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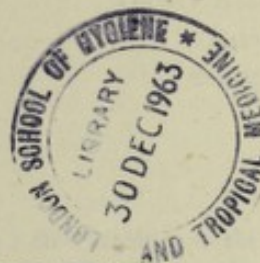
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# KENT COUNTY COUNCIL.

EDUCATION COMMITTEE



## ANNUAL REPORT

OF THE

## SCHOOL MEDICAL OFFICER

For the Year 1951

BY

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

*School Medical Officer*

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KENT COUNTY COUNCIL  
EDUCATION COMMITTEE

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HEALTH DEPARTMENT,  
COUNTY HALL,  
MAIDSTONE.  
21st May, 1952.

**To the Chairman and Members of the Kent Education Committee**

In my last report on the work of the School Health Service I drew attention to the evidence of a progressive improvement in the general physical well-being of the children in attendance at the Kent Education Committee's schools, and I am glad to be able to report that the statistics embodied in my report for the year 1951 reveal a continuation of this trend.

The number of children who underwent a routine medical inspection was 80,217 as compared with 76,657 in the year 1950, with the result that the general physical condition of 33,992 (42.4%) was found to be "Good," of 42,629 (53.1%) "Fair," and of 3,596 (4.5%) "Poor," the percentages in the previous year being 38.5, 55.0 and 6.5 respectively. It should be borne in mind that these categories are necessarily of an arbitrary nature and that it can be said that the children who are reported as coming within the first two categories can be accepted as being in a satisfactory state of general health and physical development. The proportion who are classified under the heading "Poor" is the lowest yet recorded and it is towards the members of this group that special attention must be directed to emphasising the benefits of the existing medical and social services so that the numbers may be reduced to the lowest possible figure.

The results of the "cleanliness" inspections carried out by the health visitors can also be regarded with some satisfaction, the number of children found to be unclean, 3,171, also being the lowest recorded and less than half that of 1947. It is of interest to note that in 1924, the earliest year for which a report is available, the number was 7,073, at which time the school population in elementary schools was 74,413 as compared with 176,601 in 1951, in primary and secondary schools.

The number of children on the school rolls is at present showing a further increase owing to the sharp rise in the birth-rate in the immediate post-war years, a factor which is throwing an additional burden on the staff of the school health service. There was an increase in 1951 in the number of children attending primary schools of nearly 5,000 as compared with the figure for 1950, with a smaller addition to the number attending secondary schools. A further increase is to be anticipated in the year 1952 and it is evident that it will prove difficult, if not impossible, to carry out the full programme of routine inspections approved by the Committee without a corresponding increase of medical staff. This the Committee was unable to authorise for financial reasons and it is evident that the only solution will prove to be the curtailment or abandonment of the routine examination of the eight-year old group in order to comply with the statutory requirements in connection with the other age groups. Every effort is, however, being made to maintain these examinations to the maximum possible extent, since it is felt that they are of great importance and value at a stage when the child is developing rapidly and would otherwise receive no routine examination between his entry to school life and the age of eleven years, generally a period of six years.

So far as the general arrangements of the service are concerned, there have been no radical changes during the year. Progress has, however, been made in several ways towards the ideal of unification with other branches of the national Health Service which is so clearly to be desired from the viewpoints of both efficiency and economy. As a result of negotiations with the Regional Hospital Board all the remaining ear, nose and throat clinics provided by the Committee have been closed and the work done there absorbed into the services provided at hospitals. In addition the Board has been able to assume full responsibility for eleven of the twenty-four orthopaedic clinics which were



formerly under the control of the Health Committee. These changes have been effected without any significant loss of efficiency in the services available to the children concerned and it is clear that this must be the guiding principle in the process of rationalisation which can only be achieved if it is carried out as an evolutionary process and with full agreement and consideration by the parties concerned. It has also been possible during the year to reduce the number of minor ailment clinics by five as experience shows that a proportion of the work carried out in them is passing to the general practitioners now that their services are available without direct cost to the parents.

It has been possible at the same time to achieve small degrees of expansion in the dental, child guidance and speech therapy services, in each of which there is need for further development as and when circumstances permit. Another development of great interest is the opening of a school for physically handicapped pupils at Valence, near Westerham. This school provides for children having permanent physical handicaps which are so severe as to make it impossible for them to receive the necessary education in the ordinary schools and for whom there has been very limited provision in the country. Its effects should be apparent not only in the benefit to the children themselves in respect of their happiness and physical improvement, but also in enabling many of them to achieve a standard of education which will permit them to become self-supporting in later years. This applies, of course, in a like manner, if perhaps to a slightly lesser degree, to the special schools for other types of handicapped children which the Council maintains and also to the placing of these children in schools elsewhere.

In conclusion, I am glad to be able to report that the standard of good relations with those in the other branches of the health services, including the hospital and specialist services and the general practitioners, has been maintained and enhanced. A similar happy position exists within the service itself for which I am indebted to the members of the Committee for their interest and to the administrative and teaching staff of the Committee in addition to the members of the medical, dental, nursing staffs and other auxiliary workers who have displayed such zeal and enthusiasm in carrying out their work.

A. ELLIOTT,

*School Medical Officer.*

**REPORT OF THE SCHOOL MEDICAL OFFICER**  
**on the**  
**HEALTH of the SCHOOL CHILD**  
**for the Year Ended 31st December, 1951**

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**GENERAL INFORMATION.**

Particulars relating to schools etc., in the area of the Education Committee on 31st December, 1951 :—

Estimated population of the Administrative County (at the middle of 1950) ... ..	1,536,770
Number of Primary Schools or departments ... ..	670
Number of pupils on the roll ... ..	123,615
Number of Secondary Schools ... ..	119
Number of pupils on the roll ... ..	52,986
Number of Grammar Schools ... ..	35
Number of pupils on the roll ... ..	16,725
Number of Technical Schools ... ..	18
Number of pupils on the roll ... ..	6,274
Number of minor ailment clinics ... ..	52
,,  ,,  dental clinics (53 permanent, 36 temporary)... ..	89
,,  ,,  mobile dental clinics ... ..	3
,,  ,,  ophthalmic clinics ... ..	27
,,  ,,  orthopaedic clinics under the control of the Health Committee ... ..	13
,,  ,,  speech therapy clinics ... ..	15
,,  ,,  child guidance clinics (including City of Canterbury) ... ..	6



SCHOOL CLINICS.—The following are the permanent clinics in the Committee's area, including clinics attached to Hospitals :—

<i>Clinic</i>	<i>Address</i>	<i>Services</i>
Ashford ... ..	14 Canterbury Road ... ..	M.R.D. Sd.
Ashford ... ..	Child Welfare Centre, Station Road ... ..	O.
Aylesham ... ..	A.R.P. Shelter, C.P. School... ..	M.D.
Borough Green ... ..	Western Hall ... ..	M.D.
Broadstairs ... ..	Mothercraft Club ... ..	D.
Canterbury ... ..	51, London Road ... ..	C.G.
Canterbury ... ..	Kent and Canterbury Hospital ... ..	R.D.
Chatham ... ..	Elm House, 15, New Road Avenue ... ..	M.
Chatham ... ..	118, Maidstone Road ... ..	M.R.D. Sd. C.G.
Chislehurst ... ..	The Willows, Red Hill ... ..	M.R.D. Sd. C.G. Asthma
Cranbrook ... ..	Congregational Church Rooms ... ..	D.
Crayford ... ..	Mayplace Road C.P. School, Woodside Road, Bexleyheath ... ..	C.G.D.
Crayford ... ..	Town Hall (adjoining) ... ..	M.R. Asthma Sd.
Crayford ... ..	Youth Centre, North End ... ..	M.
Dartford ... ..	West Hill Hospital ... ..	M.R. Asthma D.
Deal ... ..	The First Aid Post, Victoria Park ... ..	M.D. Sd.
Deal ... ..	Victoria Hospital ... ..	R.
Dover ... ..	Royal Victoria Hospital ... ..	M.R.
Dover ... ..	Astor Dental Clinic ... ..	D.
Erith... ..	Hainault, Lesney Park Road ... ..	M.R.D.
Erith... ..	Bedonwell Hill ... ..	M.D.O.
Erith... ..	Lesnes Abbey ... ..	M.
Faversham ... ..	Wesleyan Hall, Solomon's Lane, Preston Street ... ..	M.D.
Folkestone ... ..	Old Harvey Grammar School, Foord Road ... ..	M.D.
Folkestone ... ..	Baker Road, Cheriton ... ..	M.D. Sd.
Gravesend ... ..	Windmill Street, Welfare Centre ... ..	M.
Gravesend ... ..	"The Nest," Welfare Centre ... ..	M. Sd.
Gravesend ... ..	Gravesend and North Kent Hospital ... ..	R.
Gravesend ... ..	5, Manor Road ... ..	D.
Gravesend ... ..	Estate Office, Whitehill Road ... ..	M.
Herne Bay ... ..	K.C.C. Treatment Centre, Kings Road ... ..	M.R.D.
Hythe ... ..	Child Welfare Centre, Prospect Road ... ..	R.D.
Maidstone ... ..	Foster Street ... ..	M.D.
Maidstone ... ..	Brunswick House, Buckland Hill ... ..	C.G. Sd.
Maidstone ... ..	Ophthalmic and Aural Hospital ... ..	R.
Maidstone ... ..	North Borough C.P. School... ..	M.D.
Maidstone ... ..	South Borough C. Sec. School ... ..	M.D.
Margate ... ..	Child Welfare Centre, College Road ... ..	M.R.D.O.
Margate ... ..	King Ethelbert Clinic ... ..	M.
Margate ... ..	Eton House, St. Peter's Road ... ..	Sd.
Mottingham... ..	Kimmeridge Road ... ..	M.D.
Northfleet ... ..	West Kent House, Station Road ... ..	M.D.
Orpington ... ..	School House, Chislehurst Rd. C.P. School ... ..	M.R.D.
Paddock Wood ... ..	Paddock Wood C. Sec. School ... ..	D.
Penge ... ..	17, Oakfield Road, S.E.20 ... ..	M.R.D.
Ramsgate ... ..	Health Centre, Newington Road ... ..	M.R.D.O. U.V.R.
Rochester ... ..	Strood House, Corporation Street ... ..	M.D.
Rochester ... ..	Gun Lane, Strood ... ..	M.
Sevenoaks ... ..	Dorset House, St. John's Road ... ..	M.D.R.O.
Sheerness ... ..	Granville Villa, Granville Road ... ..	M.R.D.
Sidcup ... ..	10, Station Road ... ..	M.D.
Sittingbourne ... ..	36, Albany Road ... ..	M.R.D.
Sittingbourne ... ..	Johnson House, Burley Road ... ..	O.
Snodland ... ..	C.W. Rooms, Malling Road... ..	M.D.
Southborough ... ..	Prospect Road ... ..	D.
Swanley ... ..	Congregational Hall ... ..	D.
Tenterden ... ..	Town Hall ... ..	D.O.
Tonbridge ... ..	Baltic Road, Quarry Hill ... ..	M.D.R. Sd. C.G.
Tunbridge Wells ... ..	10-12, Calverley Terrace, Crescent Road ... ..	M.D.R. Sd. O.
Walmer ... ..	Baptist Church Room ... ..	D.
Whitstable ... ..	Masonic Hall, Cromwell Road ... ..	M.D.
Whitstable ... ..	Clifford Hall ... ..	R.
West Malling ... ..	Badminton Hall ... ..	D.

## EXCEPTED DISTRICTS

<i>Clinic</i>	<i>Address</i>	<i>Services</i>
Beckenham ... ..	School Clinic, Town Hall ... ..	M.R.D. Sd. O.U.V.R.
Beckenham ... ..	Hawes Down Clinic ... ..	M.D. Sd. O.
Bexley ... ..	Little Danson Clinic, Welling ... ..	M.D.R.
Bexley ... ..	3, Murchison Avenue, Bexley ... ..	M.
Bexley ... ..	Wrotham Road Clinic ... ..	Sd. M.
Bexley ... ..	Child Welfare Centre, Station Approach Road, Welling ... ..	O.
Bexley ... ..	315, Broadway, Bexley Heath ... ..	M.D. U.V.R.O.
Bromley ... ..	Princes Plain Clinic ... ..	Sd. M. U.V.R.
Bromley ... ..	North Clinic, Station Road ... ..	O.M.R.D.S. U.V.R.
Bromley ... ..	Hayes County Primary School ... ..	M.
Bromley ... ..	Burnt Ash County Primary School ... ..	M.
Bromley ... ..	Quernmore School, London Lane ... ..	M.
Bromley ... ..	Aylesbury Road School ... ..	M.
Gillingham ... ..	Balmoral Gardens Clinic ... ..	M.R.D.
Gillingham ... ..	Health Centre, Rainham ... ..	M.D.

U.V.R.—Ultra Violet Radiation

M.—Minor Ailments

R.—Refractions

D.—Dental

C.G.—Child Guidance

Sd.—Speech defects

S.—Orthoptic training

O.—Orthopaedic\*

\* These clinics are administered by the Health Committee.

In addition, temporary dental clinics are held as required in different parishes by arrangement with the Trustees of Village Halls, etc.

## STAFF

## STAFF OF THE SCHOOL HEALTH SERVICE DURING 1951

	Proportion of whole-time allotted to School Health Service (Percentage)	Other Services (Percentage)
SCHOOL MEDICAL OFFICER :		
Elliott, A., M.D., D.P.H. ... ..	25.0	75.0
DEPUTY SCHOOL MEDICAL OFFICER :		
Lyon, D. M., O.B.E., M.B., CH.B., D.P.H. ... ..	50.0	50.0
ASSISTANT COUNTY MEDICAL OFFICERS (Central Staff) :		
Allen, Letitia M., M.B., CH.B., D.P.H. ... ..	9.1	90.9
Hazeldene, J. H., M.B., CH.B. ... ..	75.0	25.0
ASSISTANT COUNTY MEDICAL OFFICERS :		
Archer, G. Marjorie, M.R.C.S., L.R.C.P. ... ..	68.1	31.9
Ashley-Emile, W. G., M.R.C.S., L.R.C.P., D.P.H. (Until 16/8/51)		
Bain, R. M., CH.B., D.P.H. (Commenced 12/1/52)	77.3	22.7
Butterfield, Kathleen F., M.R.C.S., L.R.C.P., D.P.H. ... ..	81.8	18.2
Campbell, C., L.R.C.S., L.R.C.P., D.P.H., L.D.S. ... ..	100.0	—
Cagney, Mary, M.B., CH.B. ... ..	63.7	36.3
Cheesman, J. E., L.M.S.S.A., D.P.H. ... ..	100.0	—
Denholm-Young, Hilda M., M.A., M.B., CH.B. ... ..	95.4	4.6
Dennison, D. J., M.B. (Commenced 18/6/51)	77.3	22.7
Desmond, D., M.B., B.CH., D.P.H. ... ..	77.2	22.8
†Eunson, Margaret W., M.B., CH.B., D.P.H. ... ..	36.4	—
Flynn, Mary, M.B., CH.B., D.P.H. ... ..	81.8	18.2
Godfrey, Joan F., L.R.C.P.E., L.R.C.S.E. (Commenced 19/2/51)	45.5	54.5
Goldthorpe, J. Clarke, M.R.C.S., L.R.C.P. ... ..	95.4	4.6
Harper, C. H., M.B., B.S., M.R.C.S., L.R.C.P. ... ..	68.1	31.9
Harrison, Clarice, M.B., CH.B. ... ..	27.3	72.7
†Hawkins, B. E., M.R.C.S., L.R.C.P. ... ..	18.2	—
Heavens, W. H. N., M.R.C.S., L.R.C.P. ... ..	68.3	31.7
†Hewett, Beryl M., M.B., B.S., D.P.H. ... ..	31.8	—
Isaac, K. M. Gower, M.B., B.S. ... ..	50.0	50.0
†Kirk, D. W., M.B., CH.B. ... ..	20.0	—
Kyle, Edith E., B.A., M.B., B.CH., B.A.O. ... ..	68.3	31.7
Laing, Stephanie A., M.R.C.S., L.R.C.P., D.C.H. ... ..	77.3	22.7



	Proportion of whole-time allotted to	
	School Health Service (Percentage)	Other Services (Percentage)
Long, Mary E., M.R.C.S., L.R.C.P., D.R.C.O.G. ... ..	63.6	36.4
Love, Mary, M.B., CH.B., D.P.H., D.R.C.O.G. ... ..	63.6	36.4
Molesworth, E. M., M.B., CH.B. ... ..	97.7	2.3
Nicholls, Edith, M.A., M.B., C.L.B. ... ..	9.1	90.9
Nithsdale, Jean, M.B., CH.B., D.P.H. ... ..	68.3	31.7
Paterson, Elfriede, M.R.C.S., L.R.C.P. ... ..	63.6	36.4
Pimm, Constance S., M.B., CH.B. ... ..	100.0	—
Pond, Margaret, M.R.C.S., L.R.C.P., D.C.H. ... ..	61.3	38.7
† Pringle, E. G., M.D. ... ..	18.2	—
Ryan, M. M., L.R.C.P. AND S., D.P.H. ... ..	72.7	27.3
Stableforth, Gladys, M.D. ... ..	54.5	45.5
Sharvelle, Doris G., M.R.C.S., L.R.C.P., D.P.H. ... ..	88.6	11.4
Sugden, K. H., M.R.C.S., L.R.C.P. ... ..	81.8	18.2
Taylor, Barbara M. G., M.R.C.S., L.R.C.P., D.P.H. ... ..	79.5	20.5
Troughton, Kathleen N. W., M.B., B.S. ... ..	81.8	18.2
Whittles, J. H., B.Sc., M.D., D.P.H. (Until 6/12/51) ... ..	52.2	47.8
Whyte, Elizabeth C., M.B., CH.B., D.C.H. ... ..	77.2	22.8

In addition, the undermentioned Medical Officers of Health undertake work on behalf of the Education Committee :—

Davies, H. S., M.D., D.P.H. ... ..	18.2	81.8
Gaffikin, P. J., M.D., D.P.H. ... ..	20.0	80.0
Murray, J. O., M.D., D.P.H. (Until 1/8/51) ... ..	9.1	90.9

SENIOR DENTAL OFFICER :

Saunders, F. J., L.D.S. ... ..	63.6	36.4
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DENTAL SURGEON FOR ORTHODONTIC SERVICES :

Dickson, G. C., F.D.S., B.CH.D. ... ..	100.0	—
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DENTAL SURGEONS :

Cantor, H., L.D.S. ... ..	87.3	12.7
Cardell, I. S., L.D.S. ... ..	96.0	4.0
Crisp, B., L.D.S. ... ..	97.1	2.9
Cross, Mary E. O., L.D.S. ... ..	95.4	4.6
Dawe, Marjorie, K.M., L.D.S. ... ..	96.2	3.8
Dawe, W. W. F., L.D.S. ... ..	92.4	7.6
Donald, J. R., L.D.S. ... ..	100.0	—
Elvy, Doris M., L.D.S. ... ..	87.0	13.0
Gausden, P. D., L.D.S. ... ..	91.3	8.7
Hall, T. A., L.D.S. ... ..	91.5	8.5
Hayes, L. F., L.D.S. ... ..	81.7	18.3
Hill, C. H., L.D.S. ... ..	86.8	13.2
Mahler, Edith, L.D.S. ... ..	85.8	14.2
Markham, F., L.D.S. ... ..	98.3	1.7
Moffat, W., L.D.S. ... ..	93.6	6.4
Park, A. E., L.D.S. (Until 31/1/51) ... ..	—	—
† Pollock, J. Glen, L.D.S. (Commenced 1/10/51) ... ..	13.5	—
Pryor, A., L.D.S. ... ..	91.9	8.1
Robinson, D. E., L.D.S. ... ..	94.6	5.4
† Rumble, J. D., L.D.S. ... ..	36.4	—
Roberts, G. H., L.D.S. (Commenced 13/8/51) ... ..	82.3	17.7
Seal, H. S. K., L.D.S. ... ..	100.0	—
Simpson, O., L.D.S. (Commenced 1/6/51) ... ..	98.1	1.9
Squier, Agnes, L.D.S. ... ..	83.6	16.4
Storey, Margaret B., L.D.S. ... ..	89.3	10.7
† Sturgess, Pauline, L.D.S. ... ..	27.3	—
Thorn, N. K., L.D.S. ... ..	91.9	8.1
White, Millicent, L.D.S. ... ..	95.7	4.3

Officers engaged in Specialist Services at school clinics :—

	Time given to School Health Service (Percentage)
<b>OTOLARYNGOLOGIST :</b>	
†Gill, T. P., M.B., F.R.C.S.E., D.L.O. (Until 31/3/51) ... ..	—
<b>OPHTHALMOLOGISTS AND REFRACTIONISTS† :</b>	
Allen, N. H., M.R.C.S., L.R.C.P. ... ..	9.1
Applin, H. W., M.S., D.O.M.S. ... ..	9.1
Chivers, J. A., M.B., D.O.M.S. ... ..	18.2
Clark, T. E. Commander, R.N. (Retd.), M.R.C.S., L.R.C.P., D.O.M.S. (Commenced 21/9/51) ... ..	13.5
Crawford, R. A. D., M.D., D.O.M.S. ... ..	36.4
Cogan, J. E. H., M.B., CH.B., D.O. ... ..	13.5
Flint, G., M.D., F.R.C.S.E. (Until 31/7/51) ... ..	—
RLorrinan, F. J., M.D., F.R.C.S.E. ... ..	31.8
McDonnell, M., M.B., B.CH., D.P.H. ... ..	9.1
Medlycott, B. R., M.B., B.S., D.O.M.S. ... ..	45.5
Rushton, R. H., M.R.C.S., L.R.C.P., D.O.M.S. ... ..	9.1
Simmons, G. L., M.R.C.S., L.R.C.P., D.O.M.S. ... ..	27.3
Symons, H. M., M.B., B.S., D.O.M.S. ... ..	9.1
<b>ORTHOPAEDIC SURGEONS† :</b>	
RGervis, W. H., M.A., M.B., F.R.C.S. ... ..	6.7
RLindsay, E., B.A., F.R.C.S. (Until 31/7/51) ... ..	—
RMayer, J. H., F.R.C.S. ... ..	6.7
RSt. Clair Strange, F. G., F.R.C.S. ... ..	4.5
RWynne, W. E. C., F.R.C.S.I. ... ..	9.1
<b>CONSULTANT PSYCHIATRIST† :</b>	
Maberly, A., M.B., B.CH. ... ..	18.2
<b>PSYCHIATRISTS :</b>	
RClouston, G. S., M.D., CH.B., D.P.M. ... ..	100.0
RFitzHerbert, Joan, M.R.C.S., L.R.C.P., D.P.M. ... ..	100.0
R†Smith, J. Vincent, M.R.C.S., L.R.C.P., M.B., B.CH. ... ..	63.6
RWellisch, Erich, M.D. ... ..	100.0

Proportion of whole-time allotted to  
School  
Health Service  
(Percentage)      Other  
Services  
(Percentage)

**EXCEPTED DISTRICTS :****BECKENHAM BOROUGH***Medical Officer of Health*

Cole, T. P., M.B., D.P.H. (Until 30/6/51) ... ..	—	—
Edwards, L. R. L., M.D., D.P.H. (Commenced 5/11/51) ... ..	36.0	64.0

*Assistant Medical Officers*

Collett, Susan, L.R.C.P.S. ... ..	68.1	31.9
†Finer, D. I., M.R.C.S., L.R.C.P. ... ..	9.1	—
†Harrison, L. T., B.Sc., M.R.C.S., L.R.C.P. ... ..	9.1	—
†Sheridan, M., M.B., B.CH., B.A.O. ... ..	9.1	—
†Stilwell, G. D., M.R.C.S., L.R.C.P. ... ..	9.1	—

**OPHTHALMOLOGIST :**

†Lorrinan, F. J., M.D., F.R.C.S.E. ... ..	9.1	—
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**OTOLARYNGOLOGIST :**

†Howells, C. H., M.B., F.R.C.S. (Until 31/3/51) ... ..	—	—
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**ORTHOPAEDIC SURGEON :**

RHulbert, K. F., F.R.C.S. ... ..	9.1	—
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**DENTAL SURGEONS :**

†Kininmouth, Mrs. M., L.D.S. ... ..	54.0	5.0
Waters, R. A., L.D.S. ... ..	92.0	8.0



	Proportion of whole-time allotted to	
	School Health Service (Percentage)	Other Services (Percentage)
<b>BEXLEY BOROUGH</b>		
<i>Medical Officer of Health :</i>		
Landon, John, M.R.C.S., L.R.C.P., D.P.H. ... ..	25.0	75.0
<i>Assistant Medical Officers :</i>		
Boyd, Lucy C. M., M.B., CH.B. (Commenced 8/1/51)...	81.8	18.2
Hastilow, Irene, M.D.F., M.B., CH.B., D.P.H., D.C.H. (Until 10/3/51) ... ..	—	—
Fox, Helen D., M.B., B.S. (Commenced 15/1/51) ... ..	100.0	—
Walter, Norah, M.B., B.CH., B.A.O., D.C.H. ... ..	54.5	45.5
<b>OPHTHALMOLOGIST :</b>		
†Chambers, R. M., M.B., B.S., D.O.M.S. ... ..	27.2	—
<b>OTOLARYNGOLOGIST :</b>		
†McGregor, W., O.B.E., M.A., M.B., D.L.O. (Until 31/3/51)	—	—
<b>ORTHOPAEDIC SURGEONS :</b>		
RHulbert, K. F., F.R.C.S. ... ..	4.5	—
RLawson, B., F.R.C.S.E. ... ..	4.5	—
<b>DENTAL SURGEONS :</b>		
Wade, H., L.D.S. ... ..	84.2	15.8
†Francis, Elizabeth, L.D.S. ... ..	63.6	—
<b>BROMLEY BOROUGH</b>		
<i>Medical Officer of Health :</i>		
Tapper, K. E., O.B.E., G.M., M.B., CH.B., D.P.H. ... ..	25.0	75.0
<i>Assistant Medical Officers :</i>		
Carter-Locke, H. B. C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. ... ..	50.0	50.0
Currie, P. A., M.R.C.S., L.R.C.P. ... ..	68.1	31.9
Orgler, A. E., M.D. (Berlin) ... ..	49.9	50.1
Stinson, Gertrude, H., M.R.C.S., L.R.C.P. ... ..	81.8	18.2
<b>OPHTHALMOLOGIST :</b>		
†Lyle, E. H. W., M.A., M.D., D.O.M.S. ... ..	27.3	—
<b>DENTAL SURGEONS :</b>		
King, A. F., L.D.S. ... ..	88.1	11.9
†Edey, G. Russell, L.D.S. ... ..	27.2	—
<b>ORTHOPAEDIC SURGEON :</b>		
RHulbert, K. F., F.R.C.S. ... ..	9.1	—
<b>GILLINGHAM BOROUGH</b>		
<i>Medical Officer of Health :</i>		
Muir, W. A., M.D., D.P.H. (Until 30/4/51) ... ..	—	—
<i>Assistant Medical Officers :</i>		
Dunlop, Meta L., M.B., CH.B., D.P.H. ... ..	50.0	50.0
†Hughes, G. E., M.R.C.S., L.R.C.P. ... ..	27.2	—
†Porter, R., M.B., B.C.L. ... ..	9.1	—
†Roffey, J. Mrs., M.R.C.S., L.R.C.P. (From 23/10/51) ... ..	27.2	—
<b>OPHTHALMOLOGIST :</b>		
†Crawford, R. A. D., M.D., D.O.M.S. ... ..	9.1	—
<b>DENTAL SURGEON :</b>		
Griffiths, W. C., L.D.S. ... ..	95.0	5.0
R Officers of the Regional Hospital Board.		
† Part-time.		

OTHER STAFF :	Number of Officers	Aggregate of time given to School Health Service work in terms of whole-time officers
Health Visitors ... ..	243	80
Dental Attendants ... ..	33	32.36
Psychologists ... ..	9	6.37
Psychiatric Social Workers ... ..	5	3.91
Child Therapist ... ..	1	0.55
Speech Therapists ... ..	8	7.18
Oral Hygienist ... ..	1	1

During the year a refresher course for the school dental officers was again organised by the Institute of Dental Surgery and held at the Eastman Dental Clinic. Six Assistant County Medical Officers attended courses on the ascertainment and educational treatment of educationally subnormal children.

Four Assistant County Medical Officers were seconded to act as clinical assistants for one half day a week to the Consultant Paediatricians at hospitals at Dartford, Dover, Chatham and Maidstone, and four others were in turn seconded as full-time clinical assistants for a period of three months. The arrangements were also continued whereby a number of Assistant County Medical Officers attended clinical classes at Farnborough Hospital.

#### MEDICAL INSPECTION.

There was no change in the arrangements for periodic medical inspection, which are as follows:—

“ Entrants ” into maintained schools

Pupils aged 8 years

.. .. 11 ..

.. .. 13 .. (Grammar and Technical Schools only)

“ Leavers ”

The number of children examined was 80,217 which represents 40 per cent of the children on the roll, compared with 39.9 per cent for the previous year.

The number of special examinations carried out was 23,942. These children were submitted for examination because some abnormality was suspected, and were of all ages within the school range.

In addition, 40,758 re-inspections of children previously found defective were carried out, compared with 58,950 re-inspections during 1950.

It had been observed during the previous year that the number of parents objecting to medical inspection had increased and, on enquiry, it was found that there were reasonable excuses, within the terms of the Education Act, on the grounds that, as a result of the findings at the periodic inspection, the children were under medical care or awaiting admission to hospital. It was decided that as from 1st January, 1951 pupils previously recommended for treatment should be re-inspected during the first half year only instead of, as previously, at each inspection; that pupils suffering from eye defects should be re-inspected once only after the first report is received from the specialist, and pupils awaiting admission to hospital for operative treatment of enlarged tonsils and/or adenoids should be re-inspected once only when the report is received from the specialist.

#### HANDICAPPED PUPILS.

Under the Education Act 1944 it is the duty of the Local Education Authority to ascertain the handicapped pupils in their area and in The Handicapped Pupils and School Health Service Regulations 1945 the Minister defined the categories of pupils requiring special educational treatment as follows:— the blind, partially sighted, deaf, partially deaf, delicate, diabetic, educationally subnormal, epileptic, maladjusted, physically handicapped and those suffering from speech defects. Unless the Minister otherwise determines in the case of any particular handicapped pupil, every pupil who is blind, deaf, physically handicapped, epileptic or aphasic, whether or not he also falls within some other category of handicapped pupils, shall be educated in a special school.

The following table shows the number of handicapped pupils ascertained in the administrative area :—



TABLE 1.

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS  
or BOARDING IN BOARDING HOMES

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epi- leptic	Total (1) -(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st Dec., 1951:—										
A. Handicapped Pupils <i>newly placed</i> in Special Schools or Homes	8	18	16	4	362	61	107	82	10	668
B. Handicapped Pupils <i>newly ascertained</i> as requiring education at Special Schools or boarding in Homes	4	7	13	12	369	74	197	77	12	765

Number of children reported during the year:—

(a) under Section 57(3) (excluding any returned under (b) )	...	...	96
(b) " " " " relying on Section 57(4)	...	...	0
(c) " " " " 57(5)	...	...	107

of the Education Act, 1944.

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epi- leptic	Total (1) -(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about December 1st, 1951:—										
C. Number of Handi- capped Pupils from the area—										
(i) attending Special Schools as										
(a) Day Pupils ...	—	12	18	4	54	52	86	—	—	226
(b) Boarding Pupils...	37	34	90	18	273	87	175	64	33	811
(ii) boarded in Homes ...	—	—	—	—	1	—	1	34	—	36
(iii) attending independ- ent schools under arrangements made by the Authority ...	—	—	11	1	1	8	22	75	2	120
Total (C) ...	37	46	119	23	329	147	284	173	35	1,193
D. Number of Handi- capped Pupils being educated under arrange- ments made under Sec- tion 56 of the Education Act, 1944—										
(i) in hospitals... ..	—	—	—	—	81	318	—	—	—	399
(ii) elsewhere ... ..	2	1	0	1	3	69	7	19	1	103
E. Number of Handi- capped Pupils from the area requiring places in Special Schools (includ- ing any such unplaced children who are tem- porarily receiving home tuition).	6	8	10	28	107	64	724	50	9	1,006



At the end of 1951 the Committee had established five boarding special schools and two day special schools. Periodic inspections are carried out at regular intervals at these schools by an Assistant County Medical Officer.

(a) *Schools for Educationally Sub-normal Children*

(1) *Hythe, Seabrook Lodge Boarding School for Boys.*

Accommodation is available for 25 juniors (8 to 11 years) and 75 seniors (11 to 16 years). Only in exceptional cases are boys over the age of 13½ years admitted to the school and normally the I.Qs. of new admissions range between 55 and 75. Other cases presenting special circumstances are considered on their merits. There is, at the present time, a waiting list of approximately 400 (150 juniors and 250 seniors) and of these 22 boys have been placed on what is regarded as the urgent waiting list.

Dr. E. M. Mofesworth, the Medical Officer, has reported as follows :—

" During the year, the school was visited about once a week, and medical inspections were carried out each term. It is most noticeable that the majority of these boys are in poor physical condition when they arrive at the school. More often than not, they are under-nourished, short of sleep, poorly clad, and generally dirty and neglected. Physical debility has often to be overcome before any improvement in attainment can be looked for. Fresh air and sunshine, regular exercise and good food, bring about a transformation in the first month or so. With the return to physical health the boys become alert, and more responsive to teaching. This partly accounts for the fact that juniors, admitted to the school with I.Qs. varying from 54 to 74 have been sufficiently rehabilitated by the age of eleven to be returned to take their normal place in Secondary Schools. During the last twelve months six boys who had spent from one to three years at the school were so returned to normal schools.

Apart from Minor Ailments, there has been little loss of time due to sickness. Surgical treatment was carried out in the case of two boys with appendicitis and one with glands in the neck. One medical case, a boy suffering from repeated attacks of fever and coma, was admitted to hospital for observation and found to be a case of recurrent glycopenia.

During the year, three boys who had been reported under Section 57(3) of the Education Act, left the school. One boy was transferred to a Special School for the Partially Blind. The six boys already referred to were transferred to normal Secondary Schools. Nine boys left on attaining school leaving age and were reported under Section 57(5) of the Education Act. They were successfully placed in employment.

The average Intelligence Quotient of the boys at the school is 66.4. As far as possible, a constant check is kept on this which brings to light both cases where any attempt at education will be fruitless or even harmful and cases in which education may be directed towards fitting the boy to return to a normal school.

The majority of the boys arrive at the school as a sequel to a behaviour problem which has brought their case urgently to the notice of authority. Social readjustment consequently takes first place in the scheme of training for these boys. Quite a number of these boys come from homes which are largely responsible for their behaviour difficulties. In cases where there has been actual cruelty over a period of years, it is sometimes impossible fully to restore normal balance. Often, where there is no question of actual cruelty, there is such gross mishandling that the effects are similar. In such cases, rehabilitation can only be achieved if the process is uninterrupted by return to home conditions. Careful consideration should therefore be given as to whether any individual boy should return home for the holidays or not. It would be to the advantage of the children if, in this matter, the final decision were left to the Headmaster who knows the boys, their problems and their homes."

(2) *Broomhill Bank, near Tunbridge Wells, Boarding School for Girls.*

Accommodation is available for 60 senior girls between the ages of 11 and 16. The waiting list is approximately 300 of whom 30 are on the urgent waiting list.

The Committee hope to extend the accommodation to 80 during 1952 and to 120 during 1953.

Dr. K. Gower Isaac reports :—

" Since May, 1951, I have visited the school on one morning a week. I have on one or two occasions paid emergency visits where questions of special health measures arose, or special certificates were needed.

During these weekly visits all the girls were examined physically once during each term. I also saw any other girls who had developed minor ailments or needed special supervision. All leavers had a full mental test and a report submitted on Form 2 H.P.

New admissions who had not had a Terman Merrill test in the previous twelve months, were re-tested for educational purposes.

There were 34 new admissions to the school—18 girls left, two were found to be ineducable and transferred. Four new cases were referred to the orthopaedic clinic, three new cases were referred to the ophthalmic clinic and one skin case referred to the Kent and Sussex Hospital after consultation with Dr. Aylward.

Minor orthopaedic defects were dealt with in the dancing classes. There was a mild outbreak of impetigo immediately after the girls' return in the autumn.

One child, who is a diabetic, caused anxiety on several occasions, particularly when the headmistress was not available.

The health of the children improved during the year and in the majority of cases the gain in weight was considerable."

(3) *Beckenham Churchfields Day School.*

The accommodation at this school offers places for 28 children of either sex and there is a waiting



list of 18, some of whom have been awaiting admission for two years. The ages of the children range from 7 to 16 years and, on admission, the children are expected to have an I.Q. of between 55 and 75. The children normally remain at the school until they reach school leaving age. The school serves the Borough of Beckenham and other children are sometimes admitted from Penge and Bromley. Some of the children are conveyed to the school daily by car.

(b) *Schools for Delicate Children.*

(1) *Laleham School, Margate.*

This school caters in general for "short-stay" cases and children normally remain at the school for two or three terms only. Accommodation is available for 45 boys at Laleham and 63 girls in the adjoining property known as Montrose, the two buildings being organised and run as one mixed school. The ages of the children range from 9 to 16 years and there is a waiting list of 40 boys and 5 girls.

(2) *Gap House, Broadstairs,* provides for junior children between the ages of 7 and 9 and the building offers accommodation for 27 children during the autumn and winter terms. This number is increased to 30 during the summer term when accommodation on the veranda is taken into use. There are 9 children on the waiting list.

Children admitted to the school are normally expected to have an I.Q. of not less than 80 and delicate children who are also educationally sub-normal are only admitted to the school if their sub-normality is capable of treatment in the ordinary school (i.e., not requiring a boarding special school) and if their physical condition requires a period of two or three terms at a school for delicate children.

Dr. C. Harper reports as follows:—

"The associated schools, Laleham and Gap House, re-opened on the 5th January, 1951, with a roll of 45 boys at the former and 27 boys and girls at the latter. During the year the scope of Laleham School was considerably augmented by the inclusion of 62 girls when Montrose was opened at the beginning of the autumn term on the 28th September.

At a joint meeting of medical and educational staff held at Springfield in September, it was agreed that as far as possible, children should be accepted only if their defects appeared to need a reasonable period of stay at the school, i.e., 2-3 terms.

*Laleham School.* The following is a table of the primary defects for which children were admitted during the three terms.

Defects	Spring	Summer	Autumn	
			Boys	Girls
Asthma ... ..	10	15	17	10
Debility ... ..	14	12	9	30
Sub-Normal Nutrition ... ..	9	7	3	13
Difficult Home Conditions ... ..	18	15	25	23
Psychologically Maladjusted ... ..	9	9	3	2
Rheumatic Fever and Chorea (Convalescent)	7	3	2	3
T.B. Contacts ... ..	11	13	12	12
Post-Operative ... ..	5	6	8	9
Ch. Bronchitis and Bronchiectasis ... ..	—	4	4	2
Orthopaedic ... ..	—	—	—	3
Nephritis (Convalescent) ... ..	—	1	2	—

A steady improvement in health was obtained in most cases which was shown by the weight gains, although the average gain was low during the summer term due, probably, to the warmer weather and the increased out-door exercise.

	Spring	Summer	Autumn	
			Boys	Girls
Average Weight Gain ...	6 lbs.	1.14 lbs.	3.6 lbs.	4.3 lbs.
Average Height Gain ...	0.38 ins.	1.0 ins.	0.4 ins.	0.79 ins.
Vital Capacity Increase...	210 c.c.	193 c.c.	—*	—

(\*Owing to increased roll and shortage of staff, not taken)

Enuresis continued to be a problem to be faced and many cases improved during their stay, 4 out of 8 in first term, 4 out of 9 in second term and 7 out of 15 in third term. One boy was found to be verminous on admission and 50 girls had dirty heads on arrival and required energetic treatment.

I examined every child as soon as possible after admission, and referred them, when necessary, to the appropriate specialist for advice and treatment. Thereafter, I endeavoured to re-examine each child once a month and to give a final inspection at the end of the term.

*Gap House.* The following table shows the primary defects for which the children were admitted during the three terms:—

Defect	Spring	Summer	Autumn
Asthma ... ..	3	3	3
Sub-Normal Nutrition ... ..	7	7	5
Psychologically Maladjusted ... ..	5	5	6
Chorea (Convalescent) ... ..	3	2	2
T.B. Contacts ... ..	5	5	3
Ch. Bronchitis and Bronchiectasis...	12	12	11
Poliomyelitis (Convalescent) ... ..	—	1	1



The majority of the children improved markedly in health by their stay at the school, and the average weight gains were good, except during the summer term, as occurred with the children at Laleham School.

	<i>Spring</i>	<i>Summer</i>	<i>Autumn</i>
Average Weight Gains ... ..	3.5 lbs.	1.81 lbs.	4.1 lbs.

Five children were found to be enuretic, and three improved during the first term, two out of three in the second term and one out of four in the third term.

I carried out the same routine examinations as for the children at Laleham School and during the Spring term, the majority of the children received a "booster" dose of Diphtheria immunisation. During the Summer term five children were skin tested with Tuberculin Jelly, only one being a negative re-actor."

(3) *Tunbridge Wells, Rusthall Day Open Air School.*

Accommodation is available for 75 to 80 children and the school caters for both boys and girls. The school is an all-age school and covers an age range from 5 to 16. Vacancies can be offered immediately to children who are in need of this type of education. Most of the children stay at the school for approximately one year but, in two or three exceptional cases, children have been permitted to stay at the school for the remainder of their school life. The school mainly serves the Tunbridge Wells, Rusthall and Tonbridge areas, from which the school can be reached by a reasonably short bus journey.

Dr. Mary Long reports:—

"The school has been visited once every fortnight as a routine visit and on such other occasions as required.

Every child is seen on admission and a full medical examination is carried out on every child once a term.

Facilities are available for the treatment of minor injuries and ailments and for the dispensing of medicaments for Vitamin and Iron therapy.

Physical training instruction is given to all children whose handicap permits and special attention is given to breathing exercises for children who have lung defects, with noticeable benefit particularly to the asthmatical children.

The following table shows the average number of children on the register at three periods in the year. It will be appreciated that these figures are an average as admissions and discharges take place at varying times and, by virtue of the types of defects, many of these children are under specialist observation and sometimes spend a prolonged period in hospital for treatment which may entail their temporary removal from the register.

	<i>Spring Term</i>	<i>Summer Term</i>	<i>Autumn Term</i>
Number of children on register ...	66	64	54

*Age Groups—December, 1951*

	<i>5—7 years</i>	<i>8—11 years</i>	<i>over 11 years</i>	<i>Total</i>
Number of children ... ..	15	31	8	54

The following table classifies the Intelligence Quotient Range as typified by 32 I.Q.'s available at time of report:—

	<i>I.Q.</i>							<i>Total</i>
	<i>Over 100</i>	<i>100—90</i>	<i>90—80</i>	<i>80—70</i>	<i>70—60</i>	<i>60—50</i>	<i>Below 50</i>	
No. of children ...	13	1	8	5	4	1	0	32

It will be noted that the largest age group is 8—11 years whereas the largest defect group comprises children classed as delicate without gross abnormality but whose general condition can be classed as Category C and have histories of poor school attendance due to frequent minor ailments.

A more detailed survey is given of the eight children over the age of 11 years. Two of these children exhibit gross defects which will require their permanent attendance at a special school. Three of these children, while not exhibiting gross defects, nevertheless remain delicate and unfit for a secondary school at present. One child remains here as maladjusted and is under the care of a Psychiatrist. Two children show no physical defects and have reached the maximum benefit that is likely to be attained by their attendance here. Their respective I.Q.'s are 67 and 57 and they are candidates for a special school for the Educationally Sub-normal and their cases are under consideration.

I find there is some tendency for the name Open Air School to be misinterpreted by a few parents and practitioners who are under the impression that this is a school for children suffering from tuberculosis or, alternatively, that the school caters for the educationally sub-normal."

Other children requiring special educational treatment in a school for the delicate are awaiting admission to schools which are not under the jurisdiction of the Kent Education Committee.

(c) *Boarding School for Physically Handicapped Children, Valence, Westerham (Mixed).*

This school, which was previously used for delicate girls, was opened in September as a school for physically handicapped children. Accommodation is available for 60 to 70 children. The age range is



at present from 7 to 16 years but it may be possible to extend it in the New Year to include children between the ages of 6 and 7. The Committee are not prepared to accept bed cases for the time being and the children admitted are expected to be reasonably mobile and able to feed themselves and to undertake their own toilet arrangements with a moderate amount of assistance.

The school admits a variety of handicapped children including spastics, heart defects, paralysis, post-poliomyelitis, etc.

Dr. Gladys Stableforth has reported as follows:—

"Until September, 1951, the school housed children requiring open air school facilities, the majority suffering from "debility," either general or nervous, with additional cases of asthma, bronchiectasis, non-active tubercular adenitis, heart diseases and one case of muscular dystrophy.

The continued improvement in the cases of nervous debility and asthma was very marked.

At the end of the summer term, those children who were not well enough to be discharged home were transferred to the open air school at Margate, with one exception, the case of muscular-dystrophy. In September, 1951, the school was opened as a residential school for physically handicapped children. It should prove of great value as there has been a definite need for such a school in Kent. So many crippled children have had little chance of continuous education and as one orthopaedic surgeon has stated 'It cannot be stated too often that the main compensation for a crippled body is an educated mind.'

When the term began in September, some structural alterations were found necessary, and were carried out by one of the members of the outdoor staff. They included the fitting of a hand rail to the staircase to enable the children to go up and down stairs with greater ease and safety, some adjustments to the desks, and the making of a "carrying chair." It is hoped to add some other simple appliances to aid these crippled children as opportunity permits.

It is of the greatest interest to watch the children settling into school life, making new social contacts which were often so difficult at home; their obvious enjoyment and keenness for some of the ordinary simple games as played by the non-handicapped children is a pleasure to watch, even though their play is of necessity restricted. In this type of community they do not feel "odd man out" and even in so short a time as one term their increased self-confidence is noticeable. Of course, their temperaments are varied as in any community, some take longer to adjust and to learn to do more for themselves, many have had little opportunity to learn, but apart from doing things for themselves it is not an uncommon sight to see one crippled child helping another without any prompting.

Those cases requiring speech therapy have been able to have treatment from the visiting Speech Therapist; arrangements are also being made for orthopaedic supervision and physiotherapy to be provided at the school as part of the routine.

At the end of December, 1951, there were 34 children in residence, some with multiple defects. I append a list of the types of cases in the school:—

(1) *Neurological cases*

(a) Cerebral Palsies	...	...	12	} = 22
(b) Spinal Cord Lesions	...	...	3	
(c) Heredo-Familial Ataxia	...	...	2	
(d) Muscular Dystrophies	...	...	3	
(e) Post. Ant. Poliomyelitis	...	...	2	

(2) *Heart cases.*

Rheumatic	...	...	...	3	—(1 referred to Hospital and operation advised—but parents refused permission for operation).
Congenital	...	...	...	2	

(3) Bone Diseases and Deformities ... 6

(4) Blood Diseases and Deformity ... 1

(5) Partial Deafness and Deformities ... 2

GENERAL CONDITION OF THE PUPILS.

Children examined at the routine medical inspections were classified with regard to their general condition as follows:—

TABLE 2.

Year	Number of Pupils Examined	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
1951	80,217	33,992	42.4	42,629	53.1	3,596	4.5
1950	76,657	29,521	38.5	42,168	55.0	4,968	6.5

FINDINGS AT MEDICAL INSPECTIONS.

80,217 children were examined at the periodic inspections, 11,047 individual pupils were found to require treatment; and 12,756 defects were recorded as requiring medical treatment.



Table 8 on page 26 shows the principal defects revealed by medical inspections.

#### MEDICAL TREATMENT.

Table 10 on pages 28, 29, 30, gives details of the amount of treatment given during the year, but the figures relating to treatment provided otherwise than by the local Education Authority are incomplete. Information concerning treatment given at hospitals is still not being made available for the whole of the administrative area, and greater co-ordination is required between the School Health Service and hospitals.

Early in the year a communication was received from the British Medical Association concerning the need for the closest possible co-operation between the School Health Service and the General Practitioner and instructions were issued to each Assistant County Medical Officer that where a child needs special investigation (other than examination by an Ophthalmologist, Psychiatrist or Speech Therapist) or treatment, he should send the child to a specialist only after prior consultation with the child's own doctor, upon whom rests the responsibility for general medical care. It is left to each Medical Officer to decide the most appropriate method of consulting the general practitioner.

Although the National Health Service scheme aims at providing a comprehensive range of health care for everybody, children as well as adults, the full development of treatment facilities under the service will take time, and so it is important to recall that education authorities continue to have a duty to make any supplementary provision that is necessary in this connection for the benefit of their pupils.

In December, 1951 a joint deputation from the Education and Health Committees of the Council urged the South-East Metropolitan Regional Hospital Board to assume fuller financial responsibility for the orthopaedic clinics maintained by the Council in supplementation of those provided by the Board in hospitals; also to establish a hospital eye service to replace the interim service suggested in Ministry of Education Circular No. 179, and to accept responsibility for providing orthodontic treatment. The Board were unable to accede to these proposals.

(a) *Minor Ailments.*—During the year under review 26,507 defects were treated at the minor ailment clinics by the health visitors under the supervision of a medical officer. In 1950 the corresponding figure was 29,238.

(b) *Cleanliness Inspections.*—The health visitors continued to carry out routine and special visits to each Primary and Secondary School, and at Grammar and Technical Schools by request. 151,421 individual children were inspected and 471,494 examinations were made. 3,171 children were found to be unclean; 1,098 cleansing notices were issued to parents under Section 54(2) of the Education Act, 1944, and two children were cleansed under arrangements made by the Committee. The improvement noted during the past five years has been maintained and the following table shows the incidence of infestation over these years:—

TABLE 3.

Year	Total number of examinations of pupils	Number of individual pupils found unclean
1947	406,313	7,931
1948	439,773	7,909
1949	445,060	7,046
1950	467,144	5,344
1951	471,494	3,171

(c) *Defective Vision.*—The number of cases of defective vision and squint examined by the Ophthalmologists was 16,613, the corresponding figure for the previous year being 15,567. Spectacles were prescribed for 6,006 pupils and 5,693 pairs of spectacles were supplied through the Kent and Canterbury Executive Council.

The Assistant County Medical Officers reported that 149 pupils tested by the "Ishihara" colour vision plates were found to have a defect of colour vision. These pupils were examined by the Ophthalmologists by means of a "lantern test" to obtain more exact information as to the degree of colour blindness and 82 were found to have such a degree of defect as to render them unsuitable for future employment in occupations where a full range of colour vision is essential.

The health visitors continued to test the vision of children aged seven years, and 9,295 children were so examined. Of these, 582 were referred to an Assistant County Medical Officer for further examination.

(d) *Nose or Throat Defects.*—During the year the Assistant County Medical Officers recommended that 2,739 children required treatment for nose or throat defects, and these recommendations were referred to the general practitioner concerned. Information has been received concerning 3,462 pupils who received operative treatment during the year.

The treatment of minor diseases of ear, nose and throat was undertaken at the school aural clinics until April, 1951 when it was decided to close the clinics outside hospitals administered by the Education Committee, and since this date any child requiring examination by an Otolaryngologist has been



referred to the medical practitioner with whom the child is registered under Part IV of the National Health Service Act.

(e) *Orthopaedic and Crippling Defects.*—The orthopaedic scheme is administered by the Health Committee of the County Council. In 1951 there were 38,408 attendances at these clinics compared with 44,949 attendances during 1950. Of the former figure, 84.5% were children in attendance at maintained schools.

The following table gives particulars of the number of new patients during the year and the total number of attendances :—

<i>Clinic</i>	<i>New Patients of School Age</i>	<i>Total Number of Attendances of Children of School Age</i>
Ashford ... ..	17	789
Beckenham ... ..	100	3,779
Bexleyheath ... ..	128	1,196
Bromley ... ..	158	2,681
Erith ... ..	219	3,864
Hawes Down ... ..	28	1,081
Margate ... ..	67	2,907
Ramsgate ... ..	105	4,456
Sevenoaks ... ..	81	3,674
Sittingbourne ... ..	44	1,301
Tenterden ... ..	41	986
Tunbridge Wells ... ..	110	3,156
Welling ... ..	198	2,609
<b>Totals ... ..</b>	<b>1,296</b>	<b>32,479</b>

In addition, an Orthopaedic Surgeon made regular visits to Laleham House and Valence Special Schools.

Increased attention has been given to correct posture training and to foot care; during the year the Committee authorised the distribution to pupils of a leaflet concerning children's shoes issued by the British Boot, Shoe and Allied Trades Research Association.

(f) Minor diseases of the ear are treated at the minor ailment clinics under the supervision of the Medical Officer.

In my report for 1950 reference was made to the decision of the Committee to supply a group audiometer for the detection of slight and early cases of defective hearing. There are three stages to the testing, (1) the first test, (2) a second test for those who have failed, and (3) for those who have failed the second time, a test on a pure tone audiometer. The equipment is centred at Beckenham, but it is available also for use in other parts of the County.

During the year audiometric surveys were undertaken in the " Excepted " District of Beckenham and Dr. Edwards has reported as follows :—

*" Number of children tested.*

Alexandra Junior School ... ..	98
Bromley Road " " ... ..	187
Churchfields " " ... ..	119
Hawes Down " " ... ..	250
Marian Vian " " ... ..	158
Stewart Fleming " " ... ..	127
Wickham Common " " ... ..	132
<b>Total number tested ... ..</b>	<b>1,071</b>
Passed first test ... ..	1,024
Failed " " ... ..	47
	<b>1,071</b>

The 47 children who failed the first test were given a second test with the following result :

Passed second test ... ..	38
Failed " " ... ..	9
	<b>47</b>

Of the nine cases who failed the second test one child was referred for treatment to the school clinic and the remaining eight children were referred to their own doctor."

(g) *Maladjusted Children. Child Guidance Clinics.*—Dr. Alan Maberly reports as follows :—

"The returns from the clinics for 1951 are a reflection of the expansion of the Child Guidance Service that has been going on steadily from year to year. The number of new cases referred at 1,226 is practically the same as that of last year but is somewhat misleading in that a considerable fall in



one clinic, where waiting lists have become unduly long, disguises a rise in relation to the remainder of the clinics. This rise is especially marked, as it was last year, at the Maidstone and Tonbridge clinics, where the staffing position is particularly satisfactory, and where the majority of the cases from the Courts are seen as they serve the two County Remand Homes. The total number of cases referred by the Courts has again risen, in this instance from 240 to 278. A measure of work undertaken is the total number of interviews which have risen from 13,803 to 15,668. There is further cause for satisfaction in that the waiting list for the County as a whole which had been growing annually has been reduced from 380 to 262, a figure which, in relation to the total turnover, is not unduly long. Under existing circumstances all clinics are working to capacity and it is unfortunate that factors beyond our control make continuing growth and expansion for the time being impossible. It is hoped, however, that a delay in establishing services to meet the legitimate demand will not be unduly long.

Every effort has been made, as heretofore, to ensure the closest integration of the Child Guidance Service with all allied services for children. Close personal contacts have been maintained with the Children's Department, with the County Vocational Guidance Officer, as well as with doctors and schoolteachers."

The following table shows the number of patients dealt with during the year :—

TABLE 4.

Clinic	No. of pupils referred	No. of Patients Diagnosed	Total Number of Interviews	Number Discharged				
				Consultation only	Condition unchanged	Condition improved	Non-co-operative	Transferred to other Authority
Canterbury... ..	173	191	2,639	55	7	73	18	14
Chatham ... ..	134	135	1,847	62	—	23	4	7
Chislehurst ... ..	112	77	2,046	35	1	26	11	7
Crayford ... ..	226	221	3,381	48	6	96	24	14
Maidstone ... ..	356	318	4,217	200	1	49	18	22
Tonbridge ... ..	225	192	1,538	124	1	12	7	—
Total ... ..	1,226	1,134	15,668	524	16	279	82	64

(h) *Speech Defects*.—Miss J. Pollitt, Chief Speech Therapist, has reported as follows :—

"During the year the approved establishment of 3 Therapists, was increased to 5 Therapists, excluding myself, and two part-time therapists. By October, 1951, premises at Crayford were ready for full-time occupation and it was then possible to make an additional full-time appointment. Miss Formby was appointed to take charge of the Crayford Clinic and commenced her duties in October.

Miss Snellgrove, who had been working in clinics in the N.W. Kent area, resigned her appointment in August, 1951. Miss Edsor was appointed in her place and took up her duties in November.

An arrangement, made during the year with the South-East Metropolitan Regional Hospital Board, has made it possible to admit adult patients to the clinics. Eleven such patients have been referred for appointment. The cases of four of these patients have been closed during the year, while six patients continue to attend at the clinics and one patient is awaiting an appointment. These patients have been included in the tables which follow.

The link between the County's Speech Therapy Service and the Regional Hospital Board has also been furthered during the year by the seconding of myself for one session per week to the Kent & Canterbury Hospital at Canterbury.

Since November, a Therapist has been attending at Valence Special school one day each week. Thirteen children have been referred for consultation and investigation, five of whom are receiving regular treatment.

*Analysis of the work carried out in the clinics :—*

A. Total number of patients ... ..	940
Cases closed during 1951 ... ..	498
Patients attending clinics at the end of December, 1951 and, therefore, carried forward into 1952 ... ..	442
	<hr/>
	940
	<hr/>
B. Number of patients awaiting appointments at the end of 1951 and, therefore, carried forward into 1952 ... ..	509
	<hr/>
	1,449
	<hr/>



*Discharges during the year :—*

(a) Improved so that no abnormality existed or condition became such that little residual defect remained ... ..	268	(including 7 of poor mental calibre).
(b) Improved to the extent to which nature of disability was likely to allow (for e.g. cases of cleft palate for which operative treatment had not been entirely successful, cases of dual or multiple disability, etc.) ... ..	23	(including 4 of poor mental calibre).
(c) Treatment incomplete owing to parent and patient being satisfied with condition, or owing to parent and patient being unwilling to continue further, or owing to patient leaving district etc. ... ..	87	(including one of poor mental calibre).
(d) Little if any change following treatment ... ..	11	(including one of poor mental calibre).
(e) Transferred to Child Guidance Clinic ... ..	8	
(f) Delayed speech development associated with severe mental retardation ... ..	22	
(g) Transferred to schools for deaf or partially deaf ... ..	4	
(h) Treatment arranged elsewhere ... ..	2	
(i) Reported by Medical Officer, parent and/or school to have improved and, therefore, investigatory appointments at Speech Clinic cancelled ... ..	35	
(j) Following investigatory interviews, further appointments not kept ... ..	4	
(k) Appointments offered but not kept, as parents or patients unwilling to attend, or else attendance impossible owing to other commitments, hospitalization etc. ... ..	16	(including one of poor mental calibre).
(l) Started work or left district prior to appointment being made ... ..	18	
	498	

*(i) Dental Defects.—Mr. F. J. Saunders, Senior Dental Officer, reports as follows :—*

"The dental service is still considerably handicapped by shortage of staff in the attempt to provide a full range of dental care for all school children under Section 48(3) of the Education Act, 1944 and for mothers and young children under Part III of the National Health Service Act, 1946. At the beginning of the year there were available 29½ whole-time dental surgeons. During the year one full-time officer retired on account of age, one part-time left the service and one part-time officer accepted a whole-time appointment. In addition to these changes two whole-time and four part-time appointments were made. After allowing for the resignation of two part-time officers who commenced duty within the year and the inability of one whole-time officer to commence duty before the 1st January, 1952, the final position on the 31st December was equal to 30 whole-time dental surgeons. The time given to the care of mothers and young children under Part III of the National Health Service Act was equivalent to that of 2½ full-time officers, leaving the equivalent of 27½ for school health service work. On this basis the allocation of children to each dentist was reduced from an average of 7,100 in the previous year to one of 7,010, the largest proportion, 9,877, being in the Faversham, Sheerness and Sittingbourne area and the lowest, 4,162, in Sidcup.

It has been the aim of the staff to maintain at as high a level as possible the policy of making a child dentally fit for the longest period. Patients whose teeth were prone to caries were invariably invited to attend the clinic again for inspection at intervals of three or six months.

The number of special applications received for inspection and treatment at the clinics of the Committee hinder the inspection of children at school. Of approximately 199,600 on the school roll, 63,879 (32.0%) had a routine inspection, which is 3¼% more than in the previous year. In addition there were 9,632 special applications, making a total of 73,511 inspected which is 36.8% of the school population; 39,848 actually received treatment and 37,591 completed it. Details of the fluctuation in the number of children inspected and referred for treatment, and the number actually treated as a result of the frequent changes of staff available for school health service work since 1945, and the curtailment of complete treatment to school children by a number of dental practitioners working under the National Health Service Act, is shown in the table below :—

	1945	1946	1947	1948	1949	1950	1951
Inspected ... ..	101,494	106,992	111,303	105,309	78,208	70,687	73,511
Referred for treatment	65,509	63,868	64,586	57,707	42,411	42,945	46,172
Actually treated ... ..	37,344	42,202	40,827	46,502	41,294	40,696	39,848

The oral hygienist engaged on the work of scaling, cleaning and polishing of teeth under the supervision of the dental surgeon at Dartford, Sidcup, Gravesend, Orpington, Chatham and Welling, dealt



with 806 new patients under 15 years of age. Her work relieves the dental surgeons of much of the time consuming operation of scaling and to a limited extent helps to compensate for the shortage of dental officers.

The following table shows the amount of work done and time spent on oral hygiene instruction for children under 15 years of age :—

Number of sessions worked ... ..	363
.. .. new patients treated ... ..	806
.. .. patients whose treatment was completed ... ..	802
Scaling and polishing... ..	1,592
Time spent in individual dental health education ... ..	195 hours

It has not been possible for the Committee to appoint a dental surgeon to work on the third semi-articulated mobile caravan temporarily in use on a site provided by the Canterbury Hospital Management Committee. The appointment of an officer to work on the caravan before the completion of the adaptation of 92 Whitstable Road, Canterbury for dental work might cause a complete breakdown of the service now provided. Therefore it is earnestly hoped that this project will come to fruition at an early date. 6,813 children were inspected and 2,621 actually received treatment in 52 rural districts visited by caravans No. 1 and 2. The work done comprised 3,846 extractions, 1,839 fillings inserted, 884 general anaesthetics, 684 permanent, and 620 temporary dressings, and 136 silver nitrate treatments. Orthodontic treatment given by the staff for irregularities and malocclusion of teeth continued as in 1950 under the supervision of Mr. G. C. Dickson. In addition to the patients referred to Mr. Dickson by the dental surgeons for advice, applications were received from parents, teachers, school doctors, speech therapists and from dental practitioners working under the National Health Service Act. Since it had not been possible for the Council to build the new workshop in Maidstone to house more technicians to make appliances it was again necessary to restrict the selection of patients according to their age, to those who would reap the greatest benefit in the shortest time.

Details of the number of patients examined and the number of appliances made in the County Dental Laboratories are :—

TABLE 5.

No. examined by Orthodontist	No. requiring appliances	No. completely treated	Total No. of attendances
2,981	526	456	9,470

TABLE 6.

Orthodontic Appliances Fitted					Other Appliances Fitted		
Upper	Lower	Oral Screens	Remakes	Repairs	Dentures	Remakes	Repairs
766	36	138	39	48	346	20	55

272 patients needing X-ray were referred to the nearest hospital. 1,059 of the permanent teeth extracted as recorded in Table 11 on page 31 were for regulation purposes.

47 more artificial dentures were made for children than in 1950.

The further opportunity for 25 officers to attend a Post Graduate Course of lectures and demonstrations specially arranged at the Institute of Dental Surgery, Eastman Dental Hospital, was very much appreciated, and is hoped that it will be possible for the Committee to give consent for the dental surgeons to pursue the latest scientific developments in the preventive and curative field of dental diseases.

During the year under review proposals have been submitted to the Committee for alternative accommodation in Canterbury, Dartford and Sandwich and for a new clinic at Murchison Avenue, Bexley. Of the projects sanctioned in previous years for the adaptation of the air-raid shelter on the school premises at Cranbrook, additional accommodation at 80 Croydon Road, Beckenham and improvements to the premises in Erith, Broadstairs and Rochester, and alternative accommodation in Penge and Walmer it had only been possible to complete the work at Beckenham and Broadstairs. In addition to these schemes the Health Committee have under consideration improvements to existing premises which are also used for dental work in Ramsgate and Snodland and for dental accommodation in proposed new premises at Biggin Hill and St. Pauls Cray.

Of 58 surgeries established in 53 permanent buildings, 53 have been in operation during the year. In addition treatment was made available either in schools or halls in 36 rural districts by using portable equipment.

Figures recorded in Table 11 page 31, items 2 and 3, include every child found to be in need of treatment at the time of inspection. Other operations include, 1,772 scalings, 3,942 cleaning and polishing of teeth, and fillings, 7,305 permanent and 7,676 temporary dressings, 3,954 silver nitrate treatments, 136 root canal dressings, 13 acrylic caps and inlays, 18 crowns, orthodontic and prosthetic treatment in the nature of impressions, bites, try-ins, appliances fitted and repaired, and adjustments. Orthodontic attendances at the rate of ten per session utilized the time, as in the previous year, of approximately 1.7 whole-time officers. The ratio of fillings to permanent teeth extracted is 4.05 to 1 compared with 4.32 to 1 in 1948. 3.41 to 1 in 1949 and 3.91 in 1950."



## EMPLOYMENT OF CHILDREN.

The new bye-laws in connection with the employment of children came into operation on 1st June, 1951. Arrangements were made for the Assistant County Medical Officers to examine children during the first half hour of each opening of the minor ailment clinics and child welfare centres. During the period 1st June until 31st December 1,210 children were examined, and certificates were refused in ten cases.

## ACCOMMODATION PROVIDED UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946.

Under the provisions of Section 28 of the National Health Service Act, 1946, the County Council provides accommodation in suitable recuperative homes for persons requiring a period of recuperation which cannot be provided adequately in their own homes. This includes provision for school children and during the year under review, 108 children were admitted.

## DIPHTHERIA IMMUNISATION.

The County Council arrange for immunisation facilities to be available for children of school age, special sessions being held at the Committee's school clinics, and if appropriate, on school premises. The Assistant County Medical Officers explain and impress upon parents present at school medical inspections the need for, and value of, immunisation. Reinforcing injections are given at appropriate stages throughout the period of school life. The following table shows the extent to which Diphtheria Immunisation has been carried out in the County during the year 1951 :—

Primary Injections Number of children between 5 and 14 years	Secondary or re-inforcing injections
3,615	31,029

## MEDICAL RESEARCH COUNCIL TUBERCULIN SURVEY.

During the year 1949-50 the Medical Research Council carried out a survey in over twenty different areas of the Country and 2,543 children, between the ages of 5 and 16 years, were tested in the West Kent area. The object of the survey was to determine the incidence of tuberculin sensitivity and to find out more about the number and ages of people who have been in contact with the organism causing tuberculosis. It is only by inquiries of this sort that information can be obtained on which to base future arrangements for the prevention and treatment of tuberculosis.

A report has now been published by the Medical Research Council and the undermentioned tables are published with the Council's permission :—

## RESULTS OF TUBERCULIN TESTS IN 22 AREAS OF ENGLAND AND WALES.

The areas have been grouped as follows :

- A. Urban. England (South of Rugby). Comprises Fulham, Oxford, Portsmouth, Southall, Southwark and Willesden.
- B. Urban. England (North of Rugby) and Wales. Comprises Birmingham, Durham, Hull, Leeds, Maesteg, Newport, Preston, Stoke and a Yorkshire area.
- C. Rural. England and Wales. Comprises Cheshire, Devon, Kent, Montgomery, Newbury, Norfolk and Notts.

The figures given here represent the mean of the percentages found positive in the several areas concerned.

Age	Mean Percentage Tuberculin Positive in Successive Years of Age, 5—16.		
	A Urban. South	B Urban. North	C Rural
5	9.3	14.3	20.3
6	10.4	14.9	22.7
7	14.2	19.5	26.5
8	17.7	22.9	28.2
9	21.2	26.9	33.1
10	23.6	34.2	38.8
11	27.4	34.1	42.4
12	31.1	40.2	47.3
13	31.9	43.5	47.7
14	34.6	47.9	49.4
15—16	40.3	55.0*	57.2

\* Does not include figures for the "Yorkshire" area (but includes Leeds and Hull).

## AREA: KENT

## RESULTS OF COMPLETED TUBERCULIN TESTS

Age	Males		Females		All persons	
	Total tested	% Positive	Total tested	% Positive	Total tested	% Positive
5	106	29.4	91	25.3	197	27.4
6	115		103		27.5	
7	128	40.8	104	36.2	232	39.2
8	90		92		37.9	
9	103	48.5	82	46.3	185	44.9
10	126		106		49.6	
11	110	49.8	97	48.6	207	46.9
12	91		88		52.0	
13	183	57.2	144	47.3	327	55.4
14	214		97		51.4	
15	92	64.3	32	49.2	124	60.8
16	118		31		149	

## WORK OF VOLUNTARY BODIES

The following Table shows the amount of work undertaken by the National Society for the Prevention of Cruelty to Children during the year.

Branch	No. of children	Visits made
Ashford ... ..	41	68
Bromley ... ..	18	106
Canterbury ... ..	36	78
Gravesend, Medway and Swale ...	42	116
Hastings ... ..	2	3
Isle of Thanet ... ..	8	7
Maidstone ... ..	13	70
North Kent ... ..	17	72
South East Kent ... ..	26	64
Sydenham ... ..	8	14
West Kent ... ..	10	32
Totals ... ..	221	630



## MEDICAL INSPECTION RETURNS

TABLE 7.

## MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
<b>A—PERIODIC MEDICAL INSPECTIONS</b>						
Number of Inspections in the prescribed Groups—						
Entrants ... ..	927	1,533	299	1,203	19,800	23,762
Second Age Group ... ..	312	930	1,048	812	15,286	18,388
Third Age Group ... ..	607	951	612	716	12,269	15,155
Total ... ..	1,846	3,414	1,959	2,731	47,355	57,305
Number of other Periodic Inspections	1,740	1,595	1,408	305	17,864	22,912
Grand Total ... ..	3,586	5,009	3,367	3,036	65,219	80,217
<b>B—OTHER INSPECTIONS</b>						
Number of Special Inspections ... ..	851	5,412	2,438	1,785	13,456	23,942
Number of Re-Inspections ... ..	347	3,670	2,129	684	33,928	40,758
Total ... ..	1,198	9,082	4,567	2,469	47,384	64,700

## C—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)					For any of the other conditions recorded in Table 8A (3)					Total individual pupils (4)							
	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	Total
Entrants ... ..	2	36	4	13	126	181	132	469	31	198	2,198	3,028	134	441	35	205	2,287	3,102
Second Age Group ... ..	14	74	31	48	706	873	13	193	57	75	1,284	1,622	27	218	88	120	1,906	2,359
Third Age Group ... ..	24	68	29	55	576	752	45	375	36	137	1,013	1,606	67	350	65	187	1,518	2,187
Total (prescribed groups) ... ..	40	178	64	116	1,408	1,806	190	1,037	124	410	4,495	6,256	228	1,009	188	512	5,711	7,648
Other Periodic Inspections ... ..	57	138	66	2	923	1,186	171	402	68	26	1,766	2,433	227	426	134	28	2,584	3,399
Grand Total ... ..	97	316	130	118	2,331	2,992	361	1,439	192	436	6,261	8,689	455	1,435	322	540	8,295	11,047







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

Age Groups	Number of Pupils Inspected					A. (Good)					B. (Fair)					C. (Poor)																										
	(2)					(3)					(4)					(5)					(6)					(7)					(8)											
	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	Total						
Entrants ... ..	927	1533	299	1203	1980	23762	537	470	132	1079	7356	9553	57.9	30.7	44.2	89.7	37.0	40.2	377	937	163	124	113	151	12016	40.7	61.1	54.5	10.3	57.2	54.4	13	126	4	1156	1263	1.4	8.2	1.3	—	5.8	5.4
Second Age Group ... ..	312	930	1048	812	1528	18388	206	334	656	731	5781	7708	66.0	35.9	62.0	90.0	37.8	41.9	104	563	382	81	8753	9883	33.3	60.5	36.5	10.0	57.3	53.8	2	33	10	752	797	0.7	3.6	0.9	—	4.9	4.3	
Third Age Group ... ..	607	951	612	716	1220	15155	432	460	445	547	5120	7004	71.2	48.4	72.7	76.4	41.7	46.2	170	452	163	165	6673	7623	28.0	47.5	26.6	23.0	54.4	50.3	5	39	4	476	528	0.8	4.1	0.7	0.6	3.9	3.5	
Other Periodic Inspections	1740	1595	1408	305	1786	22012	1079	571	936	224	6917	9727	62.0	35.8	66.5	73.4	38.7	42.4	649	931	458	81	10088	12207	37.3	58.4	32.5	26.6	56.5	53.3	12	93	14	859	978	0.7	5.8	1.0	—	4.8	4.3	
TOTALS ... ..	3586	5009	3367	3036	6521	80217	2254	1835	2169	2581	25153	33992	62.9	36.6	64.4	85.0	38.6	42.4	1300	2883	1166	451	3685	42629	36.2	57.6	34.6	14.9	56.5	53.1	32	291	32	4323	3596	0.9	5.8	1.0	0.1	4.9	4.5	



TABLE 9.  
INFESTATION WITH VERMIN

	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	Total
(i) Total number of examinations in the schools by the school nurses or other authorized persons ... ..	17,253	11,094	18,681	23,063	401,403	471,494
(ii) Total number of individual pupils examined ... ..	5,857	7,639	6,385	8,101	123,439	151,421
(iii) Total number of individual pupils found to be infested ... ..	7	130	16	555	2,463	3,171
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ... ..	—	—	—	9	1,089	1,098
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ... ..	—	—	—	—	2	2

## TREATMENT TABLES

## NOTES.

(a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

TABLE 10.

GROUP I.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table 9).

(a)	Number of cases treated or under treatment during the year											
	by the Authority						otherwise					
	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
Ringworm—(i) Scalp ...	—	—	—	3	30	33	—	1	—	—	—	1
(ii) Body ...	—	109	25	9	73	216	—	—	—	—	—	—
Scabies ... ..	—	—	—	3	49	52	—	—	—	—	—	—
Impetigo ... ..	2	7	28	47	480	564	—	—	—	—	—	—
Other skin diseases ...	931	479	457	59	2,717	4,643	1	1	15	2	13	32
Total ... ..	933	595	510	121	3,349	5,508	1	2	15	2	13	33



## GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases treated											
	by the Authority						otherwise					
	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
External and other, excluding errors of refraction and squint	412	237	548	26	274	1,497	2	—	—	4	10	16
Errors of Refraction (including squint) ...	553	1,926	1,223	699	10715	15116	6	—	—	23	115	144
Total ...	965	2,163	1,771	725	10989	16613	8	—	—	27	125	160
Number of pupils for whom spectacles were												
(a) Prescribed ...	135	431	658	217	4,565	6,006	—	—	—	—	29	29
(b) Obtained ...	34	394	522	243	4,500	5,693	—	—	—	—	21	21

† Including spectacles prescribed in 1950 and obtained in 1951.

## GROUP III.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Received operative treatment—												
(a) for diseases of the ear ...	—	—	—	—	—	—	3	2	1	—	16	22
(b) for adenoids and chronic tonsillitis ...	—	—	—	—	—	—	234	98	280	145	2,694	3,451
(c) for other nose and throat conditions ...	—	—	—	—	—	—	—	—	1	—	10	11
Received other forms of treatment ...	186	155	240	53	366	1,000	—	19	52	7	57	135
Total ...	186	155	240	53	366	1,000	237	119	334	152	2,777	3,619

## GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	—	—	—	—	—	—	9	9	11	1	43	73
(b) Number treated otherwise, e.g. in clinics or out-patient departments ...	197	433	272	—	4,932	5,834	5	16	—	47	111	179

## GROUP V.—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	in the Authority's Child Guidance Clinics	elsewhere
Number of pupils treated ... ..	1,423	385

## GROUP VI.—SPEECH THERAPY

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated ... ..	940	—

## GROUP VII.—OTHER TREATMENT GIVEN

	Number of cases treated											
	by the Authority						otherwise					
	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
(a) Miscellaneous minor ailments ... ..	2,239	1,628	2,277	2,388	6,769	15301	—	—	—	10	117	127
(b) Other (specify)												
1. Ear Defects ... ..	—	115	—	52	579	746	—	—	—	7	—	7
2. Eye Defects ... ..	—	140	—	171	1,932	2,243	—	—	—	4	—	4
3. Injuries ... ..	—	42	—	—	2,665	2,707	—	—	—	—	—	—
4. Catarrh, Sore Throats, etc. ... ..	—	—	—	2	—	2	—	—	—	6	—	6
5. Appendectomy... ..	—	—	—	—	—	—	—	—	—	—	123	123
6. Accidents and Fractures... ..	—	—	—	—	—	—	—	—	—	—	176	176
7. Miscellaneous ... ..	—	—	—	—	—	—	—	—	—	—	83	83
Total ... ..	2,239	1,925	2,277	2,613	11945	20999	—	—	—	27	499	526



TABLE 11.—DENTAL INSPECTION AND TREATMENT

	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
(1) Number of pupils inspected by the Authority's Dental Officers—						
(a) Periodic age groups ... ..	5,530	2,442	1,238	1,228	53,441	63,879
(b) Specials... ..	164	1,524	1,855	1,593	4,496	9,632
Total (1) ... ..	5,694	3,966	3,093	2,821	57,937	73,511
(2) Number found to require treatment...	3,140	2,761	2,696	2,515	35,060	46,172
(3) Number referred for treatment ... ..	3,140	2,761	2,696	2,515	35,060	46,172
(4) Number actually treated ... ..	2,774	2,138	2,543	3,072	29,321	39,848*
(5) Attendances made by pupils for treatment ... ..	5,980	5,315	5,420	5,381	86,108	108,204*
(6) Half-days devoted to—						
Inspection ... ..	44	13	11	6	427	501
Treatment ... ..	664	660	594	483	9,950	12,351
Total (6) ... ..	708	673	605	489	10,377	12,852
(7) Fillings—						
Permanent Teeth ... ..	2,287	1,061	1,005	2,404	29,409	36,166
Temporary Teeth ... ..	1,685	326	189	784	6,074	9,058
Total (7) ... ..	3,972	1,387	1,194	3,188	35,483	45,224
(8) Number of teeth filled—						
Permanent Teeth ... ..	2,076	1,048	956	2,104	27,002	33,186
Temporary Teeth ... ..	1,609	312	187	784	5,887	8,779
Total (8) ... ..	3,685	1,360	1,143	2,888	32,889	41,965
(9) Extractions—						
Permanent Teeth ... ..	330	687	521	495	6,880	8,913
Temporary Teeth ... ..	2,265	3,132	2,474	3,867	40,841	52,579
Total (9) ... ..	2,595	3,819	2,995	4,362	47,721	61,492
(10) Administration of general anaesthetics for extraction ... ..	978	1,455	1,571	2,395	10,233	16,632
(11) Other operations—						
Permanent Teeth ... ..	1,607	676	2,287	800	18,206	23,576*
Temporary Teeth ... ..	982	387	491	172	10,419	12,451
Total (11) ... ..	2,589	1,063	2,778	972	28,625	36,027

\* These figures include orthodontic work



TABLE I. HOSPITAL ADMISSIONS AND TREATMENT

Year	Number of patients admitted to hospital			Number of patients treated in hospital		
	Male	Female	Total	Male	Female	Total
1950	1,200	800	2,000	1,100	700	1,800
1951	1,300	900	2,200	1,200	800	2,000
1952	1,400	1,000	2,400	1,300	900	2,200
1953	1,500	1,100	2,600	1,400	1,000	2,400
1954	1,600	1,200	2,800	1,500	1,100	2,600
1955	1,700	1,300	3,000	1,600	1,200	2,800
1956	1,800	1,400	3,200	1,700	1,300	3,000
1957	1,900	1,500	3,400	1,800	1,400	3,200
1958	2,000	1,600	3,600	1,900	1,500	3,400
1959	2,100	1,700	3,800	2,000	1,600	3,600
1960	2,200	1,800	4,000	2,100	1,700	3,800
1961	2,300	1,900	4,200	2,200	1,800	4,000
1962	2,400	2,000	4,400	2,300	1,900	4,200
1963	2,500	2,100	4,600	2,400	2,000	4,400
1964	2,600	2,200	4,800	2,500	2,100	4,600
1965	2,700	2,300	5,000	2,600	2,200	4,800
1966	2,800	2,400	5,200	2,700	2,300	5,000
1967	2,900	2,500	5,400	2,800	2,400	5,200
1968	3,000	2,600	5,600	2,900	2,500	5,400
1969	3,100	2,700	5,800	3,000	2,600	5,600
1970	3,200	2,800	6,000	3,100	2,700	5,800

