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KENT COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the Year 1945

A. ELLIOTT, M.D., D.P.H.

School Medical Officer

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KENT COUNTY COUNCIL
PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
MAIDSTONE.

11th September, 1946.

To the Chairman and Members of the Kent Education Committee.

In presenting my first Annual Report as School Medical Officer, I would first wish to refer to the retirement of Dr. Ponder from the position of School Medical Officer in September 1945 and of Dr. Fox from the position of Deputy School Medical Officer in April 1945. Dr. Ponder became School Medical Officer in 1936 and was keenly interested in the development of services relating to child health. Many proposals that he would have liked to introduce for the improvement of School Health Services had to be postponed because of the war and it was a matter of great regret to him that in the war years, the School Health Services had, in certain directions, to be restricted. Dr. Ponder will be long remembered by those who work for the School Health Service as a man who had a warm and sympathetic personality, and he was greatly liked by all who worked with him.

The new Education Act came into force in April of the year under review, and with the end of the War in Europe a few weeks later, the energies of the Department were again directed to the needs of peace. With the end of the war with Japan coming in August, it was possible to turn completely towards the needs of reconstruction and expansion of the health services.

On April 1st there were unusual difficulties to confront the Committee in regard to its health services, because evacuation of school children was ending, and it was necessary to expand the services again to meet the needs of those children who had returned to the County. At the same time, the School Health Services of the former Part III Authorities in the coastal districts of the County had to be expanded and assimilated into the County Service together with the other Part III Authorities of the County who were not approved by the Ministry of Education as Excepted Districts. On March 31st, 1945 there were 16 Part III Authorities in Kent, and when the Act came into force there were established 13 Divisional Executive Committees and 4 Excepted Districts. One Excepted District, Bexley, was not previously a Part III Authority. It is of interest to note the position in relation to the areas of the 13 Divisional Executive Committees. In the areas covered by these Committees, three have no former Part III Education Authority in them, seven areas have one former Part III Authority and three areas have two former Part III Authorities.

Of these 16 former Part III Authorities, 4 had, at the time of transfer, part-time School Medical Officers who were also engaged in general practice. In the case of two of the other former Part III Authorities, the School Medical Officers in office at the time of transfer had retired before the end of the year.

As will be known, the Committee has not appointed Divisional School Medical Officers to the Divisional Executive Committees, but advantage is taken of the knowledge of the former part III School Medical Officers in integrating the School Health Services in the former Part III areas with the Committee's services, in order that there may be uniformity of the whole administrative area. It must, however, be recorded, that, from the view point of those responsible for administration, the early part of 1945 was a very difficult time, because of the extreme shortage of staff and the difficulties in the way of acquiring and adapting buildings. For a considerable period after April 1st therefore, little could be done in the way of reorganization of services, and it should be noted that it was not until the early part of 1946 that the restrictions of the Ministry of Health on recruitment and engagement of further whole-time medical staff were removed. There were also serious difficulties in the recruitment of other grades of staff, notably Dental Officers and Health Visitors.

The Education Act of 1944 is, so far as the School Health Services are concerned, notable for the fact that it is a forerunner of the general provisions to be made available to the community in the proposed National Health Service. The Education Act prescribed that apart from domiciliary treatment, a comprehensive medical service should be made available to pupils at maintained schools. The responsibilities of the Committee with regard to medical services were, therefore, greatly widened, although it should be noted that the services which were provided prior to April 1st, 1945 were by no means restricted. One difference was that for some of the Committee's services charges had needed to be made, for example, in the provision of glasses and the treatment of tonsils and adenoids, whereas under the new Act, all treatment had to be free. In assonance with the requirement that comprehensive treatment, other than in connection with domiciliary services, had to be provided, a new consideration arose as to the field of hospital treatment that was now to be furnished.

The Committee resolved that a comprehensive hospital service should, if possible, be made available to pupils at maintained schools, and accordingly negotiations were opened with the Kent branch of the British Hospitals Association in order that agreement might be reached as to the terms and conditions upon which any form of hospital treatment might be given to every pupil at a maintained school free of cost to the parents or guardians. The Committee agreed to accept responsibility for these pupils no matter the method of admission.

The negotiations had not been completed at the end of the year, but in respect of pupils at maintained schools treated at County Public Health Hospitals, no charge was levied against the parents or guardians for any form of treatment as from April 1st. Although no new branches of specialist non-hospital treatment needed to be approved after April 1st in the area where the Committee had previously had responsibility for the School Health Services, as all that was necessary had been provided, it is clear that the scope of these clinic facilities needs to be considerably expanded to keep pace with increasing needs and to make up for the absence of building during the war years. In only a few of the former Part III areas did there need to be provided one or more branches of some specialist non-hospital service.

Because of the difficulties in the way of recruitment of staff and the provision of clinic buildings, it is clear that the expansion of the School Health Services in the future by the County Council will not be as rapid as could be wished.

A great deal of work has been done during the year in the way of promoting the closest possible association between the School Health Services and the services of the Public Health Committee.

In particular, great attention was paid to the ways in which the School Health Service could be associated with the Public Health Hospital service.

The ultimate exposition of this work became apparent early in 1946, when the removal of restrictions on the recruitment and engagement of medical staff permitted the appointment of the Public Health Committee of Senior whole-time Medical Officers in the salary range of £1,600 × £100 to £1,800. These officers, of whom the first to be appointed is a paediatrician, are, in the majority of instances, being given responsibilities not only in the Public Health Hospital Service but also in a clinical and advisory capacity in the non-hospital and clinic services of the Council. By these appointments, it is hoped that the medical and nursing staff in the non-hospital and clinic services will be brought into contact with the work in general hospitals and be made aware of the latest developments in diagnosis and treatment. As well as bringing the influence and knowledge that arises from the every day activities of modern hospital service into the outside health services in this way, there is no question that a useful purpose will also be served in making the hospital workers aware of the work being done in the social and preventive health services.

Towards the end of the year, the statements in the national press concerning the Government's legislative intentions for a National Health Service, evoked lively speculation, and the publication early in 1946, of the Bill for a National Health Service indicated the revolutionary changes that are proposed.

So far as the major Local Authorities are concerned, the Government's proposals will result in the separation of the preventive from the curative services. So far as Kent is concerned, all the hospital and specialist services now provided by the County Council will be taken over by the Government for administration by a Regional Hospital Board. The present Maternity and Child Welfare functions possessed by the County District Councils will, however, be transferred to the County Council, thus continuing a process of unification of administration which came into practical effect, so far as the School Health Services were concerned, on April 1st, 1945. The fact that the County Council will be responsible, through its Education Committee, for the School Health Services and through its Public Health Committee, for the Maternity and Child Welfare Services in the whole of the administrative County, means that it will be possible to plan over a larger area for a child health service, chiefly in a preventive and social sense, and it is to be hoped that the arrangements already described whereby integration is being secured between the child health service and the County Hospitals, will still continue to be expanded by the Regional Hospital Board, since it will be appreciated that the hospitals at which the Senior Medical Officers will work will, in the future, be administered by these Regional Hospital Boards.

Although this Report is not appropriate for a discussion on the future National Health Service, one further point should be mentioned. At the present moment, every child at a maintained school in Kent is entitled to free medical treatment except that which is given in domiciliary medical practice. When the National Health Service becomes available, however, every citizen who desires it will be able to receive any form of medical treatment free of cost to himself, so that the school child will be able to obtain free domiciliary treatment.

In regard to this matter of domiciliary medical practice, it is the Government's intention that Health Centres shall be set up from which general practitioners will carry on domiciliary medical practice. The Government wishes that these Health Centre buildings, to be provided by the major local authorities, shall also make provision for the special clinic services of Local Health Authorities and, so far as the School services are concerned, these may well provide the present range of facilities. There is no indication that routine school medical inspection will not continue, although it must be said that there is a body of medical opinion that considers that continued and repeated examinations serve but a limited purpose, and that some system of selection by health visitors or other trained workers of pupils who require medical examination in conjunction with, say, three or four routine examinations during school life, might be productive of better results. It may here be said that the School Health Service has, in the past, been criticised on the grounds that its administrators have frequently sought to examine as many children as possible, and to cover as many age groups as possible, ignoring the resulting strain and frustration of the medical personnel employed, and neglecting the fact that routine medical examination of the body has not yielded and cannot yield, the results in the way of the detection of early disease that is often hoped for. Without debating the validity of these criticisms, the present trend of revolutionary changes in the organization of our medical services makes it convenient to advance the view that the insistence in the School Health Service upon routine medical inspection and the unspectacular but devoted work which has been done over the past years for the school children of the country has, in no small measure, inculcated in the community the value of social and preventive medicine.

Turning again to the future organization of the School Health Service, the question must be asked as to whether the future general medical practitioner under the National Health Service will not be the agent through which the School Health Service will carry out those of its responsibilities that do not call for the employment of specialist staffs. It would seem that no strong case can continue to be made for the special recruitment of medical practitioners to undertake routine medical inspection, and the undertaking of such clinics for children as are within the scope of those practitioners not possessing specialist qualifications and experience.

Clearly there are many advantages in a system which permits the same practitioners to look after a child in health as well as in disease, and this can only be secured either by giving the general medical practitioner access to the School Health Service, or by giving the "school doctor" as we know him today, access to the homes of children, thus making that doctor a practitioner undertaking more general duties. Since the general medical practitioner of the future will be in contract with the State for the work undertaken in domiciliary practice in connection with children, there seems to be no reason why, in future years he should not undertake the whole of the non-specialist medical work required in the School Health Service. Obviously, many years will elapse before this can happen, and in the meantime it will be necessary to continue to recruit whole-time officers to the Education Committee for work in the School Health Service.

The difficulties that are going to arise in providing Health Centres for general medical practitioners are, of course, much the same as difficulties which now arise in providing further clinic facilities for school children, and until building labour and material can be released from meeting the housing needs of the community, it is clear that there can be no great increase in the present facilities which are available. This position appears unlikely to change for at least two years.

In regard to the provision of Dental Services, considerable progress has been made. The Senior Dental Officer has been assiduous in furthering the association of the dental services of the former Part III Authorities with those of the Committee, but the full range of dental services cannot yet be provided by reason of the shortage of dental officers and clinic buildings. The dental workshop which has been provided in Maidstone by the Public Health Committee continues to give the necessary facilities for orthodontic work in connection with school children, and an appointment has been established for a dental surgeon specially skilled in orthodontic work to organize the scheme for this particular form of treatment.

Considerable attention was devoted during the year to the further expansion of services in connection with child guidance. A great demand exists for this service, and the establishment already approved by the Committee consists of four teams of workers. Unfortunately, however, it has not proved possible to recruit up to this establishment. It is appreciated how important this service is, and it is a matter of great regret that further progress cannot be reported, but the importance of the service that is now provided should, however, not be minimised. In spite of the administrative problems produced by the assumption of new responsibilities under the Act, shortage of staff and the difficulty of expanding clinic services, a general review of the School Health Service at present must lead to the conclusion that progress has been, and is continuing to be, made in the improvement of the services made available to the school children of Kent.

I am extremely grateful to the Members of the Education Committee for the support they have given me, and the kindness that has invariably been shown to me and other members of the staff of the School Health Service.

I should like to pay a special tribute to the former School Medical Officers of the Part III Authorities who are now in the Committee's employment for part-time duties in the School Health Service. These officers, prior to April 1st, 1945, were responsible to their Councils for the organization and administration of the major part of the School Health Service in their particular areas, and this responsibility has now passed from them. I should like to place upon record my appreciation of the services which these officers have given since April 1st.

To the other professional, technical and clerical officers working in the School Health Service throughout the County, I would say how grateful I am for the work that has been done and the service which has been given. I especially appreciate the help and assistance that has been given by the County Education Officer and his staff.

A. ELLIOTT,

SCHOOL MEDICAL OFFICER.

REPORT OF THE SCHOOL MEDICAL OFFICER

on the

HEALTH of the SCHOOL CHILD

for the Year Ended 31st December, 1945

Under the Education Act 1944, the County Council became the Local Education Authority for the whole area of the administrative County of Kent. On 30th June 1945, the area of the administrative County was 972,027 acres and the estimated population was 1,221,410. The average number of children on the roll of the schools maintained by the Local Education Authority was 153,286.

PARTICULARS RELATING TO SCHOOLS, ETC., IN THE AREA OF THE EDUCATION COMMITTEE ON 31ST DECEMBER, 1945:—

Number of Primary School departments	...	...	...	...	...	695
Number of children on the roll	...	...	...	...	...	108,669
Number of Secondary Schools (including Modern Schools, Walthamstow Hall and Eltham College, but excluding other direct grant schools and art schools)	...	...	...	...	...	156
Number of children on the roll	...	...	...	...	...	53077
Number of minor ailment clinics...	...	...	...	...	...	46
.. .. dental clinics (Permanent 48. Temporary 82)	...	...	...	...	...	130
.. .. ophthalmic clinics	...	...	...	...	...	29
.. .. orthopaedic clinics under the control of the Education Committee	...	...	...	...	...	6
.. .. orthopaedic clinics under the control of the Public Health Committee	...	...	...	...	...	8
.. .. ear, nose and throat clinics...	...	...	...	...	...	13
.. .. speech clinics...	...	...	...	...	...	7
.. .. child guidance clinics	...	...	...	...	...	5

STAFF.—All officers who immediately before 1st April 1945, were employed by the Council of any county district solely or mainly for the purpose of any function of the School Health Service became officers of the County Council as from 1st April 1945. There have been no other considerable changes, and on 30th March 1946, the staff was as follows:—

	Proportion of whole-time allocated to	
	School Health Service	Other Health Services
SCHOOL MEDICAL OFFICER :		
Elliott, A. M.D., D.P.H.	1/4	3/4
SENIOR ASSISTANT COUNTY MEDICAL OFFICER :		
Allen, Letitia M. M.B., CH.B., D.P.H.	3/4	1/4
ASSISTANT COUNTY MEDICAL OFFICERS :		
Archer, G. Marjorie M.R.C.S., L.R.C.P.	5/11	—
Butterfield, Kathleen F. M.R.C.S., L.R.C.P., D.P.H.	8/11	3/11
Byrne, Mary W. B.Sc., M.B., B.Ch., D.P.H.	7/8	1/8
Campbell, Charles L.R.C.S., L.R.C.P., D.P.H.	7/8	1/8
Cheesman, John E. L.M.S.S.A., D.P.H.	7/8	1/8
Denholm-Young, Hilda M. M.A., M.B., CH.B.	7/8	1/8
Eunson, Margaret W. M.B., CH.B., D.P.H.	4/11	—
Flynn, Mary M.B., CH.B., D.P.H.	7/8	1/8
Hewett, Beryl M. M.B., B.S., D.P.H.	2/11	—
Hirsch, Konrad F. L.R.C.P., L.R.C.S.	7/8	1/8
Lessey, Walter M.D., (Brux.) M.R.C.S., L.R.C.P.	7/8	1/8
Marshall, James M.B., D.P.H.	4/11	7/11
McCausland, Charles E. B.A., M.B., B.Ch.	5/11	—
Megaw, Wm. B.A., B.Sc., M.B.	5/11	—
Minett, Jack M.A., M.D., D.P.H.	7/8	1/8
Molesworth, Eric M. M.B., CH.B.	Whole-time	—
Nichol, Georgina M.B., CH.B., D.P.H.	7/8	1/8
Nicholls, Edith G. M.A., M.B., CH.B.	1/11	10/11
Stableforth, Gladys M.D., B.S.	7/8	1/8
Tucker, Sydney A. M.B., B.S., D.P.H.	7/8	1/8
SENIOR DENTAL OFFICER :		
Saunders, Frederic L.D.S.	5/6	1/6
DENTAL SURGEONS :		
Adorjan, S. M.D., L.D.S. (Vienna)	5/6	1/6
Buchan, Alexander L.D.S.	10/11	1/11
Campbell, Dorothy L.D.S.	5/6	1/6
Cantor, Henry L.D.S.	5/6	1/6
Cardell, Ivor S. L.D.S.	5/6	1/6
Crisp, Basil L.D.S.	5/6	1/6
Cross, Mary E. O. L.D.S.	5/6	1/6
Dawe, Marjorie K. M. L.D.S.	5/6	1/6
Dawe, Walter W. F. L.D.S.	5/6	1/6
Elvy, Doris M. L.D.S.	5/6	1/6
Farmer, Thomas C. L.D.S.	5/6	1/6
Friedlander, Hedwig M.D. (Vienna)	Whole-time	—
Gausden, Percival D. L.D.S.	5/6	1/6
Haddock, Arthur J. L.D.S.	Whole-time	—
Hall, Thomas A. L.D.S.	10/11	1/11
Hayes, Leslie F. L.D.S.	5/6	1/6
Heilborn, Hesta L.D.S.	5/6	1/6
Heywood, Oliver B. L.D.S.	Whole-time	—
MacDougall, Allan L.D.S.	5/6	1/6
Mahler, Edith L.D.S.	5/6	1/6
Markham, Frederick L.D.S.	5/6	1/6
McCarthy, Albert W. L.D.S.	5/6	1/6
Park, Alfred E. L.D.S.	5/6	1/6
Squier, Mrs. Agnes L.D.S.	5/6	1/6
Sturdee, Frank P. L.D.S.	3/11	—
Thomas, H. L. L.D.S.	5/6	1/6
Tomlyn, Felix C. L.D.S.	5/6	1/6
Tran, Robert A. L.D.S.	3/4	1/4
White, Sidney L.D.S.	5/11	—

	<i>Time given to School Health Service</i>
CONSULTANTS	
EAR, NOSE AND THROAT :	
Gill, Thomas P. M.B., F.R.C.S., (Ed.)	5/11
Guthrie, Thomas M.A., M.B., F.R.C.S.	1/11
Simons, John A. M.R.C.S., L.R.C.P.	1/11
OPHTHALMOLOGISTS :	
Allen, Norman H. M.R.C.S., L.R.C.P.	1/11
Applin, Horace W. M.B., D.O.M.S.	1/11
Cogan, John M.B., CH.B., D.O.	1/11
Fox, John W. M.B., D.P.H.	4/11
Galton, Ernest M. G. M.B., D.O.M.S.	1/11
Hughes, Mrs. G. E. M.R.C.S., D.O.M.S.	2/11
Lyle, Eric H. W. M.A., M.D., B.CH., D.O.M.S.	1/11
McDonnell, Michael F. M.B., B.CH., D.P.H.	1/11
McLean, David W. M.B., CH.B., D.O.M.S.	4/11
Medlycott, Brian R. M.B., B.S., D.O.M.S.	3/11
Smith, Fredk. W. G. M.A., M.D., M.CH., D.O.M.S. D.P.H.	2/11
PSYCHIATRISTS :	
Roberts, Reginald F. M.B., CH.B., D.P.M.	Whole-time
Balint, Michael M.D., (Budapest) PH.D. (Berlin).	5/11
Mackworth, Joan M.B., CH.B., D.P.M.	4/11
ORTHOPAEDIC SURGEONS :	
Gervis, W. Harvey M.A., M.B., F.R.C.S.	1/11
Lindsay, Edwin B.A., F.R.C.S.	1/22
Batten, Herbert E. F.R.C.S.	} Part-time Surgeons employed by the Public Health Com- mittee of the Kent County Council under the County Orthopaedic Schem _e
Beresford Jones, Arthur B. M.S.	
Molesworth, Hickman W.L. F.R.C.S.	
Moreton, Adrian L. M.S.	

	<i>Proportion of whole-time allocated to</i>	
	<i>School Health Service</i>	<i>Other Health Services</i>
EXCEPTED DISTRICTS :		
BECKENHAM BOROUGH :		
MEDICAL OFFICER OF HEALTH :		
Cole, T. Philip M.B., D.P.H.	3/11	8/11
ASSISTANT SCHOOL MEDICAL OFFICER :		
Thomson, Sheila M.B., D.P.H.	5/11	6/11
OPHTHALMOLOGIST :		
Looseley, A. E. A. M.A., M.B., F.R.C.S.	Part-time	
ORTHOPAEDIC SURGEON :		
Cholmeley, J. A. F.R.C.S.	Part-time	
EAR, NOSE AND THROAT SURGEON :		
Howells, G. H. F.R.C.S.	Part-time	
DENTAL SURGEON :		
Waters, Robert A. L.D.S.	5/6	1/6
BROMLEY BOROUGH :		
MEDICAL OFFICER OF HEALTH :		
Tapper, Kenneth E. O.B.E., G.M., M.B., CH.B., D.P.H.	1/4	3/4
ASSISTANT SCHOOL MEDICAL OFFICERS :		
Orgler, Arnold M.D., (Berlin).	3/4	1/4
Stinson, Gertrude H. M.R.C.S., L.R.C.P.	5/8	3/8
Thompson, Alexander M.B., CH.B., D.P.H.	3/4	1/4
OPHTHALMOLOGIST :		
Rushton, Roland H. M.R.C.S., L.R.C.P., D.O.M.S.	Part-time	
ORTHOPAEDIC SURGEON :		
Cholmeley, J. A. F.R.C.S.	Part-time	
EAR, NOSE AND THROAT SURGEON :		
Bency, Charles C. M.A., M.B., B.CH., M.R.C.S., L.R.C.P.	Part-time	
DENTAL SURGEONS :		
Glen, James H. L.D.S.	Whole-time	
Birkhahn, Benjamin S. L.D.S.	7/10	3/10

EXCEPTED DISTRICTS (Continued):	Proportion of whole-time allocated to	
	School Health Service	Other Health Services
GILLINGHAM BOROUGH:		
MEDICAL OFFICER OF HEALTH:		
Muir, W. A. M.D., CH.B., D.P.H.	1/2	1/2
ASSISTANT SCHOOL MEDICAL OFFICER:		
Dunlop, Meta L. M.B., B.CH., D.P.H.	1/2	1/2

In addition, the undermentioned Medical Officers employed by District Councils have undertaken work on behalf of the Education Committee:—

	Proportion of whole-time allocated to	
	School Health Service	Other Health Services
Brocklehurst, George L. M.D., D.P.H.	1/2	1/2
Cargin, Herbert M. M.D., D.P.H.	3/11	8/11
Desmond, Daniel M.B., B.CH., D.P.H.	1/3	2/3
Gaffikin, Philip J. M.D., B.CH., D.P.H.	1/4	3/4
Hall, Wm. M.B., M.R.C.S., D.P.H.	1/2	1/2
Hawkins, Benjamin E. M.R.C.S., L.R.C.P.	2/11	—
Kirk, Dudley W. M.B., CH.B.	1/5	—
Leader, Reginald A. M.R.C.S., L.R.C.P., D.P.H.	3/11	8/11
Markham, Robert W. B.A., M.B., B.CH., D.P.H.	5/11	6/11
Morris, Rose M.R.C.S., L.R.C.P., D.P.H.	5/11	6/11
Murray, John O. M.D., CH.B., D.P.H.	3/8	5/8
Niall, Sheila M. M. L.M.S.S.A.	3/10	7/10
Pringle, Ernest G. M.D.	2/11	—
Simpson, Anne M.B., CH.B., D.P.H.	4/11	7/11
Whyte, Elizabeth, M.B. CH.B.	1/5	4/5

There are now 120 health visitors or school nurses who are engaged in the School Health Service. The school work done by them is equivalent to what could be done by 56 health visitors devoting their whole-time to this branch of the work. 27 school dental attendants are also employed.

MEDICAL INSPECTIONS.—It has been found possible in the larger part of the area to carry out medical inspections of pupils in the prescribed age groups, *i.e.*, "entrants," "intermediates," and "leavers." Table 1 on page 17 shows the number of inspections carried out.

In the early part of the year under review, the Committee agreed in principle to appoint a sufficient number of health visitors in order that a health visitor may be available to attend at each medical inspection. Up to the end of the year it had not been found possible to appoint a sufficient number of health visitors to undertake this important work at all schools in the area.

NUTRITION.—A classification of the nutrition of pupils inspected during the year in the routine age groups is given in Table 2 on page 17. Owing to the shortage of medical staff it was not found possible to undertake nutritional "surveys." Generally the position is satisfactory, but, with the development of the Schools Meals Service and the provision of free milk, it is hoped to reduce the percentage (11.6) of children with sub-normal and bad nutrition.

SCHOOL MEALS AND MILK IN SCHOOL.

For the first time in their history Education Authorities had, from the 1st April, 1945, the duty imposed on them of providing milk, meals and other refreshment for pupils in attendance at schools maintained by them. The Committee had for many years previously exercised their discretionary power and, as it has been clear from previous reports, a growing number of schools already had the advantages of the School Meals Service.

The Education Act, 1944, in addition to imposing a duty on the Committee to provide a meals service, made them responsible also for a considerable number of canteens in the areas of the former Part III Education Committees. In a number of these areas, the School Meals Service is in its infancy, having been established as a result of the war.

Much is being done to expand the service, but in common with many other of the Council's services, rapid expansion is being hindered through post war shortages and restrictions.

A number of British Restaurants have been taken over for use as school canteens and some schools continue to be supplied with meals conveyed in insulated food containers from neighbouring school canteens.

The Committee are now responsible for 520 school canteens and central kitchens, serving 545 schools and departments; 46 schools receive meals from British Restaurants.

The following table of statistics illustrates the position immediately before and after the date of operation of the Education Act, 1944 :—

	<i>No. of pupils in schools concerned</i>	<i>No. of pupils taking dinner</i>	<i>No. of pupils taking milk</i>
FEBRUARY 1945.			
Elementary Schools	72,391	24,790	48,596
Secondary Schools	21,903	8,973	10,247
Further Education Institutions	24,271	3,806	3,244
JUNE 1945.			
Primary Schools	108,153	43,994	76,842
Secondary Schools	45,133	14,355	14,094
OCTOBER 1945.			
Primary Schools	108,669	36,325	81,057
Secondary Schools	45,920	27,834	30,568

In October, 1945, 10,133 children were having free meals and 9,072 were being supplied with milk free of charge.

MEDICAL TREATMENT.

Your Committee has considered the question of medical treatment in view of the provisions of Section 48 (3) of the Education Act, 1944, that it shall be the duty of every Local Education Authority to make such arrangements for securing the provision of free medical treatment for pupils in attendance at maintained schools and approved the following recommendations :—

- (a) that in order to secure that urgent treatment may be available for children attending schools in rural areas where frequent visits by the Assistant Medical Officers may be difficult to arrange and where clinic facilities are not conveniently available, arrangements be made with general practitioners, but that, for the present, these arrangements be limited to cases of accident and of serious illness sent in emergency by Head Teachers or Health Visitors.
- (b) that arrangements be made with private dentists for emergency treatment of pupils.
- (c) that arrangements be made for spectacles to be dispensed by any optician at prices approved by the Ophthalmic Benefit Approved Committee in accordance with their Scale A ; the parents to meet any additional cost arising from their wish for the provision of more expensive frames.
- (d) that negotiations be opened with the voluntary hospitals in the County for the provision by them of the treatment of children. These negotiations have not yet been completed.

Minor Ailments.—During the year, 44,516 pupils were treated at the minor ailment clinics. These clinics are open as often as may be necessary, which is every morning at the larger centres. It is not possible for a Medical Officer to be present at each opening, but in the larger centres a doctor attends at the clinics at least once a week.

Uncleanliness.—Under Section 54 of the Education Act, 1944, a Local Education Authority may authorise a medical officer of the Authority, either generally, or in the case of particular schools, to cause a search to be made for vermin, and if a pupil is not cleansed within a specified time, the medical officer may order the pupil to be cleansed under arrangements made by the authority. Thereupon an officer may cleanse the pupil, convey him to, and detain him at the cleansing premises. Cleansing stations where assistants are employed for cleanliness work have been taken over from the former Boroughs of Gravesend and Maidstone Education Committees. In other areas, arrangements have been made whereby children can be cleansed at County Hospitals. The health visitors made 389,008 examinations of children, and in 9,659 instances the children were found to be verminous.

Defective vision.—There have been several changes during the year in the organization of the ophthalmological services, owing to the termination of the temporary full-time appointment of Mr. C. H. Bryant, M.D., F.R.C.S., on 30th November, 1945. Dr. J. W. Fox continues to attend at a number of clinics, and part-time ophthalmic surgeons attend at the remaining clinics. It is proposed that when conditions permit, the ophthalmological services provided by the Committee shall link more closely with that of the hospitals, and arrangements have already been made for clinics to be held at the Kent County Ophthalmic Hospital, the Kent and Canterbury Hospital, the Gravesend and North Kent Hospital, the Royal Victoria Hospital, Deal, the Royal Victoria Hospital, Dover, and the Royal Victoria Hospital, Folkestone.

Orthoptic treatment for squint has not yet been introduced at the clinics established by the Committee, but a part-time orthoptist attends for two sessions a week at the Bromley Clinic.

The number of children dealt with in the eye departments of the hospitals and school clinics during the year was 7,299 ; spectacles were prescribed for 3,167 children, and 2,686 were obtained.

Chronic tonsillitis and adenoids.—Arrangements for the treatment of these conditions at the voluntary and county hospitals remain unchanged, although there are long waiting lists at all hospitals owing to the shortage of nursing and domestic staff. The following table gives the number of children treated under the Committee's arrangements :—

Hospital	No. of children treated
Beckenham	11
Chatham County	15
Chislehurst, Orpington and Cray Valley	212
Dartford County	80
Dartford Livingstone	245
Deal Victoria	49
Dover Royal Victoria	48
Edenbridge	3
Erith	9
Farnborough County	32
Faversham Cottage	1
Folkestone Royal Victoria	174
Gravesend and North Kent	86
Herne Bay	17
Kent and Canterbury	124
Kent County Ophthalmic	215
Kent and Sussex	107
Margate General	40
Minster (Sheppey)	54
Ramsgate	4
Rochester St. Bartholomew's	17
Rye Memorial	2
Tonbridge Cottage	162
Tunbridge Wells Homoeopathic	80
Whitstable	57
Willesborough County	51
Total	1895

Defective hearing and ear disease.—Part-time aural specialists are employed to attend at 13 clinics in the County and arrangements have also been made for children to be seen at the Kent County Ophthalmic and Aural Hospital, the Royal Victoria Hospital, Folkestone, and the County Hospital, Willesborough. It is also proposed that this service shall be linked more closely with that of the hospitals, and negotiations are proceeding for the establishment of clinics at the Gravesend and North Kent Hospital, and the County hospitals at Chatham and Sheppey.

Dental defects.—The Senior Dental Officer (Mr. F. J. Saunders, L.D.S.) has reported as follows :—

" On January 1st, 1945, the Education Committee had available 15 whole-time and 2 part-time Dental Officers. The allocation of time of these officers for work in connection with 97,000 pupils was being carried out to the extent of 13 whole-time workers, the remainder of the time being allocated to work for the Public Health Committee in connection with the Maternity and Child Welfare Services.

As from April 1st, 1945, 65,000 additional pupils came within the ambit of the Education Committee, and 7 whole-time and 7 part-time dental officers employed by the former sixteen Part III Authorities were transferred to the staff of the Education Committee. Three additional appointments were made, making the total staff available for the whole of the Administrative County 25 whole-time and 6 part-time dental officers. At the end of the year, 5 dental officers were still serving in the Forces and one newly appointed officer had not been released.

A measure of re-organization of areas was carried out in order to secure the best distribution of the dental staff available, and special attention was paid to ensure that parents and pupils had to travel as short a distance as possible to obtain treatment. Each dental surgeon had a dental attendant to assist at inspections and treatment centres, while two additional dental attendants were appointed to undertake relief duty and to carry out home visits.

Excluding from consideration the three excepted districts, *ie.*, Bromley, Beckenham and Gillingham, some 140,000 pupils would require 35 whole-time dental officers, and at the time of writing, this establishment has been approved. Difficulties of recruitment have, so far however, prevented this establishment from being provided. In accordance with the requirements of the Education Act, the Education Committee has entered into agreements with private practitioners for providing emergency dental treatment. The fee paid is on the scale fixed for dental benefit under the National Health Scheme and during the year 56 pupils were treated.

Attention was given to the necessity for expanding the orthodontic service, and it was not until 1946 that a special appointment could be made for this purpose.

A particularly valuable feature of the dental service now being provided is the dental workshop in Maidstone, where the construction of dentures and orthodontic appliances is carried out.

In addition to the necessity of bringing the number of dental officers up to the establishment already approved, one of the greatest needs is the provision of more clinic facilities. Unfortunately, difficulties which arise in connection with the release of labour and building materials have, so far, prevented any large scale extension of clinic facilities, although wherever possible new equipment has been secured. In this way, five clinics have during the year, been supplied with apparatus for the administration of anaesthesia.

Of the pupils inspected, 35.46 had sound teeth, and treatment was provided in 48 permanent and 82 temporary clinics for those requiring treatment.

The statistics in Table 4 show the work carried out during the year and include the work done in the three excepted districts of Bromley, Beckenham and Gillingham. The dental staff of the Education Committee also devoted 857 sessions to work for the Public Health Committee of the Council."

Speech defects.—There have been increasing numbers of children submitted from various sources for treatment, especially from schools in the Eastern portion of the County. The part-time speech therapists hold regular clinics at Dartford, Chislehurst, Orpington, Tunbridge Wells, Tonbridge, Maidstone and Ashford. When staff becomes available, it is proposed to hold additional clinics at Bromley or Beckenham, Chatham, Sittingbourne, Canterbury, Ramsgate or Margate and Folkestone or Dover. Dr. Gladys Stableforth continues to be the Committee's medical liaison officer at these clinics, and her report for the year under review is given below :—

" Total number of cases treated	...	...	...	...	...	...	...	...	...	258
Total number of cases discharged	...	...	...	...	...	...	...	...	...	96
TYPES OF CASES CLASSIFIED :										
1. Stammerers	...	...	...	...	...	...	...	...	...	69
" with dyslalia	...	...	...	...	...	...	...	...	...	3
2. Dyslalia (Grouping includes simple, multiple, general involving specific language disability).	...	...	...	...	...	...	...	...	...	136
3. Sigmatism	...	...	...	...	...	...	...	...	...	25
4. Cleft palate	...	...	...	...	...	...	...	...	...	21
5. Dysarthria	...	...	...	...	...	...	...	...	...	4

There have been some alterations in the sessions at the Clinics, and the opening of a new clinic at Maidstone. The clinic at Orpington had only one morning session per week during 1945, this was found to be inadequate, as the numbers requiring treatment had increased considerably and it was arranged to have a whole day per week, beginning in January, 1946 ; a morning session was added there and one deducted from Chislehurst Clinic for the present time, the Chislehurst Clinic having had 1½ days per week.

Ashford and Tonbridge Clinics were both half-day sessions each, per week, and as the numbers on the waiting list increased, it was decided to ask permission to have a full day (morning and afternoon sessions) in each place. This was arranged and the new sessions began after the Summer Holidays, 1945.

The new clinic was opened at Maidstone on the 10th April, and during the eight months since it was established it has proved how great was the need for it.

Reviewing the work of the year, I should like to report one or two items of work which I feel merit special notice :—

One clinic showed particularly fine work on stammerers, eleven out of 13 cases were ready for discharge in under 8 months' treatment.

There have been some interesting cases of dyslalia associated with aphasia and the work on these cases has been most encouraging. The Speech Therapists and I would like to thank the Teachers for their co-operation."

Child Guidance clinics.—In October, 1943, the Committee decided to proceed with the establishment of four child guidance clinics in the County and clinics have been established at Canterbury (in co-operation with the City of Canterbury Education Committee), Maidstone, Tonbridge and Crayford. In addition, sessions are being held at Ashford, as an extension of the Maidstone Clinic, and at Chislehurst, as an extension of the Crayford Clinic. At only two of the clinics is there a complete team of workers, but when sufficient staff is available it is proposed that each of the four main centres shall be established on a full-time basis. Some of the sessions of the clinic in East Kent will be held in Thanet and others at Folkestone or Dover.

During the year, some 421 children have been seen, and, when necessary, treated. Since the inception of the scheme there has been a remarkable increase in the number of children referred for diagnosis, and it is apparent that there is a great need for this specialised service.

Mr. R. F. Roberts, M.B., CH.B., D.P.M. full-time Assistant County Medical Officer (Psychiatry) reports as follows:—

“ A simple classification of this material is very difficult but the following table is based on the leading symptom for which the child was referred or on the total clinical picture.

	<i>Under 5</i>	<i>5-8</i>	<i>8-11</i>	<i>11-14</i>	<i>14-18</i>	<i>Total</i>
Difficult behaviour	14	50	46	32	25	167
Delinquency	—	4	20	24	20	68
Neurosis	5	18	16	22	7	68
Enuresis	—	17	30	6	—	53
Psycho-neurotic disorder	—	6	11	6	1	24
Psychosis	—	2	1	2	1	6
Backwardness	1	12	13	3	1	30
For Vocational Guidance	—	—	—	—	5	5
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	20	109	137	95	60	421
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Many children who are referred for a specific complaint such as enuresis or stealing or truancy, show a multiplicity of symptoms on investigation and the majority of cases classified under the first five headings could all be classified as neurotic. Even a large proportion of those referred simply for backwardness were found to be having scholastic difficulties not due to intellectual defect, but directly referable to emotional problems.

The number of cases referred by the Juvenile Courts and Probation Officers is increasing, indicating a growing awareness of the contribution that psychiatry can make to the problem of juvenile crime. One of the great justifications of a Child Guidance Service is that it can and does prevent adolescent and adult crime by removing the deep emotional disturbances on which it so frequently depends.

A great deal of work goes into the diagnosis and treatment of cases and the results compare favourably with those of general medicine. In the main, two methods of treatment are employed in dealing with children's psychiatric problems.

1. Altering the child by psychotherapy. This is the method of choice for about 60% of the patients. It is a lengthy and difficult process, but gives very satisfactory results in those cases where emotional tangles within the child are the cause of the difficulty and present environmental factors of minimal importance.
2. Altering the environment. Of the remaining 40% it is not the child that is wrong so much as his environment and the influences brought to bear on him. Environmental adjustment frequently involves interesting the community, or sections of the community or public bodies, in the child. It is a lamentable fact that the more a child's future depends on persons not in direct contact with the clinic the more unfavourable is the outlook.

It is hoped that in the future more provision can be made for the treatment away from home of very seriously disturbed children. Schools for the maladjusted and a hostel, whose staff has been selected by the Child Guidance Clinics, for the residential treatment of serious cases, are needs whose urgency will not diminish in the future.

All clinics are carrying heavy case loads at present and the number of 'referrals' could be doubled or even trebled at any moment. It is hoped that it will shortly be possible to increase the staff to the strength laid down in a recent committee decision, namely, the equivalent of four fully staffed full-time clinics. The greatest difficulty will be in finding psychiatrists who, from the nature of the work done, must inevitably bear the greatest burden."

Asthma and Remedial exercises clinics.—These have been continued in N.W. Kent and the Medical Officers report a marked improvement in the attendances.

Orthopaedic and crippling defects.—

Under the provisions of the Education Act, 1944, the Education Committee became responsible for the provision of treatment for school children suffering from orthopaedic defects in the former Part III areas. Clinics are at present being maintained by the Committee at Bromley, Beckenham, Erith and Tunbridge Wells in addition to the clinics established under the County Council's scheme at Ashford, Canterbury, Dartford, Dover, Maidstone, Margate, Petts Wood, Sevenoaks and Sittingbourne.

A Senior Physiotherapist, Miss M. G. Taylor, has been appointed to the Central staff of the Public Health Department, and commenced duty on the 1st February, 1946.

Classification of defects of 546 children, chargeable to the Kent Education Committee, who attended for the first time during 1945 at the clinics established under the County Council's orthopaedic scheme :—

Defect	Male	Female
1. Congenital deformities :		
Clubfoot	6	3
Congenital dislocation of hip	2	1
Congenital malformations	15	8
Congenital paralysis	5	4
2. Deformities due to rickets	9	14
3. Poliomyelitis and resulting deformities	5	8
4. Other acquired deformities :		
Flatfoot	56	59
Curvature of spine (excluding tuberculosis)	28	69
Deformities or limitation of movement due to fracture... ..	41	20
Amputation for injury or disease	0	1
Disabilities arising from osteitis and periostitis	3	9
Arthritis	2	1
Deformities due to nerve injury and disease	0	2
Other deformities	66	78
5. No information	—	—
6. No defect discovered	15	16
TOTALS	253	293

CO-OPERATION WITH VOLUNTARY BODIES.

Kent Council of Social Service.—The following report has been submitted by the General Secretary :—

1. STATISTICS.

(a) NUMBER AND CLASSIFICATION OF CHILDREN REFERRED FOR THE FIRST TIME.

Care and supervision (including Open Air School cases) ...	1,535
Cod liver oil and Malt	123
Parrish's Food and Virol	3
	<hr/>
	1,661

(b) NUMBER OF RECOMMENDATIONS AND CLASSIFICATION IN RESPECT OF CHILDREN PREVIOUSLY REFERRED.

Care and supervision (including Open Air School cases) ...	6,476
Cod liver oil and Malt	261
Parrish's Food	11
Glucose	2
	<hr/>
	6,750

(c) CLINIC ATTENDANCE.

Referred from the Public Health Department	23
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TOTAL RECOMMENDATIONS 8,434

2. CLOTHING.

(a) NEW EDUCATION ACT CLOTHING SCHEME.—In May of this year the Education Committee invited us to assist them temporarily in giving effect to Section 57 of the 1944 Education Act, which requires the local Education Authority to provide such clothing as may be proved necessary to enable a child to take full advantage of the Education provided.

Children are referred from various sources for benefit under this Scheme, and the duty of the Council's Supervisors is to secure and verify full particulars of the income and circumstances, recommend a grant to cover the cost of the clothing needed, and after approval and confirmation by the Education Authority, to arrange for provision of clothing as recommended. After reference to the Divisional Education Authority, an agreed amount may be recovered from the parents in cases where it is felt that they should properly be able to contribute.

To date, 64 children have been referred for help under this new Scheme. In 31 cases the recommended help has been approved by the Education Authority, in 3 cases the matter has been referred to the Divisional Education Authority for further action, and 33 cases are still under consideration by the Education Authority.

(b) SECONDHAND CLOTHING.—A considerable quantity of secondhand clothing has been received from America and other sources, and is proving particularly useful, especially in cases where no coupons are available or the number of coupons is inadequate.

(c) NEW CLOTHING.—A quantity of new clothing has been allocated to the Council by the Women's Voluntary Services for use in connection with the Delicate Schoolchildren and Tuberculosis Schemes. For this clothing, coupons are required.

3. SPECIAL CASE FUND.

A special Case Committee to administer this Fund continues to meet quarterly under the Chairmanship of Major C. Tuff, D.L., J.P. The following summary gives details of the help given during the year :—

Fares to Hospital, Convalescent Homes, etc. ...	6
Convalescence	5
Home Helps	4
Bedding	8
Tricycle	1
Clothing	22
	<hr/>
	46

The amount of help which it has been possible to provide has been curtailed by the depleted state of the Fund, the finances of which are causing the Committee some concern, especially in view of the increasing charge made upon the Fund by the payment of one-third cost of Cod liver oil and Malt, and nourishment other than milk, recommended by the School Medical Officer. In spite of the fact that the Education Committee is arranging, wherever possible, for supplies of these nourishments in school and at Clinics, the following comparative figures show the increasing charge made upon the Case Fund under this heading :—

	1944	1945
Number of cases referred for the provision of Cod liver oil and Malt etc. (One-third of total cost borne by Case Fund)	196	390

4. SAVE THE CHILDREN FUND.

During the current year grants to the value of £3,000 have been issued to approximately 600 children. In addition, a large quantity of secondhand clothing and parcels of food received from American and British Sponsors has been distributed to children in need of such help. The total amount distributed since 1940 is now £11,400.

At the request of Sponsors, arrangements have been made in 6 special cases for children to be given badly needed holidays. Three other children have been given help to such an extent as to ensure them being given a better chance in life.

5. THE FUTURE.

It is understood that, eventually, part of this work will be taken over by the Welfare Committees to be set up in connection with the Divisional Executive Committees, but as the work develops it is becoming more apparent that the whole scheme of social service work among children needs to be widened to include not only the children of school age, but those under school age, and in many cases must include help for the parents in order that the greatest good may be possible for the children. An increasing number of children, both of school age and under, are being referred from sources other than the Education Authorities, and wherever possible the needed help has been provided.

We are deeply appreciative of the never failing good-will and help which at all times has been forthcoming from our voluntary Supervisors. The past year has not been easy in many respects, but our helpers have rallied to the task.

We are glad to report that during the year a Committee has been formed in Sheerness, and is doing valuable work. Difficulty is still being experienced in getting voluntary help in a few districts, and additional help is urgently needed in Dartford.

6. NORTH WEST KENT.

I understand that, in my absence, an autonomous Council of Social Service has been established here, and in consequence the figures for this area have not been included in the Report, but I am assured that they will be forthcoming in the near future.

Kent Voluntary Association for Mental Welfare.

The Organising Secretary has reported as follows :—

" During the past year, which has been one of many changes, 525 mentally handicapped children and young people have been under supervision, 98 of these having been received as new from the Kent Education Committee, 57 transferred from former Part III Authorities and 15 Ascertainments referred by the Association for examination by the Medical Officers.

Remaining on list 31/12/44	355
New cases	98
Transferred from former Part III Authorities	57
Ascertainments	15
	<hr/>
	525

REMOVED FROM LIST.

83 names have been removed for the following reasons :—

Residential Special Schools	8
Homes	8
Left area	7
Withdrawn from supervision	2
Not m.d.	1
c/o Guardians	1
Died	4
	<hr/>
Transferred to County M.D. Committee Under Statutory Supervision	13
Reached the age of nineteen years	39
	<hr/>
	83

Leaving 442 cases under supervision.

HOMES.

Of the eight children admitted to Homes, one is now placed in work after a short training at the Y.M.C.A. Farm Training Hostel, near Bristol; two are in Remand Homes; one was admitted to a School for the Deaf; and four committed to the care of the Kent Education Committee, as a "fit person" under the provisions of the Children and Young Persons Act.

RESIDENTIAL SPECIAL SCHOOLS.

Considering the difficulty regarding vacancies in any type of Institution at the present time, it is satisfactory that during the year eight children have been admitted to Residential Special Schools in various parts of the Country, and it is encouraging to hear that there are now definite arrangements being made for at least one Residential Special School in Kent. This is, it is understood, for boys, and it is to be hoped that one for girls will follow before very long.

AFTER-CARE.

The names of twelve boys and girls have been referred to the County Mental Deficiency Committee for Friendly Supervision on reaching the age of sixteen years, and after-care has been continued for thirty-nine young people up to the age of nineteen years.

VISITS.

In addition to school enquiries and interviews, upwards of 530 visits have been paid to the homes of the mentally handicapped children and young people. Parents have continued to welcome the visitor and where the name of the child has been known at an early age their co-operation has still been noticeably more spontaneous and effective.

CHILD GUIDANCE CLINICS.

The Association is glad to know that the number of Child Guidance Clinics in the County is increasing and that by this means the mal-adjusted child will be able to keep in touch with the psychiatrists and so carry out the treatment recommended, under expert supervision.

THANKS.

Once again the Association thanks the Committee, School Medical Officers, all Head Teachers and their Staffs, School Enquiry, Vocational Guidance and Probation Officers, the Public Assistance Committee, Almoners of Hospitals and others for their ready help and assistance at all times."

The National Society for the Prevention of Cruelty to Children.

This Society continues to afford valuable assistance in securing an improvement in neglected children. During the year the following children were dealt with:—

Branch	No. of Children.	Visits made.
Ashford	24	81
Bromley	52	174
Canterbury	79	217
Gravesend	131	233
Maidstone	35	81
Isle of Thanet	22	54
Medway and Swale	47	87
South East Kent	31	74
West Kent	21	62
Totals	442	1,063

TABLE 3

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

Total Number of Defects treated or under treatment during the year under the Authority's Scheme ... 44,516

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I.).

	No. of Defects dealt with.
	Under the Authority's Scheme.
Errors of Refraction (including squint)	7,299
Other defect or disease of the eyes (excluding those recorded in Group I)	—
Total	7,299
	Under the Authority's Scheme.
No. of Pupils for whom spectacles were	
(a) Prescribed	3,167
(b) Obtained	2,686

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

No. of Defects.		
Received Operative Treatment Under the Authority's Scheme, in Clinic or Hospital.	Received other forms of Treatment.	Total number treated.
(1)	(2)	(3)
1,608	385	1,993

NOTE.—The figures given in the above Group III relate to the year ended 30th June, 1945.

TABLE 4

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Dentists :—					
(a)	Routine Age Groups...	...	...	...	94,183
(b)	Specials	...	...	...	7,311
(c)	TOTAL (Routine and Specials)	...	...	...	Total 101,494
(2)	Number found to require treatment	...	...	...	65,509
(3)	Number actually treated...	...	...	...	37,344
(4)	Attendances made by pupils for treatment	...	...	...	70,671
(5)	Half-days devoted to	...	{ Inspection ...	790½	} Total 10,523
		...	{ Treatment ...	9,732½	
(6)	Fillings	...	{ Permanent Teeth ...	36,269	} Total 46,623
		...	{ Temporary Teeth ...	10,354	
(7)	Extractions	...	{ Permanent Teeth ...	7,097	} Total 50,160
		...	{ Temporary Teeth ...	43,063	
(8)	Administrations of general anaesthetics for extractions	...	...	...	7,725
(9)	Other operations	...	{ Permanent Teeth ...	8,937	} Total 16,859
		...	{ Temporary Teeth ...	7,922	

TABLE 5

UNCLEANLINESS AND VERMINOUS CONDITIONS

(i)	Average number of visits per school made during the year by the School Nurses	...	...	...	...	...	...	...	9.7
(ii)	Total number of examinations of pupils in the Schools by School Nurses	...	...	...	...	...	...	...	389,008
(iii)	Number of individual pupils found unclean	...	...	...	...	...	...	...	9,659

TABLE 6

BLIND AND DEAF PUPILS.

	At a Maintained Primary or Secondary School. (1)	At an Institution other than a Special School. (2)	At no School or Institution. (3)
Blind Children ...	—	—	2
Deaf Pupils ...	—	—	23

TABLE 4

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Dentists --	(a) Routine Age Groups	94,187	
	(b) Specials	7,211	
	(c) TOTAL (Routine and Specials)	101,398	Total
(2) Number found to require treatment		63,900	
(3) Number actually treated		37,244	
(4) Attendance made by pupils for treatment		70,871	
(5) Half-day charges for			
	Inspection	700	Total
	Treatment	9,732	
		10,432	
(6) Fillings			
	Permanent Teeth	32,800	Total
	Temporary Teeth	10,234	
		43,034	
(7) Extractions			
	Permanent Teeth	7,007	Total
	Temporary Teeth	43,902	
		50,909	
(8) Administration of general anesthetics for extractions			
		7,727	
(9) Other operations			
	Permanent Teeth	2,937	Total
	Temporary Teeth	7,932	
		10,869	

TABLE 5

FACTORS WHICH AFFECT THE DENTAL CONDITION OF PUPILS

(i) Average number of visits per school week during the year by the School	1.7
(ii) Total number of examinations of pupils in the Schools by School	220,002
(iii) Number of individual pupils found under	9,332

TABLE 6

BLIND AND DEAF PUPILS

At no School or Institution	(a)		
At an Institution other than a Special School	(b)		
At a Maintained Primary or Secondary School	(c)		
Blind Children			
Deaf Pupils			