conducted by Miss Alison Barclay of the Institute of Education at London University into ways in which children with severely impaired hearing can be helped to keep up in ordinary schools. This has involved them in tests and experimental studies and their parents and teachers in the completion of questionaires; they have all co-operated very willingly. Although the findings are not yet complete we hope they will suggest further ways of adapting deaf and partially hearing children to their neighbourhood environment.

Expenditure has been mainly on consolidating the provision of hearing aids and other amplifying equipment – e.g. individual inductance loops in ordinary classrooms. Although this may suggest disproportionate expenditure on one child, this system has great advantages for that child.

Throughout the year the interest and helpfulness of parents, teachers and others whose work brings them into the field of deaf education has been marked. We much appreciate this, and would also like to thank the administrative staff concerned with us, whose knowledge of our work and whose efforts on our behalf it is easy to expect.

HANDICAPPED PUPILS

It is the duty of the local authority to ascertain those children in its area who, having attained the age of two years, may require special educational treatment. These children usually come to the attention of the School Health Service through the Health Visitors, the Chief Education Officer, Parents and Hospitals.

The officially recognised types of handicaps are:– Blind, Partially sighted, Deaf, Partially Hearing, Physically Handicapped, Delicate, Maladjusted, Educationally Sub-Normal, Epileptic, Speech Defects, Dyslectic, Autistic and Blind-Deaf; no return is made at present for the last 3 categories to the Department of Education and Science.

Once a child has been ascertained as handicapped, surveillance is maintained and recommendations for special educational treatment are forwarded to the Chief Education Officer for his consideration and action. Special appointments are arranged for the Medical Officer to see these children, either at a Clinic or at the child's home, depending usually on the degree or type of handicap. Before a recommendation is made the advice of the various appropriate Hospital Consultants, with whom there is a very close liaison, is sought.

During the year 64 boys and 26 girls were assessed as needing special educational treatment at special schools. Details of the various handicaps are included in Table Part I (New assessments and placements)

The Borough is fortunate in possessing four day special schools for educationally sub-normal pupils, and a report on each of these schools will be found later in this Report. In addition classes for severely sub-normal pupils have been provided in 4 schools – details of which are available in the report of the School Psychological Service.

As anticipated building was started on the special school for handicapped children which is sited between the two main blocks of Coopers School Chislehurst.

Obtaining the best possible arrangements for the education of the handicapped child require time and patience, but the effort involved is fully justified by the results obtained. It should be stressed that the assessment of a handicapped child does not consist merely in appraising the defects. The assets – what the child can do, the total environment etc., must not be forgotten. Further, there is a new approach to this often purely clinical examination, namely an attempt to see the child in the home and school environment because a handicap or defect can have a different meaning to a Doctor, a Parent or a Child.

RETURN OF HANDICAPPED CHILDREN

PART I

New assessments and placements

	During the calendar year ended 31st December, 1972			Blind (1)	P.S. (2)	Deaf (3)	Pt.Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	TOTAL (11)
A	How many handicapped children were newly assessed as needing special educational treatment at special schools or in boarding homes?		Boys	–	–	1	–	4	5	13	41	–	–	64
			Girls	–	1	1	–	2	4	2	19	1	–	30
B	How many children were newly placed in special schools (other than hospital special schools) or boarding homes?	(i) of those included at A above	Boys	–	–	–	–	1	4	10	35	–	–	50
			Girls	–	1	–	–	–	4	1	13	1	–	20
		(ii) of those assessed prior to January 1972	Boys	–	–	–	–	1	2	1	9	1	–	14
			Girls	–	–	–	–	1	–	–	5	–	–	6
		(iii) TOTAL newly placed - B(i) and (ii)	Boys	–	–	–	–	2	6	11	44	1	–	64
			Girls	–	1	–	–	1	4	1	18	1	–	26

PART II

HANDICAPPED PUPILS AWAITING PLACEMENT AND RECEIVING SPECIAL EDUCATIONAL TREATMENT (6-12)

Children from the authority's area as at 25 January 1973			Blind (1)		P.S. (2)		Deaf (3)		Pt. Hg. (4)		P.H. (5)		Del. (6)		Mal. (7)		E.S.N. (8)		Epil. (9)		Sp. Def. (10)		Total (11)	
			Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Awaiting places in special schools.																								
Under 5 years of age	1. waiting before 1 January 1972	(a) day places																						
		(b) boarding places																						
	2. newly assessed since 1 January 1972	(a) day places									1						2						3	
		(b) boarding places																						
Aged 5 years and over	3. Waiting before 1 January 1972	(a) day places															7	3					7	3
		(b) boarding places													1									1
	4. Newly assessed since 1 January 1972	(a) day places															1						1	
		(b) boarding places											1		2		1						4	
5. Total number of children awaiting admission to special schools. 1 to 4 above.		(a) day places									1						10	3					11	3
		(b) boarding places											1		2	1	1						4	1
6. Maintained Special Schools including attached units and hospital Special Schools.		(a) day			4	2	5	1			13	9	8	2			256	161					286	175
		(b) boarding	1				1	1	1	1	6	9	5	3	1		29	13					44	27
7. Non-maintained Special Schools including attached units and hospital Special Schools.		(a) day									3	3											3	3
		(b) boarding	1	3	2		7	1		1	4	2	4	5	7	1	10		4	4	1		40	17
8. Independent schools under arrangements made by the Authority.		(a) day						1				2			1		1						2	3
		(b) boarding					2	2			2	2			37	4	21	8					62	16
9. Special classes in ordinary schools (assume all day)							7	7	5	6	1				4	2	29	23	1		4	1	51	39
10. Total on registers - 6 to 9 above		(a) day			4	2	12	9	5	6	17	14	8	2	5	2	286	184	1		4	1	342	220
		(b) boarding	2	3	2		10	4	1	2	12	13	9	8	45	5	60	21	4	4	1		146	60
11. Boarded in homes and not already included above.															2	2							2	2
12. Educated under arrangements made by the Authority in accordance with Section 56 of the Education Act 1944.		(a) in hospitals																						
		(b) in other groups eg units for spastics									7	6											7	6
		(c) at home									1	2		1									1	3
13. Total number of handicapped children awaiting places in special schools: receiving education in special schools: independent schools: special classes and units: under Section 56 of the Education Act 1944: and boarded in homes. Totals of 5, 10, 11 and 12.			2	3	6	2	22	13	6	8	38	35	18	11	54	10	357	208	5	4	5	1	513	295

CHEYNE HOSPITAL, WEST WICKHAM

I am grateful to Dr. R. J. Harris, Senior Paediatric Registrar, Farnborough Hospital, for the following report:-

The school at Cheyne has continued to give the children full and interesting treatment. Young children have continued to be admitted to the Nursery class of day pupils, and to take advantage of the comprehensive physiotherapeutic services offered. The children concerned have benefited from this arrangement.

The number of admissions during 1972 were 7, with 6 discharged and 1 death.

In addition 9 children spent varying periods of time at the hospital during the holidays.

The 6 children from Leybourne Grange have shown some improvement in the past year; their future is as yet undecided.

THE PHOENIX CENTRE FOR CHILDREN WITH CEREBRAL PALSY

I am grateful to Dr. C. H. Upjohn, Consultant Paediatrician, Farnborough Hospital, for the following report:-

The new Centre presented by the Spastics Society was opened by Sir Keith Joseph, Bt., M.P. Secretary of State for Social Services on 26th September, 1972. The ceremony was attended by a large gathering of people representing various departments of the Hospital and Local Authority, and also many groups and individuals who had contributed generously towards the £60,000 required for the new building and equipment.

The children and staff are now happily settled in the new Centre and are benefiting greatly from all the facilities and increased space in the specially designed building. The number of children attending is now 39, 22 attend daily and 17 attend selective afternoon groups at regular intervals. There have been 13 new patients admitted to the Centre since January, 1972, and 6 patients have left, 5 to go to other schools, and 1 moved away from the district.

Mrs. N. Dawson, Senior Physiotherapist and also in charge of the day to day administration of the Unit, retired in December after eight years work in the Phoenix Centre. All her valuable work was much appreciated and she was given a leaving present by the Parents Group, and a Hospital party was also held for her in the Phoenix Centre. Miss M. Sage has been appointed as Senior Physiotherapist to succeed Mrs. Dawson. Mrs. A. Waterhouse continues as Senior Teacher, and is assisted by Mrs. Bray who teaches the senior group, and Miss B. Cook who has replaced Mrs. J. Williams as Teacher for the Nursery Group. Other members of the therapy staff continue their appointments, including Mrs. S. Walster as Senior Occupational Therapist, assisted by Mrs. R. Rosier who has been appointed as an additional part-time Occupational Therapist, Miss P. Park as Physiotherapist and Mrs. E. Clarke and Mrs. R. MacKenzie as Speech Therapists, Mrs. Woodbridge, Nursery Warden, and her staff, with numerous voluntary helpers, too many to mention by name. Mrs. A. Dalton was also appointed as Receptionist, who took up her duties in September. This is a new appointment and has greatly contributed to the day to day organisation of the Unit.

SPECIAL DAY SCHOOLS FOR EDUCATIONALLY SUB-NORMAL CHILDREN

Goddington School, Orpington — Number on roll:– Boys 80, Girls 48

During the year routine medical inspections were carried out, and as a result three children were referred to the Ophthalmic clinic, one hearing defect has been referred and one child with tortcollis was referred and has since been operated on. Rubella vaccination was carried out on four girls.

There have been twelve school leavers and of these, three girls were transferred to a training centre, two to ESN/Maladjusted School – Swaylands (residential) and one to a residential epileptic hospital school.

Special defects in the school are currently as follows:

Hearing defect	–	3	
Hearing – under investigation	–	2	
Defects of vision	–	15	
Epileptics	–	9	
Sturge Weber syndrome with epilepsy	–	2	
Arrested hydrocephalus with petit mal	–	1	
Congenital heart lesion	–	1	(operated)
Mongols	–	3	

The Bromley & Bexley Special Schools Sports Association was formed and Mrs Rackham, the Head Teacher, Goddington School, was elected Secretary, since when there have been 2 swimming galas and two sports days, a cross-country run and football matches. The swimming pool is now covered and swimming takes place during all the months except November to February.

The senior boys and girls of Goddington School worked on a six months educational programme on the dimensions and role of housecraft based on the organisation and preparation needed for a wedding. It involved work in budgeting, needlework, cake making, planning the music for the wedding, the lay-out of the invitation card etc. Work was also done on the health aspects of marriage and family and a visit to the Family Planning Clinic was arranged, and subsequently a mock wedding took place at the local Baptist Church Hall, when the following talk was given:-

"At this point in the service I usually address the bride and groom, but as this is not a real wedding, I felt this would be a good time to explain why we are here.

The Senior Boys & Girls of Goddington have been working for the past six months on an educational and social developmental project based on the organisation and preparation needed for a wedding. The bride's dress was a present from a parent and the veil lent by the sister of one of the Senior Girls. But the bridesmaids' dresses and head-dresses were made by the girls themselves as were also the table decorations for the reception. The food was prepared by the Senior Boys, who also made the cake. The groom decorated the cake himself, helped by a Class 7 boy who made the fondant flowers. The children have taken photgraphs of these processes which they will develop themselves.

I have visited the school twice to talk about the religious meaning of a wedding. The girls have visited at my home for coffee and also came along twice to church.

In Handicraft, home maintenance and interior decoration and renovation has been thoroughly explored. Health education has included visits to local clinics and has included much time spent discussing the morals and responsibilities of marriage.

In English lessons the invitations were planned, letters asking friends to be bridesmaids, forms were filled in from the local Housing Office, "thank-you" letters were written for presents and the home-movie film sequence planned.

Mathematics lessons were very busy costing all the activities, hire of cars, halls, cost of church, choir, flowers, food, wine, the honeymoon etc. Also the cost of furnishing and running a small flat.

The hymns and music were chosen by the children, and the school choir is very thrilled to be actually singing in the choir stalls of the church.

As you can see, the involvement of the children in this event has been very full, and will continue after today with follow-up work at the school. Perhaps the greatest value is in the poise and confidence which has obviously developed in the children through this experience of taking the learning situation out of schools".

The seniors have felt a continued interest in the project after the wedding and have done drawings and a film of the entire work of the school.

St. Nicholas School, West Wickham

Number on roll: Boys 62 Girls 43

A medical examination was carried out on new entrants during their first term and all the other children had their annual medical inspection during the other terms with appointments for their parents to attend.

Every child in the school is a slow learner, many have disabilities and defects causing this and several have multiple handicaps under the following classifications:

Asthma and respiratory disease	9
Autistic	2
Brain damage	9
Colour blind	1
Delicate	8
Epilepsy or petit mal	5
Hearing defect	4
Heart defect	3
Hydrocephalus (arrested)	2
Mongolism	3
Muscular disease or weakness	4
Ophthalmic disease	4
Obesity	3
Physically handicapped	4
Psychological, emotional and behaviour problems	18
Problems of deprivation	27
Speech defects	12
Language, as distinct from speech difficulties.	17

Forty-one children wear glasses or were referred to the Eye Clinic for vision defects.

The services of the Speech Therapist are absolutely necessary, and a third of the total number are receiving regular speech and language development therapy in school.

B.C.G. vaccinations were carried out on 6 boys and girls, and Rubella vaccination was given to 6 senior girls.

There were 12 school leavers who obtained a variety of different jobs, mostly of a routine nature and under supervision.

All the activities of the school are geared to help independence to stimulate and to create interest, to allow the pupils to gain confidence and ability so that when they leave school they will be able to gain useful employment within their capabilities.

Sporting activities have included canoeing on the lake at Stockwell College and a camping trip.

Outings to London and Educational visits took place to Southwark Cathedral, London Bridge, Covent Garden (old and new), Gatwick Airport, Horniman's Museum, Knole Park, Windsor Safari, Whittington Church, St. Leonards-on-Sea and Crystal Palace Football Ground. Many of these outings have been made possible by the presentation of a Mini-Coach to the school.

The heated swimming pool is in use all the year round and each one who is physically capable is taught to swim which is an important asset. The pool is in the process of having new chlorination and filtration equipment, part of which is being carried out as an engineering project by the senior boys.

The year concluded with a Christmas Fayre with entertainment from a school choir and a country dance team giving a real sense of achievement.

Grovelands School, St. Pauls Cray Number on roll: Boys 73 Girls 47

During the year 19 pupils were admitted and 20 left; two attend normal schools part-time.

Of the leavers 13 are fully employed, 4 were transferred to other schools and 3 moved out of the Borough.

Routine medicals, with referrals as necessary; B.C.G. and Rubella vaccinations were carried out as usual.

The school now has regular visits both from a Speech Therapist and an Educational Psychologist which have proved to be of great value to pupils and staff. The Peripatetic Teacher of the Deaf also visits.

There were two staff changes during the year.

School activities have been increased by the introduction of badminton and many boys have become interested in billiards and snooker.

Community work now includes the invitation of old age pensioners to lunches prepared and cooked by senior girls.

Outside visits and activities continue with wide variety and are much enjoyed by all age groups as are the traditional annual events.

All members of the staff work very hard to produce self-confidence and happiness in all the pupils and encourage them to integrate successfully both into employment and the outside community.

Special defects in the school currently are as follows:-

Defective Vision	32
Partially Hearing	2
Delicate or Physically Defective	8
Maladjusted	19
Epileptic	10
Severe Speech Defects	9

Woodbrook School, Beckenham. Number on roll: Boys 67 Girls 34

During the Spring and Summer terms thirteen children left Woodbrook School. Of this number five were school leavers and now attend Astley Adult Training Centre. Another two children left during the Autumn term. There were ten new entrants during the year.

Every child was medically examined during the year and B.C.G. and Rubella vaccinations were carried out.

Many of the children have multiple handicaps. The following is a classification of the conditions associated with severe mental retardation. In many, the cause of the mental retardation is unknown.

Down's Syndrome	30
Epilepsy	12
Cerebral Palsy	10
Birth Trauma	8
Arrested Hydrocephalus	4
Post-encephalitis) Encephalopathy	3
Autism and secondary autistic features	3
Rubenstein Taylor Syndrome	1
Hypercalcaemia	1

Lowe's Syndrome	1
Recessive genes	2
Phenylketonuria	1
Rhesus incompatability	1

Associated with the above are other defects – cardiac conditions, eye defects, epilepsy, spasticity, speech defects, hyperactivity, bronchitis, skin disorders, partially hearing and diabetes.

There were three families with two children from each family attending the school.

At the beginning of the year there was a shortage of speech therapists but the situation improved, which resulted in more regular therapy since the Autumn term. There were fifteen children having regular treatment and four others periodically.

The addition of another classroom has provided further facilities and a slight decrease in class numbers. The appointment of a teacher for manual instructions has given the more senior boys opportunities which they enjoy very much.

The introduction of swimming and horse riding to the curriculum has been greeted with great enthusiasm. Football and outside activities are much appreciated by the pupils. For the first time the pupils took part in the Special Schools Sports Day at Goddington. This is hoped to be held at Woodbrook in the future.

The supply of a hoist to the special care unit is a very useful addition.

The staff have continued to work hard to give each child as much help as possible. The co-operation and help of the head teacher, Mrs Walton and the physiotherapist, Mrs MacLachlan with the medical inspections has been greatly appreciated.

EMPLOYMENT OF YOUNG CHILDREN

258 children were examined by the Medical Officers in Department during the year. Certificates were issued in all cases.

	Boys	Girls
Delivery of milk	7	–
Delivery of newspapers	120	36
Delivery of meat	1	–
Delivery of groceries	1	–
Light framework	1	–
Car cleaning	1	–
Shop Assistant	6	30
Shelf filler	3	4
Hairdresser's Assistant	–	5
Library Assistant	1	3
Entertainment	3	15
Waitress/Waiter	1	2
Domestic	1	2
Bath Attendant	–	1
General Help	–	7
Table clearing	4	3
	150	108

OTHER MEDICAL EXAMINATIONS

The following examinations were carried out by Medical Officers during the year:-

Training College candidates	454
Teachers	84
Total	538

SCHOOL MEALS AND MILK SERVICES

The average daily number of meals served during 1972 was 34,100. The corresponding average for 1971 was 31,500, an increase of 8%. A return submitted by schools for a day in the Autumn Term 1972 showed that the number of children taking a 1/3 pint of milk was 11,133 and a further 16 children of primary school age were receiving free milk for reasons of health.

A similar return in respect of meals was also completed, showing that 33,084 meals were taken, including 2,531 which were free meals. The return also disclosed that 1,669 primary and 3,434 secondary school children were bringing a sandwich meal each day.

EDUCATION (MILK) ACT 1971

Under the above Act, free school milk is no longer provided after the age of 7 years (except to children attending special schools) unless there are health indications that it should be continued.

YEAR	NO. REFERRED	CERTIFICATE ISSUED	CERTIFICATE NOT ISSUED	PARENTS REFUSED MEDICAL EXAMINATION
* 1971	150	14	123	13
1972	26	5	21	–

* These figures were not quoted in the 1971 Report as the Act was not implemented until the latter part of that year, 1972 being the first full year.

THE HEALTH VISITOR IN THE SCHOOL HEALTH SERVICE

The routine work of the Health Visitor in the School Health Service has been assisted since the Autumn of 1972 by the employment of two full time School/Clinic Nurses.

4,094 School Medical Sessions were attended by Health Visitors or School Nurses.

45,670 Children were examined at Hygiene Inspections which is 6,638 more children than last year, resulting in 328 home visits to parents to give advice and instruction for treatment of head infestation. This shows a decrease in the percentage of cases since last year.

An additional 1,973 home visits were made to the parents of children between ages of 5 years and 16 years of age to give advice and discuss their various problems.

252 Children attended minor ailments clinics by request of their parents for treatment of various conditions, necessitating 1,084 follow-up visits, and for employment certificate examinations.

A total of 19 Health Education Sessions was given by Health Visitors in Junior and Secondary Schools.

The work of the Health Visitor and School Nurse reflects the continuity of care provided for the child linking his home care with the school medical services.

DENTAL SERVICES

Mrs. C. M. Lindsay, Principal School Dental Officer.

The total number of deciduous and permanent fillings is roughly the same as 1971, although there is a considerable increase in the output of crowns and inlays.

An increase in conservative treatment was expected, but owing to the illness of one dental officer and the difficulty of replacing another who left the district, there was a loss of working time of approximately six man months. However, the Borough has been fortunate in securing the services of another dental officer.

The Borough now has a full complement of dental staff.

In this affluent society it is increasingly difficult to curb the amount of sugar and sweetstuffs consumed, in spite of innumerable talks and instructions on oral hygiene and dietary habits. Accordingly the number of extractions continues to increase. The total number of extractions, however, is considerably less by comparison than most of the London Boroughs.

The topical application of fluoride is proving very successful, but as has been stated the time expended on this treatment is considerable and cannot be expanded to the detriment of other treatment. However, hygienists and some of the dental officers are doing as much as they possibly can.

May I take this opportunity to thank the Head Teachers and Staff who have so readily assisted in the dental health campaign and also the Health Visitors who have always been most co-operative with the dental department.

To Dr. Morris and Mr. Miller our thanks are also due for their excellent anaesthetics throughout the year.

The loyalty and co-operation of the dental staff, dental officers, and dental surgery assistants, has been most helpful in the exercising of my duties and has been very much appreciated.

SESSIONS

Sessions devoted to treatment	3348
Sessions devoted to inspection	223
Sessions devoted to Dental Health Education	76

ATTENDANCES AND TREATMENT

INSPECTIONS

		Number of Pupils	
	Inspected	Requiring treatment	Offered treatment
(a) First inspection - school	31,921	14,119	11,207
(b) First inspection - clinic	3,328		
(c) Re-inspection - school or clinic	687	338	
Totals	35,936	14,457	11,207

VISITS (for treatment only)

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
First visit in the calendar year	3,494	1,990	372	5,856
Subsequent visits	7,026	8,564	989	16,579
Total visits	10,520	10,554	1,361	22,435

COURSES OF TREATMENT

Additional courses commenced	479	224	32	735
Total courses commenced	3,973	2,214	404	6,591
Courses completed				6,550

TREATMENT

Fillings in permanent teeth	2,940	5,835	1,654	10,429
Fillings in deciduous teeth	8,768	978		9,746
Permanent teeth filled	2,159	4,209	1,131	7,499
Deciduous teeth filled	7,068	781		7,849
Permanent teeth extracted	194	322	52	568
Deciduous teeth extracted	1,387	455		1,842
Number of general anaesthetics	523	259	18	800
Number of emergencies	293	95	35	423

Number of pupils X-rayed	254
Prophylaxis	2,917
Teeth otherwise conserved	325
Teeth root filled	20
Inlays	10
Crowns	47

ORTHODONTICS

New cases commenced during the year	241	Include cases treated by appliances only
Cases completed during the year	135	
Cases discontinued during the year	3	
Number of removable appliances fitted	306	
Number of fixed appliances fitted	–	
Number of pupils referred to Hospital Consultants	2	

DENTURES

Number of pupils fitted with dentures for the first time	Ages 5-9	Ages 10-14	Ages 15 and over	Total
(a) with full denture	–	–	–	–
(b) with other dentures	–	1	4	5
Total	–	1	4	5
Number of dentures supplied (first or subsequent time)	–	2	4	6

ANAESTHETICS

Number of general anaesthetics administered by Dental Officers	–

HEALTH EDUCATION AND HOME SAFETY

Every good wish is offered to Mr. J. Bretton, who retired in April 1972, and who has been responsible, since the formation of the London Borough of Bromley, for Health Education and Home Safety. His pleasant and enthusiastic disposition, coupled with his untiring energy, will be greatly missed by children and adults alike.

Mrs. M.E. Eves, S.R.N., S.C.M., H.V. Cert, was appointed Health Education Officer/Home Safety Officer, in July, 1972. With an extensive and varied career in nursing, midwifery and the public health field, including considerable experience with assisting health education in schools, the forward looking approach to health education will be continued and expanded.

The adoption of the 'Health and Social Education Working Parties' suggested scheme of education for health and personal relationships in Secondary Schools, has established a closer link between health and education departments, resulting in the better promotion of united health education for the London Borough of Bromley.

Many teachers have sought the advice of the Health Education Officer in compiling their programmes. Talks by Public Health Inspectors, Health Visitors and the Health Education Officer have been given in the schools and the loan of visual aids from the Health Department have proved very popular with teachers.

At the one-day conference on Health Education for Primary Schools in October, 1972, it was the unanimous wish of those attending that a policy similar to that adopted by the Secondary Schools should apply and, accordingly, an in-service training course on Health Education will be arranged for the Spring Term 1973.

Home Safety is also promoted under the umbrella of Health Education. The Schools and the Health Education Section by following the National Home Safety Campaigns suggested by R.O.S.P.A., are showing a more united publicity of the dangers within the home. The gratifying result of no reported firework accidents produced by the intensive Campaign organised within the Borough by the Health Education Officer and supported by the Schools, proves that a combined effort from all levels will encourage the desired effects of reducing home accidents.

Mr. D. R. Barraclough, Chief Education Officer, has submitted the following report:

PHYSICAL EDUCATION

In a year which has seen many signs of change in Bromley on the broad educational front there is little in Physical Education that is new to report. However, if there is not much breaking of new ground there is certainly an intensive cultivation of the tried and approved that gives much pleasure especially in that part of the planned programme which is bringing into existence many more games halls in the new larger secondary schools. These large structures enable the staff to carry out a more elastic programme and at the same time provide a welcome antidote to the problem of games coaching which so often suffers from the vagaries of the English climate.

Major sports continue to flourish in schools and it is fair comment to say that more Hockey, more Cricket, more Rugby, more Soccer, more Basketball, more Netball and more Volleyball are being played by the young people of Bromley in schools than ever before. This contradicts the often repeated statement that the major games are no longer popular and that the young are more attracted by the individual pursuits. In support of this claim about the major games it should be noted that in one secondary school last year the various school teams played three-hundred and forty games and in another they had played over a hundred by just half term this present season. This intensive use of school grounds makes it impossible to provide any further use for the general public of any school grass area. One school possesses an all-weather porous pitch and others are planned. If they possessed simple floodlighting, it would be possible to use the facility until ten o'clock at night without detriment to the surface. One major development is that of larger sports halls in place of or, sometimes, in addition to the traditional gymnasia. These new structures are the largest spaces yet built in the service of education and much time and thought has gone into their planning so that they can be used for a very wide range of activities. These Games Halls can be used if necessary for any major school gathering and the sacrosanct nature of a fine wooden gymnasium floor has given way to a multi-purpose surface which is capable of withstanding even the ravages of stiletto heels. Before very

long the Borough will possess nine of these very important adjuncts to the social and physical life of the schools. If the campaign of 'Sport for All' is to become a reality all major schools should have a sports complex as a self-contained unit consisting of a Games Hall, a floodlit hard porous area and a pool so that in any of the neighbourhoods there will exist play and leisure areas which people can reach without travelling great distances. This might encourage adults once again to walk to their fun!

Physical Education has much to give the less able and the handicapped child. This year great efforts have been made to develop the work suitable for this section of the schools' community and the results have been very rewarding. At adult level, the swimming pool at St. Olave's School has been a great boon for a group of seriously physically handicapped people who each week come together for swimming recreation and social enjoyment. They have raised considerable funds to help themselves and are now competing with similar people at places such as Stoke Mandeville and even gaining gold and silver medals for their efforts. For every handicapped swimmer whether limbless, blind or spastic, there is a voluntary helper who, apart from looking after the safety of the swimmer, also becomes a friend and a companion in the very highest sense. They give without thought of reward and find justification enough in the new-found happiness of their charges. Swimming, Archery, Table Tennis are available for the disabled. Ways will be found of extending the range of activities – Billiards and Athletics will shortly become available – so that for every sport there will be found the 'wheelchair' equivalent. Opportunities are being found to raise the physical ability of seriously mentally-handicapped youngsters through play and games, who as a result become more self-reliant and less in need of help from those in whose care they are placed. In Mrs. Rye, the Borough is singularly fortunate in processing an Adviser with special ability in this kind of work. Under her leadership rapid progress is being made with the integration of these pupils into the normal school system.

She has now been with us for five terms and has strengthened the Advisory team with her great experience and understanding of the pupils who attend schools for handicapped children. In the realm of her specialism she has conducted, in infants' schools secondary schools and special schools in Bromley, courses in movement education, courses in games skills and courses in National Dance and in Modern Educational Dance.

In outdoor pursuits, much work has been done in the Borough, especially in the training of teachers in Mountain Leadership, Camping and Orienteering and, on the pupils' side, in work connected with The Duke of Edinburgh Award and courses concerned with adventure and initiative. The latter courses have taken place at the camp site at Leigh where the existence of river, rock, forest, scrub and grassland provides a wider range of activities involving orienteering, ecology, improvisation, adventure, endurance, camping, cooking and map-reading.

All this work and much more is monitored by a very fine band of dedicated P.E. teachers. Between them they encourage the growth of forty-three sports in the Borough. It is a pleasure to record the gratitude and appreciation of the Authority for all their fine efforts.

CLINICS	ADDRESS	WEEKLY SESSIONS Held as follows: (By appointment only)
OPHTHALMIC:	School Clinic, The Willows, Red Hill, Chislehurst.	Monday – a.m.
	School House, 55 Chislehurst Road Orpington.	Monday – all day
	Mickleham Road Clinic, St. Paul's Cray	Monday – a.m.
	North Clinic Station Road, Bromley.	Monday – a.m. Wednesday – a.m. Friday – p.m. Saturday – a.m. Saturday – a.m. (Alternate)
	School Clinic, Town Hall, Beckenham.	Wednesday – a.m.
	School Clinic, Oakfield Road, Penge.	Friday – a.m.
ORTHOPTIC:	North Clinic, Station Road, Bromley.	Tuesday – all day
	School Clinic, The Willows, Red Hill, Chislehurst.	Thursday – a.m.
* ORTHOPAEDIC	North Clinic, Station Road, Bromley	Friday – p.m. (monthly)
* PHYSIOTHERAPY:	School Clinic, Town Hall, Beckenham	Monday – p.m. Thursday – a.m.
	North Clinic, Station Road, Bromley	Tuesday – a.m. Friday – a.m.

* Children living in Beckenham and Bromley are referred to these Clinics.
Children living in the remainder of the Borough are referred to: Orpington Hospital; Farnborough Hospital; Queen Mary's Hospital, Sidcup; or to the Children's Hospital, Sydenham.

SPEECH:	Assemblies of God Church Rooms, Masons Hill, Bromley.	Tuesday) Wednesday) All Day Thursday) Monday – a.m.
	School Clinic, Town Hall, Beckenham.	Monday) Tuesday) All Day Friday) Thursday – p.m.
	The Clinic Kimmeridge Road, Mottingham, S.E.9.	Tuesday) Wednesday) a.m.)
	Hawes Down School Clinic Hawes Lane, West Wickham.	Tuesday) Wednesday) p.m.
	School Clinic, The Willows, Redhill, Chislehurst.	Monday – p.m. Friday – a.m.

CLINICS	ADDRESS	WEEKLY SESSIONS	
* CHILD GUIDANCE:	The Willows, Red Hill, Chislehurst.	Tuesday) Friday)	all day

* Cases are also referred to the Child Guidance Clinics at Bromley Hospital, and the Children's Hospital, Sydenham. Cases may also be seen at the Child Guidance Clinic at Farnborough Hospital, having been referred via the Paediatricians.

DENTAL	School Clinic, The Willows, Redhill, Chislehurst.	Monday) Wednesday)	all day
	School House, 55 Chislehurst Road, Orpington.	Monday) Tuesday) Wednesday) Thursday) Friday)	all day
	Mickleham Road, St. Paul's Cray	Monday) Tuesday) Wednesday) Thursday) Friday)	all day
	Kimmeridge Road, Mottingham	Tuesday) Thursday) Friday)	all day
	North Clinic, Station Road, Bromley.	Monday) Tuesday) Wednesday) Thursday) Friday)	all day
	South Clinic, Princes Plain Bromley.	Monday) Tuesday) Wednesday) Thursday)	all day
	The Pavilion, Recreation Ground, Church Road, Biggin Hill.	Friday – a.m. only	
	School Clinic, Town Hall, Beckenham.	Monday) Tuesday) Wednesday) Thursday) Friday)	a.m. only
	Hawes Down Clinic, Hawes Lane, West Wickham.	Monday) Tuesday) Wednesday) Thursday) Friday)	a.m. only
	School Clinic, Oakfield Road, Penge.	Monday) Tuesday) Wednesday) Thursday) Friday)	all day

CLINIC	ADDRESS	WEEKLY SESSIONS Held as follows: (By appointment only)
* SPECIAL EXAMINATION CLINICS		
	School Clinic, Oakfield Road, Penge.	2nd and 4th Thursday in month 9.30 – 12 noon.
	The Willows, Red Hill, Chislehurst.	2nd and 4th Thursday in month 4.15 – 5.0 p.m.
	Mickleham Road Clinic, St. Paul's Cray.	2nd and 4th Thursday in month 4.15 – 5.0 p.m.
	School House, 55 Chislehurst Road, Orpington.	2nd Friday in month, 9.30 – 12 noon.

* In addition to these fixed times, appointments are arranged as and when necessary at other clinics for the purpose of carrying out special examinations etc.

MINOR AILMENT FACILITIES – See page 13