[Report 1954] / School Medical Officer of Health, Kent County Council.

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KENT COUNTY COUNCIL

EDUCATION COMMITTEE

REPORT ON THE HEALTH OF THE SCHOOL CHILD

For the Year 1954

A. ELLIOTT, M.D., D.P.H.
Principal School Medical Officer

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HEALTH DEPARTMENT,
COUNTY HALL,
MAIDSTONE.

15th February, 1955.

To the Chairman and Members of the Kent Education Committee

It will be noticed that the bulk of my annual report for 1954 has increased considerably in comparison with that of recent years. This is not because there are any major changes to report in the constitution or management of the School Health Service, which has continued to work satisfactorily and with benefit to the children for whom the Education Committee has responsibility. I have, however, thought it desirable and the time opportune to incorporate in it some more detailed reports on specific matters and brief reports on general aspects from some of the medical officers themselves, and I would like to draw particular attention to the report on p. 18 onwards for which I have to thank Dr. J. O. Murray, Medical Officer of Health for the City of Rochester, on the investigation into an outbreak of food poisoning. Such outbreaks have been becoming more common in recent years, probably because of the greatly increased facilities for communal feeding in school and works canteens and for which the need arises because of the greater distances which are now commonly travelled between home and workplace or school. Dr. Murray's report is an excellent illustration of the amount of detailed enquiry and investigation such an occurrence demands.

Another subject which has become much more prominent in the public mind has been that of Child Guidance and I have, therefore, included a survey by Dr. G. S. Clouston on the work done at the Maidstone Child Guidance Clinic in addition to the usual summaries of the work carried out in the Committee's Child Guidance Clinics.

The reports from the Assistant County Medical Officers, of which I have only been able to reproduce a selection owing to limitations of space, indicate the variety of problems which are encountered and at the same time illustrate the continued need for the School Health Service in addition to the facilities offered under the National Health Service Act.

The statistics in the report support the general impression of a steady improvement over the past few years in the physical standards of the children in this County, an increasing number of them being included in the higher categories and few remaining in Category C—those whose general condition is said to be "poor". This category does, of course, include those children who are of poor constitution and those who are suffering from a variety of specific defects which limit their development, and their inclusion in this group does not indicate that they are by any means necessarily neglected or ill-treated. The number of such children coming from the "problem families" is becoming steadily less and all possible steps are being taken to deal with these as they are brought to light.

I would again wish to express my appreciation to the Members of the Committee for their interest and support and to thank the staff of the Education Department and the teachers as well as the staff of the School Health Service itself for all they have done in the past year to maintain the standards which have been set in earlier years.

A. ELLIOTT,
Principal School Medical Officer.

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER on the HEALTH of the SCHOOL CHILD for the Year Ended 31st December, 1954

General Information.

Particulars relating to schools, etc., in the area of the Education Committee on 31st December, 1954:—

Estimated population of the Administrative County (at the 30th June, 1954)	1,570,400
Number of Primary Schools or departments	698
Number of pupils on the roll	141,789
Number of Secondary Modern Schools or departments	123
Number of pupils on the roll	55,710
Number of Grammar Schools	35
Number of pupils on the roll	17,648
Number of Technical Schools	18
Number of pupils on the roll	7,054
Number of minor ailment clinics	66
Number of dental clinics	62
Number of mobile dental clinics	3
Number of ophthalmic clinics	27
Number of orthopædic clinics under the control of the Health Committee	13
Number of speech therapy clinics	18
Number of 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:—

Clinic	*Address*	*Services*
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.
Canterbury ..	94, Whitstable Road	D. Sd.
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	A.R.P. Shelter, C. Sec. School	D.
Crayford	Mayplace Road C.P. School, Woodside Road, Bexleyheath	C.G.D.
Crayford	Town Hall (adjoining)	M.R. Asthma Sd.
Crayford	154, Colyer's Lane, Slades Green	M.
Dartford	West Hill Hospital	M.R. Asthma D.
Dartford	C.W. Centre Market Street	Sd.
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.
Edenbridge ..	Church House	D.
Erith	Hainault, Lesney Park Road	M.R.D.
Erith	Bedonwell Hill	M.D.O.
Erith	St. Augustines C.P. School, Belvedere ..	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	D.
Maidstone ..	South Borough C. Sec. School	D.
Maidstone ..	Shepway C.P. School	M.
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	D.
Northfleet ..	West Kent House, Station Road	M.D.
Orpington ..	School House, Chislehurst Road C.P. School	M.R.D.
Paddock Wood ..	Paddock Wood C. Sec. School	D.
Penge	17 and 19, Oakfield Road, S.E.20	M.R.D.
Ramsgate	Newington Road	M.R.D.O.
Rochester	Strood House, Corporation Street	M.D.
Rochester	Gun Lane, Strood	M.

Clinic	*Address*	*Services*
Sandwich ..	Former Public Baths, Moatsole	D.
St. Paul's Cray ..	Mickleham Road	M.R.D.
Sevenoaks	Dorset House, St. John's Road	M.D.R.O.
Sheerness	271, High Street	M.R.D. C.G.
Sidcup	69, Sidcup Hill	Sd.
Sidcup	10, Station Road	M.D.
Sittingbourne ..	5, London Road	M.R.D.
Sittingbourne ..	Johnson House, Burley Road	O.
Snodland	C.W. Rooms, Malling Road	M.D.
Swanley	Congregational Hall	D.
Tenterden ..	Town Hall	D.O.
Tonbridge ..	Baltic Road, Quarry Hill	M.D.R. Sd.
Tunbridge Wells ..	10-12, Calverley Terrace, Crescent Road ..	M.D.R. Sd. O
Tunbridge Wells ..	3, Mount Ephraim Road	C.G.
Walmer	Liverpool Road	D.
Whitstable ..	Masonic Hall, Cromwell Road	M.D.
Whitstable ..	Clifford Hall	R.
West Malling ..	Badminton Hall	D.

EXCEPTED DISTRICTS

Beckenham ..	80, Croydon Road	D.
Beckenham ..	School Clinic, Town Hall	M.R.D. Sd. O.
Beckenham ..	Hawes Down Clinic	M.D. O.
Beckenham ..	Alexandra School	M.
Beckenham ..	Balgowan School	M.
Beckenham ..	Grammar School for Boys	M.
Beckenham ..	Grammar School for Girls	M.
Beckenham ..	Bromley Road School	M.
Beckenham ..	Churchfields School	M.
Beckenham ..	Special School	M.
Beckenham ..	Hawes Down School	M.
Beckenham ..	Marian Vian School	M.
Beckenham ..	Stewart Fleming School	M.
Bexley	Little Danson Clinic, Welling	M.D.R.
Bexley	3, Murchison Avenue, Bexley	M.O. Sd. D.
Bexley	Wrotham Road Clinic	Sd. M.
Bexley	Child Welfare Centre, Station Approach Road, Welling	O.
Bexley	315, Broadway, Bexley Heath	M.D.
Bromley	Princes Plain Clinic	Sd. M.D.
Bromley	North Clinic, Station Road	O.M.R.D.S.
Bromley	Hayes C.P. School	M.
Bromley	Burnt Ash C.P. School	M.
Bromley	Quernmore School, London Lane	M.
Bromley	Aylesbury Road School	M.
Bromley	Southborough Lane	M.
Bromley	Pickhurst School	M.
Gillingham ..	Balmoral Gardens Clinic	M.R.D.
Gillingham ..	Health Centre, Rainham	M.D.

M.—Minor Ailments
R.—Refractions
D.—Dental
C.G.—Child Guidance
Sd.—Speech defects
S.—Orthoptic training
O.—Orthopædic

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

† Administered by Canterbury L.E.A.

STAFF

Staff of the School Health Service during 1954

	Proportion of whole-time allotted to School Health Service (Percentage)	Proportion of whole-time allotted to Other Services (Percentage)
Principal School Medical Officer:		
Elliott, A., M.D., D.P.H.	25·0	75·0
Deputy Principal School Medical Officer:		
Lyon, D. M., O.B.E., M.B., CH.B., D.P.H.	50·0	50·0
Senior 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.	95·5	4·5
Bain, R. M., M.B., CH.B., D.P.H. (Until 3/4/54)	—	—
Begg, Rosemary A., M.B., CH.B.	72·7	27·3
Brennen, R. G., M.B., B.CH., D.P.H.	54·5	45·5
Butterfield, Kathleen F., M.R.C.S., L.R.C.P., D.P.H.	77·3	22·7
Cagney, Mary, M.B., CH.B.	77·3	22·7
Campbell, C., L.R.C.S., L.R.C.P., D.P.H., L.D.S.	100·0	—
Cheesman, J. E., L.M.S.S.A., D.P.H.	100·0	—
Denholm-Young, Hilda M., M.A., M.B., CH.B.	100·0	—
Dennison, D. J., M.B., B.S., M.R.C.S., L.R.C.P.	77·3	22·7
Desmond, D., M.B., B.CH., D.P.H.	81·8	18·2
†Eunson, Margaret W., M.B., CH.B., D.P.H.	36·4	—
Flynn, Mary, M.B., CH.B., D.P.H.	79·5	20·5
Fox, F. W., M.B., CH.B.	100·0	—
Fox, Helen D., M.B., B.S.	59·1	40·9
Goldthorpe, J. Clarke, M.R.C.S., L.R.C.P.	95·5	4·5
Harper, C. H., M.B., B.S., M.R.C.S., L.R.C.P.	72·7	27·3
Harrison, Clarice, M.B., CH.B.	31·8	68·2
Hauxwell, Margaret, M.B., CH.B.	50·0	50·0
†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.	72·7	27·3
†Hewett, Beryl M., M.B., B.S., D.P.H.	31·8	—
Isaac, K. M. Gower, M.B., B.S.	54·6	45·4
Jackson, Ruby M., M.B., CH.B., D.R.C.O.G. (From 24/5/54)	81·8	18·2
†Kirk, D. W., M.B., CH.B. (Until 31/12/54)	18·2	—
Kyle, Edith E., B.A., M.B., B.CH., B.A.O.	72·7	27·3
Ledger, Margaret E., M.B., B.S.	60·0	40·0
Long, Mary E., M.R.C.S., L.R.C.P., D.R.C.O.G.	68·2	31·8
Love, Mary, M.B., CH.B., D.P.H., D.R.C.O.G.	72·7	27·3
MacQuillan, C. J., B.A., M.D.	81·8	18·2
Molesworth, E. M., M.B., CH.B.	95·5	4·5
Nicholls, Edith G., M.A., M.B., CH.B.	9·1	90·9
Nithsdale, Jean, M.B., CH.B., D.P.H.	50·0	50·0
Paterson, Elfriede, M.R.C.S., L.R.C.P.	72·7	27·3
Pimm, Constance S., M.B., CH.B.	90·9	9·1
†Pringle, E. G., M.D.	18·2	—
Stableforth, Gladys, M.D.	63·6	36·4
Sharvelle, Doris G., M.R.C.S., L.R.C.P., D.P.H.	84·1	15·9
Sugden, K. H., M.R.C.S., L.R.C.P.	77·3	22·7

	Proportion of whole-time allotted to School Health Service (Percentage)	Other Services (Percentage)
Taylor, Barbara M. G., M.R.C.S., L.R.C.P., D.P.H.	81·8	18·2
Troughton, Kathleen N. W., M.B., B.S.	100·0	—
Whyte, Elizabeth C., M.B., CH.B., D.C.H.	81·8	18·2

In addition, the undermentioned Medical Officer of Health undertakes work on behalf of the Education Committee:—

Davies, H. S., M.D., D.P.H.	18·2	81·8

PRINCIPAL SCHOOL DENTAL OFFICER:

Saunders, F. J., L.D.S.	63·6	36·4

DENTAL SURGEON FOR ORTHODONTIC SERVICES:

Thorn, N. K., L.D.S.	100·0	—

DENTAL SURGEONS:

Barker, Joy, L.D.S. (formerly Lount, Joy)	74·3	25·7
Bradbeer, C. C., L.D.S.	100·0	—
Cantor, H., L.D.S.	81·4	18·6
Cardell, I. S., L.D.S.	68·6	0·4
Causey, H., L.D.S.	96·8	3·2
†Cogger, D. T., L.D.S. (From 22/3/54 until 28/7/54)	36·4	—
Collard, S. T., L.D.S	98·4	1·6
Crisp, B., L.D.S.	98·4	1·6
Cross, Mary E. O., L.D.S.	97·3	2·7
†Daniels, S., L.D.S. (From 24/3/54 until 22/7/54)	29·5	—
†Darling, Vera, L.D.S. (From 27/9/54)	22·7	—
Dawe, Marjorie K. M., L.D.S.	86·1	13·9
Donald, J. R., L.D.S.	100·0	—
Elvy, Doris M., L.D.S.	90·1	9·9
Enos, I. O., L.D.S. (From 1/7/54)	100·0	—
†Figdor, Pauline., L.D.S. (From 7/7/54)	30·6	1·8
Gausden, P. D., L.D.S.	90·7	9·3
Hall, T. A., L.D.S.	88·7	11·3
Halpern, Marie E., L.D.S. (From 11/10/54)	91·7	8·1
Hayes, L. F., L.D.S.	90·7	9·3
Heywood, O. B., L.D.S.	98·4	1·6
Hill, C. H., L.D.S.	92·5	7·5
Hobday, E. C., L.D.S.	95·9	4·1
Mahler, Edith, L.D.S.	91·3	8·7
Markham, F., L.D.S.	99·6	0·4
Moffat, W., L.D.S.	95·1	4·9
†Pollock, J. Glen, L.D.S.	9·1	—
Pryor, A., L.D.S.	86·7	13·3
Readett, Alison M., L.D.S. (Until 31/12/54)	89·3	10·7
†Rumble, J. D., L.D.S.	36·4	—
†Seal, H. S. K., L.D.S.	54·5	—
Simpson, O., B.D.S., L.D.S. (Deceased 26/6/54)	87·0	13·0
Squier, Agnes, L.D.S. (Until 31/3/54)	79·0	21·0
Storey, Margaret B., L.D.S.	89·5	10·5
†Sturgess, Pauline, L.D.S.	45·5	—
†Trist, F. H., L.D.S. (From 12/1/54)	38·6	—
White, Millicent, L.D.S.	91·5	8·5

Officers engaged in Specialist Services at school clinics:—	Time given to School Health Service (Percentage)
OPHTHALMOLOGISTS AND REFRACTIONISTS†:	
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, J. E., Commander, R.N. (Retd.), M.R.C.S., L.R.C.P., D.O.M.S.	13·5
Crawford, R. A. D., M.D., D.O.M.S.	27·3
Cogan, J. E. H., M.B., CH.B., D.O.	13·5
*Lorriman, 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
Moore, E. L., M.C., M.B., D.O.M.S.	9·1
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.	54·5
Symons, H. M., M.B., B.S., D.O.M.S.	9·1
White, S. E., M.R.C.S., L.R.C.P., D.O.M.S.	9·1
ORTHOPÆDIC SURGEONS†:	
*Baird, R. C., F.R.C.S.	2·9
*Buck, J. E., F.R.C.S.	4·5
*Gervis, W. H., M.A., M.B., F.R.C.S.	6·7
*Mayer, J. H., F.R.C.S.	6·7
*St. Clair Strange, F. G., F.R.C.S.	4·5
*Wright, P. R., F.R.C.S.	9·1
PSYCHIATRISTS:	
*Clouston, G. S., M.D., D.P.M., C.P.H.	100·0
*FitzHerbert, Joan, M.R.C.S., L.R.C.P., D.P.M.	100·0
*†Maberly, A., M.B., B.CH.	18·2
*†Smith, J. Vincent, M.A., M.B., CH.B.	63·6
*Wellisch, Erich, M.D. (Deceased 11/3/54)	—
*Zausmer, D. M., M.B., B.S., D.P.M. (From 14/6/54)	100·0

EXCEPTED DISTRICTS:	Proportion of whole-time allotted to School Health Service (Percentage)	Proportion of whole-time allotted to Other Services (Percentage)
BECKENHAM BOROUGH		
Medical Officer of Health:		
Edwards, L. R. L., M.D., D.P.H.	36·0	64·0
Assistant Medical Officers:		
Collett, Susan, L.R.C.P., L.R.C.S.	68·1	31·9
†Finer, D. I., M.R.C.S., L.R.C.P. (Until July 1954)	9·1	—
†Harrison, L. T., B.SC., M.R.C.S., L.R.C.P.	9·1	—
†Stilwell, G. D., M.R.C.S., L.R.C.P.	9·1	—
†Weber, M. E., M.R.C.S., L.R.C.P.	9·1	—
OPHTHALMOLOGIST:		
†Lorriman, F. J., M.D., F.R.C.S.E.	9·1	—
ORTHOPÆDIC SURGEON:		
*Hulbert, K. F., F.R.C.S.	9·1	—
DENTAL SURGEONS:		
†Kininmonth, Mrs. M., L.D.S.	54·0	0·5
Waters, R. A., L.D.S.	92·0	8·0
BEXLEY BOROUGH		
Medical Officer of Health:		
Landon, John, M.R.C.S., L.R.C.P., D.P.H.	25·0	75·0
Assistant Medical Officers:		
Ring, Stella M., M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.	81·8	18·2
Walter, R. P. H., M.B., B.CH., B.A.O., D.C.H.	54·5	45·5
Yeates, Sybil Ruth, M.B., B.S., M.R.C.S., L.R.C.P.	90·9	9·1

	Proportion of whole-time allotted to School Health Service (Percentage)	Other Services (Percentage)
OPHTHALMOLOGIST:		
†Chambers, R. M., M.B., B.S., D.O.M.S.	27·2	—
ORTHOPÆDIC SURGEONS:		
*Hulbert, K. F., F.R.C.S.	4·5	—
*Lawson, B., F.R.C.S.E.	4·5	—
DENTAL SURGEONS:		
Wade, H., L.D.S. (Until 5/8/54)	—	—
†Francis, Elizabeth, B.D.S., L.D.S. (Until 26/4/54)	—	—
†Arnold, P. G., L.D.S.	36·4	—
Lawrence, G. Wilson, L.D.S. (From 19/7/54)	90·9	9·1
BROMLEY BOROUGH		
Medical Officer of Health:		
Tapper, K. E., O.B.E., G.M., M.B., CH.B., D.P.H.	25·0	75·0
Deputy Medical Officer of Health:		
Carter-Locke, H. B. C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	50·0	50·0
Assistant Medical Officers:		
Currie, P. A., M.R.C.S., L.R.C.P.	70·0	30·0
Maxwell, Christine, M.B., B.CH., M.R.C.S., L.R.C.P., D.C.H.	44·0	56·0
OPHTHALMOLOGIST:		
†Lyle, E. H. W., M.A., M.D., D.O.M.S.	27·3	—
ORTHOPÆDIC SURGEON:		
*Hulbert, K. F., F.R.C.S.	18·2	—
DENTAL SURGEONS:		
King, A. F., L.D.S.	88·1	11·9
Lindsay, Mrs. C. M., L.D.S.	100·0	—
†Smith, A. B. G., L.D.S. (Until 21/1/54)	36·4	—
GILLINGHAM BOROUGH		
Medical Officer of Health:		
Dunlop, Meta L., M.B., B.CH., D.P.H.	75·0	25·0
Assistant Medical Officers:		
†Browne, N., B.A., M.B., B.CH., B.A.O. (From Sept. 1954)	45·5	—
†Corrall, Lorna Marmion, M.B., B.S., D.P.H.	18·2	—
†Porter, R. I., M.B., B.CH.	9·1	—
†Roffey, Mrs. J., M.R.C.S., L.R.C.P.	45·5	—
†Shenai, S. N. S., L.M.S.S.A. (Until June 1954)	—	—
OPHTHALMOLOGIST:		
†Clark, J. E., Commander, R.N. (Retd.), M.R.C.S., L.R.C.P., D.O.M.S.	18·2	—
DENTAL SURGEON:		
Davis, H. de. V., L.D.S.	95·0	5·0
Griffiths, W. C., L.D.S.	95·0	5·0

* Officers of the Regional Hospital Board.
† Part-time.

	Number of Officers	Aggregate of time given to School Health Service work in terms of whole-time officers
OTHER STAFF:		
Health Visitors	239	80
Dental Attendants	37	34·5
Psychologists	8	6·5
Psychiatric Social Workers	5	4·5
Child Therapists	2	0·8
Speech Therapists	10	9·8
Oral Hygienist	1	1·0

The arrangement has continued whereby four of the whole-time Assistant County Medical Officers attend a weekly session as unpaid clinical assistants, in the pædiatric department of local hospitals. In addition a number of Assistant County Medical Officers have, as in previous years, attended clinical classes at the Farnborough and Kent Canterbury Hospitals.

One of the Committee's Educational Psychologists continued to give part-time service at the Southdowns Reception Centre, Doddington, which is administered by the Children's Committee.

Seventy-five per cent of the full-time staff are now approved by the Minister of Education for the examination of educationally subnormal pupils.

There has been no change in the arrangements for the co-ordination of the medical staff. Approximately one-third of the Child Welfare Centres administered by the Health Committee are staffed by whole-time Medical Officers on the staff of the Education Committee; whole-time Medical Officers give part-time assistance to the Mental Health Service and fourteen Medical Officers carry out routine examinations at Children's Homes on behalf of the Children's Committee.

Information concerning the staff of the School Dental Service is given in the report of the Principal School Dental Officer on page 38.

MEDICAL INSPECTION.

Routine medical examination of pupils in the age groups prescribed by the Minister of Education in 1945 have been carried out at the following stages of their school life,

"Entrants" into school life.
Pupils reaching the age of 11 years.
"Leavers."

In addition, pupils reaching the age of 8 years were examined.

The number of children examined during 1954 in the routine age groups was 89,999 which represents 40·5 per cent. of the pupils on the school roll, compared with 41·5 per cent. for the previous year. In addition, 43,581 re-examinations of pupils found defective were carried out, compared with 42,673 re-inspections in 1953.

HANDICAPPED PUPILS.

The local education authority has a responsibility to ascertain pupils who are physically or mentally handicapped, and to make available to them such special educational treatment as they need. This may be in a normal school or a special school, according to circumstances, or it may, on occasions, be given in private schools, at home, in boarding hostels, in hospitals or in certain specialist clinics.

The School Health Service provides the medical information and advice on which the local education authority base their decisions in regard to such children since special educational treatment is primarily the provision of a form of education suited to the child's needs and not medical treatment, though for certain handicaps the educational and medical aspects of the work are inseparable.

As a general rule, it is better for a child if his disability can be dealt with in such a way as to permit of his being educated in a normal school with normal children. Placement in a special school is only to be considered when education clearly cannot be adequately provided for the pupil in an ordinary school. Similarly, it is often possible for a child to return to a normal school after a period in a special school, and this should always be the aim.

Periodic inspections are carried out at regular intervals by Assistant County Medical Officers at the five boarding special schools and two day special schools established by the Committee.

(*a*) *Schools for Educationally Subnormal Children.*

Dr. E. M. Molesworth reports as follows:—

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

"There are 96 pupils at this school, 28 juniors, 68 seniors. 17 juniors and three seniors were admitted during the year. Experience has shown that the best results are obtained in the case of boys admitted as juniors. 19 boys left the school during the year. Two who were found to be ineducable and reported under Section 57(3), seventeen on attaining school leaving age. Fifteen of these were in need of supervision, and were reported under Section 57(5).

Of the 17 school leavers, two were certified and passed on to institutional care, one is living at home being unemployable, while the other fourteen were placed in employment as follows:—

Farming	3	Bakery	2
Merchant Navy	1	Paper Mills	1
Plumber's Mate	1	Timber, Saw Mills	1
Hotel, kitchen porter	1	Dockyard store hand	1
Shop, store hand	2	Sign Writer's Mate	1

Mental testing has been carried out from week to week. This not only gives an idea of the intelligence level of the boy, but is also of value in assessing the latent capacity of boys who have been regarded as ineducable.

Medical and Dental inspections have been carried out each term. In general the boys show, by their physical fitness and freedom from epidemics, the benefit they derive from good food, fresh air and regular hours of sleep. Of special interest are the following defects:—

Ears. During the year two boys with apparently slight defects of hearing, subsequently proved to be cases of high note deafness and were fitted with appropriate hearing aids.
Two boys have been under specialist care on account of Otitis Media.

Eyes. Nine boys have been referred for treatment for Defective Vision, and fitted with glasses.

Speech. A fair proportion of the boys have defective speech in keeping with their low mental age. In dealing with this we have had the co-operation of the Speech Therapist, who has made periodic visits to give advice.

Epilepsy. There are five boys at the school who have suffered from Epilepsy. All are at present under control. One boy who used to have severe major fits, has been quite free since an operation on the brain in June, 1953.

Infective Hepatitis. During the Autumn Term ten cases occurred. These were isolated at school and recovered in ten days.

Rheumatic Endocarditis. The case of this boy was reported last year. After many months in Hospital and Convalescent Home, he made a temporary recovery. He was readmitted to hospital with a severe relapse in September, where he died of Heart Failure.

There is continued evidence of the need for after school care during adjustment to adult life."

Dr. K. Gower Isaac reports:—

(2) *Broomhill Bank Boarding School for Girls.*

"During 1954 the number of girls resident at this school was 77. There were 17 new admissions and 12 girls left.

Of the leavers, one girl was admitted to Leybourne Grange, one to Darenth Park and one was recommended for attendance at an occupation centre. The remainder obtained work as domestic help, lace making, laundry work and box making. Two senior girls are completing a further 6 months training after their 16th birthday.

In February and March an epidemic of Sonne dysentery occurred. The first case was notified on 12th February and one girl was admitted to the Kent and Sussex Hospital on 16th February. As the infection became widespread the infected girls were transferred as follows—30 girls to Hawkenbury Isolation Hospital, two to Bromley and two to Ashford. They were retained there until free from infection. The school closed early for thorough disinfection and on return next term there were no further cases. There were a number of cases amongst the adult staff, one of whom was the cook.

Apart from this, the general health has been good. Eight girls entered hospital for tonsillectomy, two for appendicectomy, 16 were referred to the ophthalmic clinic and two to the orthopædic clinic. One attended the child guidance clinic and two or three others had one interview with the psychiatrist. There were two cases of mumps, but no spread of the disease.

Each girl was given a complete physical examination during the year.

One girl was given an intelligence test at the request of the Headmistress as it was felt she was ready to take up work before her 16th birthday."

(*b*) *Schools for Delicate Children.*

Dr. C. H. Harper reports as follows:—

(1) *Laleham School, Margate.*

"This school commenced the scholastic year on the 8th January with a roll of 114 children, 51 boys and 63 girls including 8 out-county girls. The number of admissions for the Summer term were 115 consisting of 51 boys and 64 girls including 10 out-county ones, and for the Autumn term the total was 111 made up of 51 boys and 60 girls of which 11 were out-county. It may be of interest to tabulate the length of stay of the children at the school in order to emphasize that 3 terms is usually the maximum period required, and in fact a longer stay may not be desirable owing to the character and type of this school. The following table gives the combined number of boys and girls admitted each term showing their length of stay in terms.

Term	*1st*	*2nd*	*3rd*	*4th*	*5th*	*6th*	*7th*	*Total*
Spring	35	41	11	13	10	4	—	114
Summer	44	32	25	6	4	2	2	115
Autumn	50	30	20	10	1	—	—	111

During the year 5 children were found places in long term residential schools as it was considered that they would not be fit to return to an ordinary school for some time. These were mainly cases of persistent asthma and bronchiectasis, but I would like to stress, once again, that the majority of the asthmatics were greatly improved, at least during their residence at the school. Of the children admitted because of asthma, 32 showed no symptoms throughout their stay, 14 showed minor symptoms during their 1st term and were subsequently symptom free, and 18 had persistent attacks during their 1st

term, 9 of which improved during the 2nd term. I am glad to be able to report that taken as a whole, the children improved in health and physique during their stay, which is supported by the average increase in weight and height as shown in the following table:—

	Spring Term		*Summer Term*		*Autumn Term*	
	Wt.	Ht.	Wt.	Ht.	Wt.	Ht.
Boys	3·5 lb.	0·48 in.	3·2 lb.	0·62 in.	4·7 lb.	0·52 in.
Girls	2·1 lb.	0·47 in.	4·3 lb.	0·57 in.	4·2 lb.	0·4 in.

The conditions for which the children were admitted are shown in the following list with the numbers for each term:—

Diagnosis	*Spring*	*Summer*	*Autumn*
Bronchitis and Bronchiectasis	15	8	19
Asthma	35	34	32
Convalescent Tuberculosis and T.B. Contact	21	10	7
Debility	29	30	27
Nutritionally sub-normal	12	19	14
Psychological	20	13	23
Unsatisfactory home background.. ..	37	12	39
Miscellaneous, e.g. Hyperthyroid ..	10	9	6

The problem of dirty heads has been very much reduced, only 6 children were found to have infested heads at the beginning of the Spring term. Enuresis continues to be a problem in a certain number of children mainly those showing psychological maladjustment. 12-15 children showed this symptom each term with 3-6 persisting throughout their stay.

As regards treatment at the school during the year, 70 children during the Spring and Summer terms, and 48 during the Autumn term were seen by Mr. Wright, the Orthopædic Specialist, and these together with the asthmatic children received training in remedial exercises under Mr. Daughton, Physiotherapist. Dr. Crawford, the Ophthalmologist, examined 24 children throughout the year, and treatment was advised for 15.

Mr. Moffat, the School Dentist, inspected all the children each term, and this involved 166 treatments during the year, so it would appear that there is still room for more rigorous dental treatment before admission to the school. Six children were admitted to hospital for tonsillectomy, after attendance at the E.N.T. Clinic during the year.

Of infectious disease, 1 Scarlet Fever and 1 Mumps case occurred during the Summer term, but no serious epidemic occurred, apart from 33 cases of acute Pharyngitis which occurred in the Autumn term, and who were attended in the sick bay by Dr. Sutcliffe. I examined the whole school once a month during each term.

(2) *Gap House School.*

This junior department of Laleham School commenced the Spring term on the 8th January with a roll of 27, 18 boys and 9 girls, increasing in the Summer term to 30, comprising 20 boys and 10 girls, and returning to 27, 19 boys and 8 girls, in the Autumn term. As in the case of Laleham School, the majority of the children did not stay longer than 3-4 terms, and the table below shows the number of terms attended by the children each term.

Term	*1st*	*2nd*	*3rd*	*4th*	*5th*	*6th*	*Total*
Spring	11	7	5	2	2	—	27
Summer	10	10	5	4	—	1	30
Autumn	9	10	6	2	—	—	27

The conditions which brought the children to the school are shown as follows:—

Diagnosis	*Spring*	*Summer*	*Autumn*
Bronchitis and Bronchiectasis	6	11	6
Asthma and Allergic Eczema	12	12	9
Tuberculous Adenitis and T.B. Contact ..	—	2	2
Nutritionally sub-normal	3	10	10
Psychological	6	3	3
Post-Choreic	—	1	1
Debility	—	—	10

Most of the children improved in health and physique from their stay at the school, although the tendency for the asthmatics to be symptom free was not so noticable as in the older age groups, as was seen in the previous year. The average weight gain each term was as follows:—

	Spring Term	*Summer Term*	*Autumn Term*
Boys	3·36 lb.	3·4 lb.	4·0 lb.
Girls	2·8 lb.	3·5 lb.	6·2 lb.

Enuresis was found in a certain number of children, varying each term from 1-4 serious cases to 2-4 occasional ones. 1 serious case of Encopresis was admitted for treatment and improved at school but lapsed after a period at home.

As regards general treatment at the school, Mr. Wright examined 13 children for postural defects, and these and the asthmatic children received training in remedial exercises from Mr. Daughton. Dr.

Crawford examined 5 children at the Ophthalmic Clinic and 2 were referred to the Orthoptic Clinic for treatment. 1 child, who was attending the E.N.T. Clinic for a hearing defect, was referred to a lip reading class in Margate. 9 children were treated by the dentist, entailing 11 visits during the year. No serious epidemic of infectious diseases occurred, but 6 children were treated for acute respiratory infection by Dr. Clement during the Spring term. I examined each child monthly each term, and 9 children were immunized against Diphtheria, 2 primary doses, and the rest 'booster' doses."

Dr. M. E. Long reports:—

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

"Eighty-four children attended the Open Air (Day) School, Rusthall, during the year 1954.

There were twenty-six admissions and thirty discharges. The school roll at the time of writing this report numbers fifty-nine.

Age Groups	5-7 years	8-11 years	Over 11 years	Total
Number of children	35	37	12	84

Classification of Defects

Delicate	Lungs		Heart	Ortho-paedic	Neurological		Gland-ular	Malad-justed	E.S.N.
	Asthma	Other			Epilepsy	Pareses			
33	11	7	8	6	6	3	1	4	5

The following table classifies the intelligence quotient range of the fifty-two ascertainments available at the time of the report:—

110 and over	109–100	99–90	89–80	79–70	69–60	Under 60
3	8	5	14	9	10	3

There has been an increase in the number of children whose I.Q. is below 70.

Fourteen children have been recommended for special schools for the educationally subnormal and from the table of classification of defects it will be seen that five of these children are now free from physical defects—three of these children have been placed on the urgent waiting list.

A mild outbreak of Sonne Dysentery occurred in November, 1954—the majority of cases were sub-clinical and as a result of routine investigation fifteen positive stools were obtained. The Medical Practitioners were notified and all cases were treated by them regardless of the presence or absence of symptoms with the result that the epidemic lasted three weeks from onset to clearance."

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

Dr. G. Stableforth reports:—

"There were 81 children on the school roll in December, 1954. The ages of the children range from 7 years-16 years plus. Admissions during the year numbered 17 and 11 children were discharged.

Of the cases discharged.

(a) 5 were of school leaving age. One of these, a boy, has gone for training to the "Searchlight Workshop" organized by the R.A.F.
One girl was going to work in a laundry.
One boy was recommended for supervision under Section 57(5).
One boy hopes to obtain work in the same factory where his parent works and he should be able to manage bench work.
One boy hopes to work in a local store.

(b) Two children were returned to normal school life as being no longer in need of places in a school for physically handicapped children; one of these, a boy, had had surgical correction of his congenital heart defect.

(c) Two children were returned to their homes as it was considered that they were in more need of home life, certainly for a period. One was an adopted child and had spent considerable periods of her life in a Home.

(d) One child was transferred temporarily to Cheyne Hospital as she needed to go into a "plaster-bed".

(e) One girl who had a severe heart defect died in hospital after operation.

The general health of boys and girls was satisfactory in the great majority of cases. Some children were in the sick bay for short periods, mostly because of attacks of feverish colds or tonsillitis. There was a mild outbreak of measles limited to ten cases.

Five children received in-patient treatment in hospitals, two were cases of acute rheumatism, one was a case of suspected appendicitis, one case for orthopædic surgery and one for abdominal surgery.

Forty-seven children attended the out-patient departments. Some of them were for routine review at the request of the Physicians and Surgeons at the hospitals where they had been in attendance, some for special investigations, some for adjustments or renewal or replacements of their surgical appliances.

Seventeen children attended ophthalmic clinics.

Miss Elvy, the dental surgeon, visited the school on 3 occasions to examine the children, and to treat those requiring attention.

In the coming year the addition of a new class designed to help those children who have the added handicap of being educationally subnormal should ease the problem of coping with the wide range of ages and intelligences to which I referred in the 1953 report. To accommodate this extra class, the room used for medical examinations and physiotherapy has to be taken over for periods and thus increases the very real need for new medical accommodation.

Types of defects from which the children are suffering:—

1.	*Neurological Disease*	
	(*a*) Cerebral Palsies	28
	(*b*) Spinal Cord Lesion	4
	(*c*) Heredo-Familial Ataxias	2
	(*d*) Muscular dystrophies	7
	(*e*) Post Anterior Poliomyelitis	18
	(*f*) Hydrocephalus	1
		60
2.	*Heart Diseases*	
	(*a*) Rheumatic	3
	(*b*) Congenital	5
		8
3.	*Respiratory Diseases*	
	Bronchiectasis	2
4.	*Orthopædic defects not associated with neurological lesions*	15
5.	Blood Diseases	2
6.	Muscle Diseases	3"

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS (OTHER THAN HOSPITAL SCHOOLS) OR BOARDING IN BOARDING HOMES

TABLE 1

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total (1)-(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st Dec., 1954:—										
A. Handicapped Pupils *newly placed* in Special Boarding Schools or Homes	4	6	7	9	323	36	109	74	14	582
B. Handicapped Pupils *newly ascertained* as requiring education at Special Schools or boarding in Homes	13	11	5	6	362	42	208	88	7	742

Note: Where appropriate, pupils are included under both A and B.

Number of children reported during the year:—

(*a*)	under Section 57(3) (excluding any returned under (*b*))	106
(*b*)	,, ,, ,, relying on Section 57(4)	0
(*c*)	,, ,, 57(5)	104

of the Education Act, 1944.

TABLE 1 (continued)

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total (1)-(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about 1st December, 1954:—										
C. Number of Handicapped Pupils from the area—										
(i) attending Special Schools as										
(*a*) Day Pupils ..	—	21	26	19	69	72	138	—	—	345
(*b*) Boarding Pupils	38	29	79	31	259	129	249	63	29	906
(ii) attending independent schools under arrangements made by the Authority	—	—	9	4	10	9	24	96	3	155
(iii) boarded in Homes and not already included under (i) or (ii)	—	—	—	—	13	1	—	34	—	48
Total (C) ..	38	50	114	54	351	211	411	193	32	1,454
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals ..	—	—	—	—	—	211	—	—	—	211
(ii) in other groups (e.g., units for spastics) ..	—	—	—	—	—	—	—	22	—	22
(iii) at home	—	—	2	1	5	63	21	4	2	98
E. Number of Handicapped Pupils from the area requiring places in Special Schools (including any such children who are temporarily receiving home tuition or whose parents have not yet consented to their attending a Special School):—										
(i) Day	—	—	—	—	—	—	220	—	—	220
(ii) Boarding	18	9	5	6	96	56	338	52	3	583

EDUCATIONALLY SUBNORMAL PUPILS.

The following information supplements that given in the above Table regarding educationally subnormal pupils:—

Attending special schools or suitable independent schools	411
Receiving tuition at home	21
Awaiting admission to special schools	558
Attending ordinary schools, other than those awaiting admission to special schools	1,241
Total number of educationally sub-normal pupils	2,231

Children reported to the Local Health Authority under Section 57(5) of the Education Act, 1944, for supervision after leaving school:—

	No. of educationally subnormal children leaving	*No. reported*
Ordinary schools	374	74
Day Special Schools	17	9
Residential special schools ..	32	21

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 children examined	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
1954	89,999	42,713	47·5	44,227	49·1	3,059	3·4
1953	90,028	38,938	43·3	47,269	52·5	3,821	4·2
1952	87,588	37,124	42·4	46,858	53·5	3,606	4·1
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

A comparison with the figures for the previous five years shows that the percentage of children classified as "Good" has improved. In assessing the general condition of the pupils, the medical officers take into consideration the general physique and mental condition of the child examined.

SCHOOL MEALS SERVICE.

The County Education Officer reports as follows:—

"Two most encouraging developments have taken place during the year. The first is the Ministry's willingness to consider a programme of building works at existing schools for improvements to kitchens and sculleries where conditions are regarded as below the required standard. It is hoped that a considerable number of projects of this kind will be started during 1955-56. The second allows the Committee to spend up to £1,500 instead of £1,000 on individual minor capital schemes without reference to the Ministry. At the same time the limit on the amount of money which may be authorized for such schemes in a financial year has been removed. This will help the Committee to make further improvements in premises now in use and will perhaps make possible a limited amount of new building of a minor kind.

Rationing and control of foodstuffs have been removed during the year. The effect of this has, however, been limited by the need to cater with regard to authorized costs. Nevertheless the greater choice of foodstuffs available is helping to increase the variety and interest of the dinners served."

Comparative statistics for October, 1953, and October, 1954, are given below:—

TABLE 3

October, 1953			October, 1954		
No. of School Departments	No. of School Departments at which Service was established	No. of School Departments remaining unserved	No. of School Departments	No. of School Departments at which Service was established	No. of School Departments remaining unserved
868	850	18	873	857	16

TABLE 4

	No. of pupils on roll		Average number of dinners served daily to pupils		Percentage of pupils on roll served	
	October, 1953	October, 1954	October, 1953	October, 1954	October, 1953	October, 1954
Primary Schools	138,547	141,789	62,356	63,488	44·9	44·8
Secondary Schools ..	78,635	80,412	46,235	47,536	58·8	59·1
Total	217,182	222,201	108,591	111,024	50·0	50·0

FOOD POISONING IN SCHOOLS.

An example of a food poisoning outbreak in schools during 1954:—

I am indebted to Dr. J. O. Murray, Medical Officer of Health for the City of Rochester, for the following report on an outbreak of food-poisoning which ocurred in July 1954, which is reproduced in full in view of the interest which has been aroused recently by the increased incidence of occurrences of this nature throughout the country. It affords an excellent example of the detailed investigations required on these occasions.

"AN OUTBREAK OF GASTRO ENTERITIS IN WHICH NO CAUSATIVE ORGANISMS WERE DETERMINED

1. NOTIFICATION OF OUTBREAK.

A junior school in Rochester was visited on the morning of Monday, 5th July, 1954, as a result of a message from the Headmistress that an unusual number of children were absent.

Many of the children were absent with diarrhœa and/or sickness. In addition, when the school was visited and enquiries made, it was found that the three school canteen servers and one teacher had been ill over the week-end with similar symptoms. They were sent home.

2. OTHER AFFECTED SCHOOLS AND AVERAGE DAILY NUMBER OF MEALS SUPPLIED FROM THE SAME CENTRAL KITCHEN.

This junior school is one of 13 which are supplied with midday meals from a Rochester Central Kitchen. Enquiries at the other 12 schools showed that cases of Gastro Enteritis had occurred.

It was also ascertained that there was no undue prevalence of this disease in any of the other schools in Rochester and Chatham.

The daily average number of meals served by the Central Kitchen was 1,432.

3. INVESTIGATIONS.

(a) The Central Kitchen was visited on the 5th and 6th July and subsequently, the staff were interviewed and examined for skin, nasopharyngeal and ear lesions; none were found. Bacteriological specimens of fæces, nose and throat swabs from all the staff were submitted for examination. Results are shown on page 21.

(b) They were also questioned as to recent illness and it was found that five members of the kitchen staff had suffered from mild diarrhœa and/or sickness. One had a fainting attack and was sick on the 2nd July and had to go home before noon: the others had mild attacks of diarrhœa and/or sickness on the 3rd or 4th July but all reported for duty on Monday, 5th July. The five cases were sent home pending bacteriological examinations.

(c) The Kitchen continued to operate on the 5th and 6th July by which date it became clear that the outbreak was of major proportions and the kitchen was closed and did not re-open until the 19th July.

(d) *Bacteriological Investigations* (see page 21 for findings)

Patients and Central Kitchen Staff and Food.

In addition to the investigation of the Central Kitchen Staff, 243 fæcal specimens from cases of Gastro Enteritis in the affected schools were submitted for bacteriological examination.

Samples of several foods and other articles were submitted to the Laboratory.

(e) *School and Home Enquiries and number of Cases found.*

The schools supplied by the Central Kitchen were informed of the extent of the outbreak and requested to submit lists of all children absent from school from the 30th June onwards. The schools and the homes of absent children were visited by the Sanitary Inspectors to ascertain the cause of absence: their enquiries revealed in the 13 affected schools a total of 315 cases of Gastro Enteritis including 16 members of the staff and 20 non-diners.

4. THE CENTRAL KITCHEN.

The Central Kitchen is a prefabricated structure erected in 1943. Its main disadvantages are:—

(a) Lack of a Cooling Room. Cooked foods have to cool off in the warm kitchen for about 4 hours prior to refrigeration for which there is ample accommodation.

(b) The roof has open eaves and louvres through which birds frequently gain entry.

Note.—The mouse population is reported to be small but has no access to food storage.

5. GENERAL ARRANGEMENTS FOR SCHOOL MEALS.

(a) After dinners have been served in the schools the containers are washed with detergents by the school canteen staff and then returned to the Central Kitchen. At the Central Kitchen the containers are examined on return from the schools and rewashed if necessary. Immediately prior to being used for delivering meals the following day all the containers and their lids are sterilized by exposure to open steam jets for two or three minutes.

(b) The Central Kitchen cutlery and crockery is washed in hot water with detergents but is not sterilized. The school cutlery and crockery is also washed in hot water with detergents.

(c) The kitchen is under the direct control of an excellent trained catering supervisor. There is a total staff of 15.

The cleanliness of kitchen, staff and equipment is of a high standard.

(d) The only foods which are cooked the day before consumption by the Central Kitchen are roast meats and galantine which have to cool off in the Kitchen prior to being placed in the refrigerator. No made-up meat dishes are cooked and kept overnight, they are made with fresh meat on the day of issue.

6. SCHOOL MENUS.

The meals served from the 28th June to 6th July were as follows:—

Monday, 28th June.	Shepherds Pie made with fresh meat on the day of issue. Gravy, Butter Beans, Potatoes. Butterscotch Tart and Custard.
Tuesday, 29th June.	Sausages, Onions, Gravy, Peas, New Potatoes. Apple Shortcake and Custard.
Wednesday, 30th June.	Meat Pie (fresh meat) and Gravy made on day of issue. Greens, New Potatoes. Rice and Tapioca Pudding.
Thursday, 1st July.	Tinned sliced Luncheon Meat with salad and salad cream: Potatoes: Fruit salad consisting of fresh apples and tinned Cherries, Apricots and Pears with Ice Cream (Walls).
Friday, 2nd July.	Roast Beef, Hot, and Gravy, Greens, New Potatoes. Eccles Tart and Custard—prepared day of issue.
Monday, 5th July.	Meat Pasty, Gravy, Peas, Potatoes. Milk Pudding, Brown Sugar.
Tuesday, 6th July.	Roast Lamb, Gravy, Greens, Potatoes. Fruit Slice.

No meals were served after 6th July until 19th July.

PREVENTIVE MEASURES ADOPTED

1. All suspects in Central Kitchen and Schools were excluded on the 5th and 6th July by which time information on the extent of the outbreak was sufficient to justify closure of the Central Kitchen.
2. After closure it was decided:—
   (a) Not to employ the existing kitchen staff until 3 consecutive negative bacteriological examination results of fæces, had been obtained from each member of the staff.
   (b) To fumigate the Kitchen with Formalin on 2 occasions with a 3-day interval, with a thorough wash down in the interval and after the final fumigation.
   (c) To sterilize
      (1) All cutlery and crockery by boiling.
      (2) All containers and their lids by steam jet on 2 occasions with 3-day interval between sterilization.
   (d) All food already cooked not to be released for consumption.
3. To exclude affected children and teachers from school for 7 days after all symptoms had subsided.

The infection was on the wane by the time these measures were taken, as it transpired, there had been a very marked and continuous fall in the number of new cases from the 6th July and thereafter (see Table 5).

DATES OF ONSET OF GASTRO ENTERITIS (see Table 5).

July 1st. 5 cases: Schools Nos. 1, 6, 12 and 13.	Five cases of Gastro Enteritis had occurred by July 1st, a solitary case in three schools and two in another. One child had sickened on the 30th June, the others on the 1st July.
July 2nd. 24 cases: Schools Nos. 4, 7, 10, 1, 6, and 13.	Three additional schools, in which there was a total of 4 cases, were involved on the 2nd July. In addition there was a further 19 in the four schools already infected: also the first Central Kitchen patient became ill on this date.
July 3rd. 74 cases: All Schools affected, except No. 9.	By the 3rd July, with one exception, all 13 schools were affected. In the five fresh school foci there was a total of nine cases on this day, including three non-diners. In all, 74 fresh cases became ill on the 3rd July.
July 4th. 92 cases: All Schools affected.	The last school succumbed on the 4th July with the occurrence of three cases. The peak of the outbreak was reached on this date with a total of 92 for the day, by which time 195 cases had been ascertained. *Note.*—(The six schools, Nos. 2, 3, 5, 8, 9, 11, which did not have any cases until the 3rd July, or later, had a much lower total incidence (8 per cent) than the seven schools, Nos. 1, 4, 6, 7, 10, 12, 13, affected before 3rd July (30 per cent).
July 5th-12th. 110 cases.	There were 51 fresh cases on the 5th July followed by a sharp fall to 18 on the next day. There were 16 on the 7th and 14 on the 8th, with a further decline to 3 on the 9th: 2 on the 10th: 3 on the 11th and, finally, 3 on the 12th July. *Note.*—(No meals were served from the Central Kitchen after 6th July.)

INCIDENCE IN AFFECTED SCHOOLS AND DURATION OF ILLNESS (see Table 6).

Table 6 shows that:—

1. 33 per cent. of the Central Kitchen Staff (5 members) suffered from mild Gastro Enteritis. (The first member affected had a meal on the 1st July but not on the 2nd on which day she felt faint and went home before the midday meal. She had diarrhœa later that day. The other four members were ill on the Saturday, 3rd to 4th, felt well on Monday, 5th and resumed duty.)
2. 21 per cent. of the total number of diners had an attack of Gastro Enteritis.
3. 15 per cent. of the Infant diners had an attack of Gastro Enteritis as compared with 23 per cent. in the Junior and 21 per cent. in the Senior Schools.
4. There was considerable variation in the Incidence Rates in the schools, the highest being 39 per cent. and the lowest just under 3 per cent.
5. 6 per cent. of the total cases were non-diners and were possibly secondary infections.
6. In 16 per cent of the total cases a symptom or symptoms of Gastro Enteritis persisted for more than six days. The non-diners appear to have recovered more rapidly than the diners.
7. The infection was heaviest in three schools.
   In School No. 6, a Junior School, 39 per cent. of the diners had an attack of Gastro Enteritis.
   In School No. 12, a Senior School, 35 per cent. of the diners had an attack of Gastro Enteritis.
   In School No. 1, an Infant School, 30 per cent. of the diners had an attack of Gastro Enteritis.
   Fifty-two per cent. of the total cases of Gastro Enteritis occurred in these three schools.

Duration of Illness.

The duration of illness was determined in 289 cases. Forty-six per cent had recovered within three days (13 per cent within 1 day). Sixteen per cent were ill for more than six days.

INCUBATION PERIOD IN SCHOOL MEAL DINERS (see Table 7).

Gastro Enteritis was present in some of the schools supplied by the Central Kitchen, on Thursday, 1st July (see Table 5) which suggests that infected school meals were being consumed from the 30th June, or earlier. The increase in the number of cases with onset on the 2nd, 3rd and 4th July, is also suggestive of a continuing infection in school meals on the 2nd July and, perhaps, persisting in the meals served on the 5th and 6th July when the Kitchen closed.

This continuing food infection makes it impossible in the majority of cases to pin down the infecting meal to a specific date for each patient, as most of them were regular daily diners.

There were two cases who dined in school on Thursday, 1st July, only. They both developed Gastro Enteritis on the 4th July. On the assumption that they were infected by the midday meal on the 1st July, the incubation periods were 66 and 73 hours.

Eighty-nine diners sickened on the 4th July and fifty on the 5th July. These 139 diners consumed their most recent school meal on the 2nd July. There were also 10 school diners who sickened on the 8th July, whose most recent school meal was on the 6th July when the Central Kitchen closed. In Table 7, paragraph A, the 149 incubation periods shown there are calculated on the basis that the most recent school meal was the cause of their illness (i.e. minimum incubation).

The incubation periods on this basis work out as follows for patients with onset on 4th, 5th and 8th July.

Hours:	37—48	49—60	61—72	73—84.
Cases:	57	42	31	19.

Table 7, paragraph B, shows the incubation periods of 129 diners calculated on the assumption that the infective meal causing their illness was consumed on the day before the onset (i.e. minimum periods).

PRESUMPTIVE SECONDARY CASES.

Non-School Diners.

Twenty non-diners in schools supplied by the Central Kitchen developed Gastro Enteritis with onsets from 3rd to 12th July, as set out below.

	Onset on July									
	3	4	5	6	7	8	9	10	11	12
Six in Infants Schools ..	1	1*	—	—	1	1	—	1	—	1
Two in Junior Schools ..	1	—	1	—	—	—	—	—	—	—
Twelve in Senior Schools	1	1	—	1	2	3	1	1	1	1
Total Twenty	3	2*	1	1	3	4	1	2	1	2

* Includes one case in whom S. Typhi Murium was isolated.

Possible Secondary Cases.

(a) A boy aged 10 who dined daily in one of the affected schools developed a severe attack of Gastro Enteritis with passage of blood and mucus at 7 p.m. on the 5th July. His sister, aged 6 years, who attends an unaffected school also had a severe attack with passage of blood and mucus, onset 7th July at 4 p.m.

(b) Two sisters aged 12 and 13 years attend the same affected school where they dine daily. The child aged 12 years had a severe attack of Gastro Enteritis with onset at 1 a.m. on the 2nd July. Her sister had a less severe attack, onset 7 a.m. on the 7th July, but she may have been infected from a meal consumed on the 5th or 6th July.

(c) There were five school diners in affected schools with onset of Gastro Enteritis from the 9th to the 12th July. The last meal served from the Central Kitchen was on the 6th July and it is possible that they were secondary infections.

SYMPTOMS (see Table 8).

Colic was present in 272 cases (90 per cent.).
Diarrhœa in 251 (82 per cent.).
Nausea or sickness in 140 (46 per cent.).
Rigor or Fever in 169 (55 per cent.).
Headache in 177 (58 per cent.).
Mucus, Blood, or Blood and Mucus, in 20 (6 per cent.).

The symptoms were, thus, more intestinal than gastric.

DISTRIBUTION OF MEALS (see Table 9).

BACTERIOLOGICAL EXAMINATIONS.

Central Kitchen Staff—15 in number.

Four Fæcal specimens from each of five of the Staff who had suffered from mild Gastro Enteritis and three specimens from each of the remainder (10) were submitted for bacteriological examination. No Salmonella were isolated from the 50 specimens.

The fæces were not examined for Staphylococcus Pyogenes.

Three Nasal and three Throat swabs were examined for Staphylococcus Pyogenes from each member of the Kitchen Staff. In the first swabs there was a scanty growth of Staphylococcus Pyogenes in the nasal cultures of two of the staff but none in subsequent examinations.

Central Kitchen Food.

The following samples of food were examined:—

Dried Egg	Custard Powders	Dried Milk
Galantine	Cold Roast Mutton	Sliced Tongue Luncheon Meat
Salad Cream	Cooked Pastry	Uncooked Ham

Swabs from Slicing Machine; containers and their lids.

There was no available sample of any meal cooked on and prior to the 5th July but the meal served on the 6th July was examined.

No pathogens were isolated from any of the samples.

Fæcal Specimens from Patients.

Two hundred and forty-three specimens of fæces were submitted from patients. Two hundred and forty-one were negative on culture for Salmonella.

There were two positive findings. S. Typhi Murium was isolated from an infant scholar who attended a heavily infected school (incidence among diners 30 per cent.). This child did not have school meals. The onset of her illness was 4th July.

Shigella Sonnei was isolated in the other patient. It was found later that she attended a school which was not supplied from the affected Central Kitchen and she has not been included in the figures given for this outbreak.

COMMENTS.

1. This outbreak was associated with a Central Kitchen supplying a daily average of 1,432 meals to 13 schools (5 Infant, 4 Junior and 4 Senior). Approximately 21 per cent. of the total diners were affected. The total school roll of the 13 schools was 3,735.

   There was no unusual incidence of Gastro Enteritis in other schools in the district or the community.

2. The cause of the outbreak has not been determined bacteriologically nor has it been possible to associate it with any particular meal, day, foodstuff, patient or carrier handling food in the Central Kitchen.

3. The outbreak began, at the latest, on the 2nd July when there were 24 known cases. There had been 4 on the 1st July and 1 on the 30th June. On Saturday, 3rd July there was a high onset incidence, 74 cases.

4. The peak of the outbreak was Sunday, 4th July, when 92 became ill. These patients had their most recent meal on Friday, 2nd July.

5. The available figures suggest that the incubation period was not of short duration, 37 hours and over.

6. Twenty non-diners in the affected schools had Gastro Enteritis. The first case with onset on 3rd July, and the last with onset on 12th July.

7. There were six diners who developed their illness between the 9th and 12th July, whose most recent meal from the Central Kitchen was the 6th July. These may have been secondary cases.

8. Five of the Central Kitchen Staff suffered from mild Gastro Enteritis early in the outbreak but they were, in all probability, victims and not causes as they had the same meals as the schools they supplied and had similar dates of onset.

9. The incidence among school diners showed great variation, fluctuating from 39 per cent. in a Junior School to under 3 per cent. in an Infant School.

10. The incidence was not related to the time of despatch or delivery of the meals from the Central Kitchen (see Table 9).

11. It may, or may not, be significant that the schools which had no cases of Gastro Enteritis with onset before the 3rd July were the least affected (see *Note* page 19).

SUGGESTED IMPROVEMENTS IN THE KITCHEN.

1. A cooling room.
2. Protection of the Kitchen from entry of birds.
3. An insistence on Kitchen Staff reporting any illness.

TABLE 5

DATES OF ONSET IN EACH SCHOOL

Schools	June	July												No Information	Totals
	30	1	2	3	4	5	6	7	8	9	10	11	12		
Infants															
1. Balfour Road ..		1	2	9	13	3	1	2	3	1	1	2	1		39
2. St. Mary's ..				2	4	1									7
3. St. Peter's ..				2	1	1	1								5
4. St. Nicholas ..			1	3					1						5
5. Gordon Road ..				1											1
Junior															
6. Balfour Road ..	1		4	21	18	8	5	3	2						62
7. Gordon Road Girls ..			1	9	11	6		1							28
8. Gordon Road Boys				1	4	2	1								8
9. St. Nicholas Boys					3	4	1		2						10
Senior															
10. Troy Town ..			2	4	1	1	1	1							10
11. Rochester Tech.				3	1	1								10	15
12. Ordnance St., C.		2	11	11	20	12	4	2	1		1				64
13. Highfields, C. ..		1	2	8	13	11	4	7	5	2		1	2		56
14. Kitchen Staff ..			1		3	1									5
Totals ..	1	4	24	74	92	51	18	16	14	3	2	3	3	10	315

TABLE 6

ASCERTAINED CASES OF GASTRO ENTERITIS

in Schools supplied with Dinners from Central Kitchen (14) from 30th June to 6th July inclusive.

School No.	School Roll	Average Number of Dinners Daily	Cases Among Diners	Cases Among Non-Diners	Total Cases	% of Diners Affected	Persistence of a Symptom, or Symptoms, in Days														
							1	2	3	4	5	6	7	8	9	10	11	12	No. Information	No. School Meals	Total
Infants																					
BRI 1 ..	314	112	34	5	39	30·4	3	1	8	4	6	5	3	2	1	1	—	—	—	5	39
SM 2 ..	360	133	6	1	7	4·5	—	1	1	1	—	1	2	—	—	—	—	—	—	1	7
SP 3 ..	159	28	5	—	5	17·9	1	—	1	—	1	1	—	—	—	—	1	—	—	—	5
SN 4 ..	68	22	5	—	5	22·7	1	—	—	2	—	—	1	—	—	—	—	—	1	—	5
CR 5 ..	260	36	1	—	1	2·8	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
	1,161	331	51	6	57	15·4	5	2	10	7	7	7	6	2	1	2	1	—	1	6	57
Juniors																					
BRJ 6 ..	358	158	62	—	62	39·3	6	9	11	7	13	6	7	1	1	—	1	—	—	—	62
GG 7 ..	301	130	26	2	28	20·0	1	4	1	5	4	4	1	1	—	—	—	—	5	2	28
GB 8 ..	317	99	8	—	8	8·0	—	3	3	—	1	—	1	—	—	—	—	—	—	—	8
SNB 9 ..	203	81	10	—	10	12·3	5	1	2	1	1	—	—	—	—	—	—	—	—	—	10
	1,179	468	106	2	108	22·6	12	17	17	13	19	10	9	2	1	—	1	—	5	2	108
Seniors																					
TT 10 ..	250	58	9	1	10	15·5	1	1	1	1	2	—	1	—	—	—	1	—	1	1	10
TEC 11 ..	333	166	15	—	15	9·0	—	—	—	1	1	—	1	1	—	—	—	—	11	—	15
O.C. 12 ..	338	179	62	2	64	34·6	4	8	9	6	5	6	2	1	1	1	1	—	3	9	56
H.C. 13 ..	474	215	47	9	56	21·8	7	14	8	10	6	4	5	1	1	2	—	1	3	2	64
	1,395	618	133	12	145	21·5	12	23	18	18	14	10	9	3	2	3	2	1	18	12	145
Central Kitchen 14	Staff 15	15	5	—	5	33·3	3	2	—	—	—	—	—	—	—	—	—	—	—	—	5
Grand Total ..	3,750	1,432	295	20	315	20·6	32	44	45	38	40	27	24	7	4	5	4	1	24	20	315
	NON-DINERS (excluding 2 no information)						7	1	4	2	2	1	—	—	—	—	—	1	—	—	—

TABLE 7

INCUBATION PERIODS IN 275 SCHOOL MEAL DINERS

	Date of Onset	Incubation Periods in Hours						Total
		12-24	25-36	37-48	49-60	61-72	73-84	
A. Number of Cases of Gastro Enteritis with								
(*a*) Onset on 4th and 5th July where it is known that the most recent school meal was eaten on the 2nd July	July 4	—	—	51	37	—	1	89
	,, 5	—	—	—	1	31	18	50
(*b*) Onset on 8th July where it is known the most recent school meal from the Central Kitchen was eaten on 6th July ..	July 8	—	—	6	4	—	—	10
Totals		—	—	57	42	31	19	149
B. Number of Cases of Gastro Enteritis in which calculation of Incubation Period is based on the assumption that the infected school meal was consumed at noon on the day prior to onset	July 1	—	3	—	—	—	—	3
	,, 2	7	16	—	—	—	—	23
	,, 3	36	34	—	—	—	—	70
	,, 6	7	10	—	—	—	—	17
	,, 7	5	8	—	—	—	—	13
(These are minimum Incubation Periods as the infecting meal may have been consumed 2 or more days before the date of onset.)								
Totals		55	71	—	—	—	—	126

TABLE 8

SYMPTOMS IN 305 CASES OF GASTRO ENTERITIS

	Diarrhoea +Nausea or Sickness +Colic	Diarrhoea +Colic but no Nausea or Sickness	Diarrhoea +Nausea or Sickness but no Colic	Nausea or Sickness +Colic but no Diarrhoea	Diarrhoea but no Colic and no Nausea or Sickness	Nausea or Sickness but no Colic and no Diarrhoea	Colic but no Nausea or Sickness and no Diarrhoea	Total	Other Symptoms					
									Rigor or Fever	Headache	Mucus in Stool	Blood in Stool	Blood + Mucus in Stool	Collapse
Number of Cases	99	129	8	23	15	10	21	305	169	177	12	4	4	9
Approximate Percentages	32	42	3	7	5	3	7		55	58	4	1	1	3

TABLE 9

DISTRIBUTION OF MEALS

Van Group	Time of Departure from Delce Kitchen	Schools Supplied	Average Daily No. of Meals Supplied	Number of Cases of Gastro Enteritis			% of Diners with Gastro Enteritis	% of all Cases (315)	No. of Non-Diners	Total on School Roll
				Diners	Non-Diners	Total				
A	10.30 a.m.	BRI. No. 1	112	34	5	39	30·4	12·4	202	314
		BRJ. No. 6	158	62	—	62	39·3	19·7	200	358
		H.C. No. 13	215	47	9	56	21·8	17·8	259	474
			485	143	14	157	29·5	49·8	661	1,146
B	10.45 a.m.	SPI. No. 3	28	5	—	5	17·9	1·6	131	159
		Troy No. 10	58	9	1	10	15·5	3·2	192	250
		Tech. No. 11	166	15	—	15	9·0	4·8	167	333
		SNI. No. 4	22	5	—	5	22·7	1·6	46	68
		SNB. No. 9	81	10	—	10	12·3	3·1	122	203
		GRB. No. 8	99	8	—	8	8·0	2·5	218	317
		GRG. No. 7	130	26	2	28	20·0	8·9	171	301
		GRI. No. 5	36	1	—	1	2·8	0·3	224	260
		SMCP. No. 2	133	6	1	7	4·5	2·2	227	360
			753	85	4	89	11·3	28·3	1,498	2,251
C	11.50 a.m.	O.C. No. 12	179	62	2	64	34·6	20·3	159	338
			179	62	2	64	34·6	20·3	159	338
Delce Kitchen Staff		Delce Kitchen Staff	15	5	—	5	33·3	1·6		
			15	5	—	5	33·3	1·6		
Grand Total			1,432	295	20	315	20·6	100·0		

The meals are packed in sealed metal containers which are in good condition. They are dispatched by motor van from the Central Kitchen at 10.30 a.m., 10.45 a.m. and 11.50 a.m. and reach the schools to be supplied in ten to twenty minutes after dispatch.

Half the cases of Gastro Enteritis occurred in the three schools (Van Group A) supplied by the van which leaves the Central Kitchen at 10.30 a.m. and the school (No. 6 Juniors) with the highest incidence rate (39 per cent.) was in this delivery.

The second highest incidence rate among diners, however, was in the group of schools supplied by Van C making the 11.50 a.m. delivery (school No. 12 Seniors, 35 per cent.) but the schools with the 10.45 a.m. delivery by Van Group B had 28 per cent. of the total cases compared with 20 per cent. in Van Group C schools."

FOLLOWING UP.

The Health Visitors have continued the important duty of visiting parents of certain pupils found to require medical treatment to give any assistance and advice that is necessary.

FINDINGS AT MEDICAL INSPECTIONS.

Table 20 on page 46 shows the principal defects found at medical inspections.

At the inspections of routine ages 10,094 children (11·2 per cent. of the children examined) were found to have 11,234 defects requiring medical treatment.

The following extracts are taken from reports of Assistant County Medical Officers:—

Dr. R. G. Brennen (Rochester) reports:—

"*Tinia Tonsurans.* Ringworm of the scalp continues to be more prevalent in this district than before the late war, although the country as a whole shows a lesser incidence. Although it constitutes no serious menace to health—the patient is not ill—the enforced absence from school is often counted in months. From this point of view it outranks in importance the specific fevers in its effect on the child's school life.

Although there have been no epidemics, these remain a distinct possibility. An arrangement was therefore made with both local hospitals for an informal notification of each case diagnosed, and all contacts investigated and examined under Wood's light. Since microsporon infection, which fluoresces readily, is the prevalent one, this should be an effective procedure, and in fact no case in a known contact has yet been missed. It was found however, that case to case infection rarely occurs, only one being brought to light in the course of the year.

Indeed the whole pattern of the disease is at present inscrutable, and our investigations threw no light on its natural history.

One interesting point appeared, that where impetigo shows a quite definite predilection for unwashed skin, ringworm seems to pick out the better kept child in the poorer school. In most cases the child appeared to reflect a scrupulous and careful mother, though this was of course independent of income."

Dr. J. E. Cheesman has submitted the following report about the Crayford Asthma Clinic:—

"This is one of many clinics which owes it origin and terms of reference to the booklet 'Physical Exercises for Asthma' published by the Asthma Research Council, so that all interested might profit from the excellent suggestions contained therein.

DEFINITIONS OF CONDITIONS CONSIDERED SUITABLE FOR ENTRY TO THE COURSE PROVIDED.

Asthma. Primary and bronchial types, in subacute stages or/and during intervals of remission.

Posture. Front-to-back and lateral postural curvatures of the spinal column; without fixation, pain, or secondary deformity.

Other Conditions. Retarded chest development. Catarrhal obstruction of the upper respiratory passages, etc.

OBJECTIVES

Asthma. Increase in the length of periods of remission. Increase in vital capacity. Increase in elasticity of the lower chest movements. Decrease in the severity of the attacks until the "nuisance value" has been outgrown.

Posture. To restore the equilibrium of the upright posture by re-education and maintainance until symmetrical growth has occured.

Other Conditions. To enlarge small tubes and apertures occluded by the congestion of the mucous linings. Increase of respiratory sufficiency.

TABLE 10. NEW CASES CLASSIFIED.

Year	1946		1947		1948		1949		Total	
	B	G	B	G	B	G	B	G	B	G
Asthma	6	0	10	9	9	2	10	1	35	12
Total	6		19		11		11		47	
Other	9	3	7	4	17	13	21	15	54	35
Total	12		11		30		36		89	
Total	15	3	19	11	26	15	31	16	91	45
Total	18		30		41		47		136	
"A" to total	1/3		1/1·5		1/3·6		1/4·2		1/3	

Average new cases per year, 34.
Average asthma to total, 1/3·0.

TABLE 11. This shows the growth in importance of the clinic (average entry 34 per annum (18 increasing to 49 new cases)) during the four years preceding the quinquennial report.
The proportion of boys in excess of girls in the asthma group suggests that these are a representative sample of the asthmatic child-population, where the higher incidence of asthma among boys is known to exist.

NEW AND OLD CASES CLASSIFIED DURING THE QUINQUENNIAL PERIOD 1950-54.

Year	1950		1951		1952		1953		1954		Total	
	B	G	B	G	B	G	B	G	B	G	B	G
Asthma	13	7	5	6	10	8	15	5	7	4	50	30
Total	20		11		18		20		11		80	
Posture	33	29	13	17	15	15	10	14	17	21	88	96
Total	62		30		30		24		38		184	
Other	8	9	6	10	13	9	14	10	14	16	55	54
Total	17		16		22		24		30		109	
Total	54	45	24	33	38	32	39	29	38	41	180	193
	99		57		70		68		79		373	
"A" to total	1/5		1/5		1/4		1/3		1/7		1/4·8	
Old Cases	39		36		48		41		23		187	
New Cases	60		21		22		27		56		186	
	99		57		70		68		79		373	
Total attendance	625		324		354		374		333		2010	

Average sessions per child, 5·4.

Age of Children attending.

Years old	5	6	7	8	9	10	11	12	13	14	
Per cent. new cases	13	22	16	22	5	3	12	3	1	3	100

Table 11 shows a further increase in new cases compared with Table 10 (average entry per annum now 37).

The higher proportion of boys to girls is maintained in the asthmatics but not the "Others", which have now been subdivided into "Posture" and the remainder.

The ages at which the largest numbers of cases are referred are shown on a separate table.

These correspond to the medical inspection periods, at entry to school, infants department, junior department and senior school."

Dr. F. W. W. Fox (N.W. Kent) reports:—

"All the schools in this area were visited twice during the year and the periodic medical inspections were all undertaken.

On the whole, co-operation between the School Health and Nursing Staff, and the Schools Teaching Staff has been quite satisfactory and a few teachers not only welcomed the visits but also requested that more time than it is possible to allocate be devoted to visiting their schools.

Overcrowding in schools has resulted in medical inspections being carried out in some confined spaces and under noisy conditions; in one school the examinations are conducted in the Head-Teacher's Cloak Room, and in another school in the boys' ablution room. When overcrowding comes to an end not only will more careful inspections be possible but they will be less unpopular with members of the teaching staff.

Attendance of parents is very good at all routine inspections except in the case of those children born in 1940 or earlier.

The general health of the children has been good and, except for minor outbreaks of measles, whooping cough, chicken-pox and upper respiratory infections, there have been no epidemics. As far as has been ascertained only one child of school age lost his life in an accident.

One case of scalp ringworm due to Microsporon Audouini appeared in a boy aged 8 years; on the suggestion of the Consultant Dermatologist of the Dartford West Hill Hospital, all the contacts were examined with Wood's Light and, as a result, another case was found in a boy who had been sitting next to him in class. Investigation showed that this second boy was being treated for ringworm by his own doctor on his entry to school at the age of 5 years and, though the inspecting Medical Officer had requested that this boy be brought up to her for re-examination on her subsequent visits, this was never done.

An enquiry was made regarding the effect of Cement Dust in producing catarrhal infections in children; the health of 232 pupils of the school at Stone, located near Cement Works, was compared with a similar number of pupils attending the schools at Sutton-at-Hone and Horton Kirby, some four miles away from cement works. No appreciable difference in the incidence of coryza, rhinitis or bronchitis was found. The rate of removal of Tonsils and Adenoids appears to have been greater in the children of Stone but this may possibly be accounted for by their being referred to different surgeons. Conjunctivitis, which apparently may be caused by cement dust, was not recorded on the medical cards of any of the children concerned.

The number of children who attend the school clinic for the treatment of minor ailments is small but a considerable amount of time is taken up at the clinic by parents referred from school inspections for discussion and advice of their children's behaviour problems."

Dr. Helen Fox (N.W. Kent) reports:—

"The attendance of parents (in some cases both father and mother) at School Medical Inspections is now extremely good in most of the schools which I attend. Their attendance seems to have improved considerably in the past two years and parents are usually more co-operative than I found them when I first took over the area.

This is due, in my opinion, to their seeing the same medical officer at each medical inspection.

In the Footscray area I see children at the Child Welfare Centre and later at school. Here I find the parents most co-operative and anxious for help and advice. The children know me and look upon their entrants School inspection as a routine not an ordeal as many children do when seeing a strange medical officer.

I feel this continuity from babyhood to Primary School is of great importance in the service and it would be helpful where possible if medical officers' areas could be arranged to allow this continuity.

Diphtheria Immunization.

I experience little difficulty in the Footscray area in persuading parents to allow their children to have "Booster" doses but have experienced considerable difficulty in schools in other areas.

Despite warnings in the press and despite one's own advice to parents about the necessity of Diphtheria Immunization and Re-immunization one frequently meets parents who feel that Diphtheria is no longer a danger. These mothers invariably say that they have never seen a case of Diphtheria nor any of the sequelæ and believe that the danger of Diphtheria becoming a serious disease again is remote.

Footwear and Orthopædic Defects.

The footwear of many children has improved greatly over the past 2-3 years owing to the more plentiful supply of good shoes.

The number of foot defects amongst entrants of the 1948-1949 groups seems to be less than one has seen in the earlier groups. Possibly the 1948-49 groups have benefited from good shoes since babyhood whereas there was a great shortage of suitable children's shoes in the war and immediate post-war years.

Unfortunately many girls in both the Senior Girls Modern Schools which I attend wear unsuitable shoes—These are "slip on" shoes with rubber plimsole type soles and canvas or velvet uppers with no

fastening. Despite advice from me, remedial foot exercises and frequent advice from the Headmistress some girls with valgus ankles and flat feet still insist upon wearing this type of shoe.

I find the general practitioners in my area are becoming more co-operative and sometimes refer children to "The School M.O." for advice about speech or behaviour problems. Many of the practitioners now agree to my referring children to specialists and the majority send a reply to form 101 M.I."

Dr. Margaret E. Ledger (Orpington and Sidcup) reports:—

"I carried out large numbers of school medical inspections between 1928 and 1943 and then none at all between 1943 and 1953 when I re-commenced them.

Inevitably I have noticed some changes, the most obvious being an improvement in the children's health especially regarding the disappearance of impetigo, etc., but also there are fewer children (apart from visual defects) requiring re-examinations.

But there are still sufficient in my opinion, to need continued routine medical inspection. Also parents and teachers are much more anxious to adopt prophylactic measures than before, and advice from the School doctor on the preventive side is important and much more effective than years ago.

I feel sure the children's health would deteriorate if regular inspections were ever discontinued and might in a few years go back to the state of things which existed when I first worked in Schools in 1928 and the following few years after that."

Dr. Jean Nithsdale (Crayford and St. Pauls Cray) reports:—

"When I first went to the St. Pauls Cray area the estate was just being built and the school medical inspection was very hard work owing to my lack of knowledge of the local doctors and their habits and preferences, and on the other hand, the parents' ignorance of the area to which they had come. On one occasion the School Nurse was driven to write out a number of direction cards giving the route to the minor ailment clinic by bus 51 or bus 61 which served opposite ends of the estate. This is all past now and the people have settled to some degree, and have normal services of shops and buses. The physical health of the area is well looked after, but we are left with three outstanding matters.

1. The incidence of Dental Caries.
   A never-ending munching of sweets and cakes at all hours of the day.
2. Psycho-neurosis is frequent and as one General Practitioner put it to me—"the social medicine required in this area is unbelievable". The people have been forcibly uprooted from a different environment and a new cultural pattern imposed and it will take a generation properly to settle down. Meantime money, or the lack of it, is often a stress in these homes and the ubiquitous deferred payments is not helpful, I feel.
3. Accidents in the home—the population seems to be accident prone, and I have been asked to examine about a dozen small children in the past 6-8 months, who have had falls of one sort or another. The most serious resulted in a fracture of base of skull from fall on polished floor."

Dr. Elfriede Paterson (Thameside) states:—

"I would say that on the whole the commonest defect is now lack of sleep. Ultimately the parent must bear the responsibility for this and for one of its chief manifestations, poor posture.

In my experience children's feet are greatly improved compared with 5 or 6 years ago. The chief defect is now too small shoes. Parents are now much more "shoe-conscious" but still cannot always judge for size. They buy good shoes and cannot afford to discard them even when aware of their inadequacy.

Secondary school children, as may be expected, show much less improvement than primary school children.

Catarrh seems to me to bear no relation to the prevalence of cement dust.

The eight-year-old inspection is of value both in itself and to enable the A.C.M.O. to assess a child better at later inspections. Parents appreciate the regular contact with the *same* M.O., and are ready to discuss their child and to accept advice, particularly on matters of behaviour. (I find that inspections tend to take longer than they did, perhaps because of this.)

All schools should have running warm water for children to wash in."

Medical Treatment.

There were no major changes during the year.

The Authority continued to remain responsible for the Minor Ailment, Dental, Child Guidance, Speech Therapy, Ophthalmic and Orthopædic Clinics, the specialists at the Child Guidance and Orthopædic Clinics being employed and seconded by the Regional Hospital Board.

Table 22 on pages 48, 49 and 50 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 as statistical information is not received from all of the hospitals treating children from the administrative area.

(*a*) *Minor Ailments.*—The treatment of minor ailments is undertaken by the health visitors at the school clinics under the direction of a Medical Officer. During the year 15,598 defects received attention, compared with 18,747 for the preceding year.

(*b*) *Cleanliness Inspections.*—The Committee exercise their powers under Section 54 of the Educa-

tion Act 1944 and routine cleanliness inspections are carried out by the Health Visitors at primary and secondary schools as soon as possible after the beginning of each term.

The improvement noted during the past six years has been maintained and the following table shows the incidence of infestation over these years.

TABLE 12

(Primary and Secondary Schools.)

Year	No. of pupils on the roll of Primary and Secondary Schools visited	Total number of examinations of pupils	Individual pupils found unclean	
			Number	% of col. 2
1954	195,227	517,179	2,763	1·4
1953	184,960	500,251	3,027	1·6
1952	184,919	496,871	3,491	1·8
1951	—	471,494	3,171	—
1950	—	467,144	5,344	—
1949	—	445,060	7,046	—

Cleanliness inspections are also carried out at Grammar and Technical Schools by request. The Health Visitors carried out 3,774 examinations at such schools with a total roll of 3,303 pupils and found five individual pupils unclean.

(*c*) *Eye diseases, Defective Vision and Squint.*—The arrangements made for this work to be carried out under the Interim arrangements suggested in Ministry of Education Administrative Memorandum No. 303 continue to work satisfactorily. Spectacles are supplied through the Supplementary Ophthalmic Services under the National Health Service Act.

The number of children examined by the Ophthalmologists was 18,470, the corresponding figure for the previous year being 17,741. Spectacles were supplied to 7,183 children.

The Assistant County Medical Officers reported that 238 pupils tested by the "Ishihara" colour vision plates were found to have a defect of colour vision. 200 of 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 90 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 8,997 children were so examined. Of these, 574 were referred to Assistant County Medical Officers for further examination.

(*d*) *Nose or Throat Defects.*—During the year the Assistant County Medical Officers detected 1,889 children requiring treatment for nose or throat defects, and their recommendations were conveyed to the general practitioner concerned. Information has been received concerning 3,388 pupils who received operative treatment during the year.

(*e*) *Orthopædic and Crippling Defects.*—The orthopædic scheme is administered by the Health Committee of the County Council. In 1954 there were 25,636 attendances at these clinics compared with 30,705 attendances during 1953. Of the former figure, 90·5 per cent. 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:—

TABLE 13

Clinics	*New Patients of School Age*	*Total Number of Attendances of Children of School Age*
Ashford	17	666
Beckenham	85	2,649
Bexleyheath	26	575
Bromley	147	3,012
Erith	57	1,474
Hawes Down	15	734
Margate	60	3,148
Ramsgate	28	2,681
Sevenoaks	26	2,863
Sittingbourne	22	747
Tenterden	26	1,146
Tunbridge Wells	40	2,189
Welling	88	1,326
Totals	637	23,210

(*f*) *Minor Diseases of the Ear and Eye.*—The arrangements for the treatment of minor ear or eye defects continue as in previous years.

(*g*) *Child Guidance.*—Dr. A. Maberly reports:—

"The demand upon the services of Child Guidance Clinics in the County in 1954 has been maintained very close to the previous year's figure. The work that the clinics have been able to do has been effectively increased and the total number of interviews rose to a new high record level of 17,467. The effective increase at most clinics is masked somewhat by the fall at Crayford owing to the delay in replacing Dr. Wellisch, and it is with regret that we have to record the sad and sudden death of Dr. Wellisch in March, after a period of over six years during which he had been in charge of the clinic at Crayford. Dr. Wellisch had built up for himself a firm affection in the neighbourhood and will be missed by everyone. He was particularly keen on the development of projection tests for children and in February 1952 was elected a Fellow of the Rorschach Forum.

It is satisfactory to record a slight fall in the waiting lists for both diagnosis and treatment and both of these now compare favourably with the figures in other years. A further reduction will ensure fewer cases being withdrawn before it has been possible to examine them."

TABLE 14

Clinic	No. of pupils referred during 1954	No. of Patients Diagnosed	Total Number of Interviews	Number Discharged				
				Consultation only	Condition unchanged	Condition improved	Non-co-operative	Transferred to other Authority
Canterbury ..	226	171	2,351	65	25	112	12	25
Chatham	144	111	2,453	23	—	23	5	10
Chislehurst ..	89	77	1,844	39	—	19	5	7
Crayford	158	129	3,279	23	4	111	15	25
Maidstone	380	338	5,736	222	—	86	19	6
Tunbridge Wells ..	197	171	1,804	120	5	25	11	9
Total	1,194	997	17,467	492	34	376	67	82

Total Attendances, 11,204.

The following reports have been received from the Psychiatrists:—

Dr. G. S. Clouston (Maidstone) reports:—

"The following returns show the increasing quantity of work done at the Maidstone Child Guidance Clinic since 1948. The number of cases diagnosed yearly has multiplied by three, the number of interviews by five and the number of those discharged improved by three. Quantity of work in treating emotionally sick children weighs little, however, compared with quality. This quality can be best judged from an account of routine procedure and what individual members of the clinic staff have to say of their own work.

	Diagnosis and Advice	*Treatment*		*Unco-operative*	*Transferred*
		Unimproved	*Improved*		
1948	16	2	26	19	5
1949	117	—	24	4	11
1950	159	1	46	18	22
1951	200	1	49	18	22
1952	171	2	68	31	16
1953	165	2	74	22	14
1954	222	—	83	19	6

Like other Kent clinics, Maidstone Child Guidance Clinic combines many of the advantages of a medical psychiatric out-patient clinic with an educational psychological centre. The director is a Regional Hospital Board consultant with easy relations with local general and psychiatric hospitals, practitioners, medical resources for investigation and after treatment. Cases sent by general practitioners or other specialists constituted one third of the whole. These cases often present physical signs of disturbance, and many are severe—long standing illnesses, although earlier cases are increasing in number as more and more doctors arrive in practice after more recent hospital training or service experience.

Other members of the staff are appointed by the Local Education Authority. This consolidates the close connection with the local authority in both referring and helping treat the children. The majority of cases come from schools through the Principal School Medical Officer. The increase in recent years in the skilled observation, concern and understanding of emotionally disturbed children shown by teachers and doctors has been very striking. A report on one of these children even as recently as post-war years might well have been coloured with adjectives such as "lazy, cowardly, criminal and

annoying". A routine report now would show insight, tolerance, a desire to help the child and a feeling that a clinic should be consulted. Most of the cases merit and demand treatment, few are trivial or unsuitable for treatment. Now, widely spread knowledge of the nature of backwardness and of disturbance found also in brighter children is reflected in the lower proportion of dull children referred and the increase in more clever children. Grammar Schools provided 8 per cent. of last year's cases. Behaviour difficulties still preponderate as depressed children—listless, slow, solitary or lagging at school—are more easily missed. As part of the School Health Service the Child Guidance Clinic receives every help when special schooling or other help is required—open air school, special school for maladjusted and the like.

When a case is seen, an attempt is made to complete the examination and report to the parents in the same session. The Educational Psychologist tests the child's intelligence and the Psychiatric Social Worker interviews the parent. The Psychiatrist, after hearing short reports, sees the child. The parent is then told what treatment is needed. Once a week, all the clinic staff meet together to discuss their findings in full, agree on a diagnosis, the factors most important in the case, what goals may be aimed at and the lines of treatment indicated. Commonly the Psychiatrist or the (non medical) Therapist undertakes work with the child and the Psychiatric Social Worker with the parent, but these roles may be reversed. Adolescent girls, for example often respond well to the Psychiatric Social Worker. When educational disability is the prime or earlier defect the treatment is given by the Educational Psychologist. Apart from the group conferences each member of the staff has an half hour weekly with the Psychiatrist to discuss their cases.

In some cases group treatment of children and parents is useful. Roughly 36 per cent. are treated by "disposal" after the diagnostic interviews. Of the remainder treatment is given

By:—Psychiatrist 27·6 per cent.

By:—Therapist + Group Therapy 47·7 per cent.

By:—Educational Psychologist 25 per cent.

A team would do poor work if they merely applied techniques in which they were first trained, did not expose themselves to the criticism of others, did not read and attend lectures and offer their ideas for progressive discussion, did not study critically their own findings and results, generalize about the underlying principles and assimilate the approach of other members of the team. A Therapist must grasp changing conceptions of intelligence testing and local educational arrangements. A Psychologist must understand a Psychiatric Social Worker's point of view on the background of his own case, while the Psychiatric Social Worker helping a parent must know what the Therapist has in mind. Fortunately Maidstone Child Guidance Clinic has had the same team nucleus for the last five years. Observations from separate members of this team illustrate not only how an increasing volume of work can be performed effectively but what general results have emerged.

Miss Corsellis, Psychiatric Social Worker comments:—

"Psychiatric Social Worker's work with parents.

1. *Diagnosis:* Although it is possible for the Psychiatrist or Psychologist to assess the child's problem after interviews with the child, it is often not possible to discover the cause unless the family's history and a full account of the child's history is available. Before treatment is recommended it is necessary to have some idea as to whether the family will be able to co-operate in the treatment and will be able to benefit by it. It is the Psychiatric Social Worker's duty to obtain all the necessary information and to present the relevant facts, with her opinion as to the possibilities of treatment, to the clinic team to assist in the diagnosis and recommendations.

2. *Treatment:* There are many cases where a child cannot be treated alone, and where the parents' regular attendance at the clinic is essential to the successful outcome of treatment. The parents are needed; (i) to give news of the child and his behaviour and progress during treatment; (ii) where a change in the parents' handling of the child is necessary this can sometimes be brought about by discussion; (iii) parents' emotional problems, which of course affect their children, can sometimes be resolved. These problems are usually based on their own childhood and upbringing and take such forms as marital disharmony and neurotic instability. During treatment the Psychiatric Social Worker can help the parents by (a) interpretation of the meaning of the child's behaviour to the parents, (b) interpretation of the parents' handling of the child in the light of their own history, (c) interpretation of how the parents' behaviour appears to the child.

3. *Help and Advice.*

Help (a) The Psychiatric Social Worker can help the parents to accept any handicap or deficiency in their child.

(b) The Psychiatric Social Worker can help the parents to overcome feelings of guilt and failure at having to bring their children to the clinic.

(c) The Psychiatric Social Worker can help by generally encouraging the parents and increasing their confidence. So often has a Psychiatric Social Worker heard a parent comment that the clinic is wrongly named and should be called a "Parent Guidance Clinic".

Advice. The Psychiatric Social Worker as a rule does not give "advice". It is in this way particularly that her work differs so greatly from what is expected of her by parents and those referring cases."

This awareness of the parental factors precipitating breakdown in children led to a study by the team as a whole of children needing special education as maladjusted children (8 per cent. of the clinic cases). Fifty cases were intensively examined. Results show that:—

1. The essential point in this particular group was rejection by the parents.

2. These cases were not amendable to treatment at the clinic, primarily because of the family situation.
3. Cure was possible when a clear diagnosis had been made of a child's emotional defects and needs and a residential school or hostel found, known to be adequate to meet these needs.
4. A radical change in the attitude of the home was rarely possible but the clinic could act as liaison between home and school, assist on the child's first admission, during his holidays (whether at home or elsewhere) and after discharge. Placement in a special school only succeeded as a part of a general treatment plan.

These results were given by Miss Corsellis to an Inter Clinic conference of the National Association of Mental Health and were subsequently published.

Miss Phipps, Psychiatric Social Worker, utilized her experiences with adoptive parents at the clinic to furnish a report to the Departmental Committee on Adoption.

Her main themes were:—

"The results showed that the underlying reasons for wanting to adopt a child were not fully appreciated by the parents. Perhaps the way ahead in adoption lay in a better understanding by the parents of these reasons at the time of taking a child.

The unsuccessful adoptions were frequently those when a child had been rejected because he did not fulfil the parents' frustrated ambitions or their desire to be loved.

The problems and emotional difficulties dealt with in these cases were similar to those of children with their natural parents. The possibility of inherited qualities offered an additional line of escape to parents seeking someone or something to blame for the problem. The usual problems were intensified where the adoption took place for reasons other than as an outlet for motherliness."

Miss Phipps has also helped to investigate Remand Home cases at Maidstone. Her conclusions were embodied in a submission to the Nuffield Enquiry into the Causes of Crime and were briefly—

"The clinic contributed to the Association of Social Workers to the Nuffield Inquiry and 93 cases from the Harrietsham Remand Home were reviewed. In 72/93 cases there was an unsatisfactory or absent father figure which bore out the supposition that this was a contributory factor to delinquency.

Figures were obtained showing many cases of one or both parents being inadequate, absent, punitive, unstable, unloving or overburdened and there were 34/93 overprotective or overpossessive mothers. The latter reproduced a "spoilt child" delinquent who took what he wanted. An examination of the family setting showed that the cause of delinquency lay more in the emotional relations of the group than in its actual form.

It was thought that there was a special problem in helping the group of Educationally Subnormal delinquent boys to accept socialization."

Remand Home cases occupy a day a week of clinic time. Underlying motivations, factors and defects differ little from those found in other clinic cases. The value of the work was examined by the team by obtaining reports from independent observers—teachers, probation officers and others who had known 200 such children during the two years following Court appearance. Facts which emerged were:—

1. When the clinic's recommendations were implemented by the Courts, the proportion of children giving no further trouble and considered improved was 74 per cent. compared with 57 per cent. when recommendations were not implemented. By contrast actual deterioration rose from 16 per cent. to 30 per cent. if the treatment advised was not given.
2. The duller the child on mental testing, the worse the outlook, irrespective of mode of treatment. The brighter the boy, the less likely was he to reappear in Court.
3. Duller children did better in Approved Schools than at home on Probation.

These results were published by the Educational Psychologist, Mr. Lightfoot. The Psychiatrist has been given opportunities to discuss them at meetings of members of local Juvenile Courts, Probation Officers and similarly interested persons.

Miss Rorke, Educational Psychologist, has pointed out that in addition to the routine testing of all cases as an essential to understanding a child's difficulties, a Psychologist is expected to offer an explanation for lack of scholastic progress in a child of apparently adequate ability. This entails knowledge of the relationship between Child Guidance Clinic tests and group tests administered at school. (1) An investigation in co-operation with Kent Education Committee officers by Mr. Lightfoot, Educational Psychologist, clarified the situation. After testing a sample of 200 children it was possible to gauge within what limits results would differ in a group test from the results in an individual test and vice versa. (2) In a search for a yardstick to measure response to therapy, Miss Rorke has started applying I.Q. tests to a series of children before and after treatment. Some positive relationship has been found between clinically observed improvement and increased test score in the intelligence test. (3) An important function of the Educational Psychologist is to follow the educational progress of children at residential schools.

During the last three years the Wechsler Bellevue Intelligence Scale for Adolescents has been in use in the clinic and during 1954 the Children's Scale of the same test has been acquired. These tests are characterized by an equal balance of performance and verbal tests, and so provide a corrective to the over verbal character of the Terman Merrill test. They have been very useful in regard to vocational guidance and in Remand Home cases.

Tests of scholastic attainment, and their important ancillaries the Diagnostic Scholastic tests, are increasingly used in order to elucidate problems of specific educational difficulties both in the treatment of children in the clinic and for the guidance of teachers.

Tests of personality, such as the three Thematic Apperception tests are a useful adjunct to treatment whether given initially as an aid to diagnosis or during treatment to assess progress.

REMEDIAL THERAPY.

Introduction. Remedial Therapy in a clinic is a type of therapy which, in common with all other kinds of treatment, is directed towards a change in the child's whole personality, but its specific concern is with the impact that his maladjustment has made on his ability to learn in school. In some cases the presence of maladjustment may be secondary or even minimal, for the main difficulty may lie in a specific perceptual weakness.

All the cases treated in this clinic have been those of children failing in the basic subjects of arithmetic, reading and spelling. During the last three years, follow-ups have been conducted by the Educational Psychologist in order further to uncover the causative factors operating in these cases of retardation. Attainment tests were administered at intervals in order to evaluate the treatment, especially as compared with expected school progress. A brief résumé of the results is given below.

1. *Arithmetic.* Children referred for this subject tended to be rejected, and hostile towards parents, especially the father, or to be adoptive children, adopted at a fairly late age. Others came from broken homes or those about to break up. These factors were significantly less evident among the children referred for other subjects.

The behaviour of this group showed an anxiety pattern which interferred with the learning process so that the child was unable to fix his attention when learning arithmetic. This was confirmed by the introspections of some children. The subject does not usually offer an escape from unpleasant reality. These children were often good and eager readers and it is suggested that such children find in reading, an escape from their unsatisfactory real life.

Results Quantitive. In last year's follow-up it was found that the arithmetic group had made four times as much progress as if they had been working at a normal yearly rate at school. When, however, their previous rate of progress was compared with the rate in the clinic, the ratio rose to twelve.

2. *Reading.* Children referred or treated for this subject were in some cases or to some extent rejected, but in general they proved to be children who were dependent or immature and mother fixed. It can be surmised that such a child leads a fairly satisfactory emotional life at an adequate level and does not need reading as a refuge from life to the extent that the more deeply disturbed child does. He may be read to at home and be provided with alternative outlets such as television. Arithmetic, on the other hand, is almost exclusively done at school, and hence it is not likely to suffer from a coddling or unstimulating uncultured home. None of the very poor readers was of more than average intelligence.

Results Quantitive. In the last follow-up, it was found that these children had made a gain three times as great as if they had been working at a normal rate at school and twelve times as great as that of the previous rate. In the case of complete non-readers the ratios could not be obtained but in many cases it seemed likely that they would have remained completely illiterate for some long time at any rate.

3. *Spelling.* The spelling failures were, in several cases, of the same immature type as the reading cases, but being on the whole of a higher I.Q. had mastered reading satisfactorily. They lacked the self discipline requisite to a mastery of spelling, this being a more exacting and analytic process than reading and depending on recall rather than recognition. These children were prepared to take in but had not the maturity to give out. Superadded to these causes were specific weakness of a visual or auditory nature but in very few cases did these appear to be primary.

Methods of Therapy. These comprise three overlapping topics:—

(a) the personal relationship with the Therapist, (b) the improvement of the child's personality, (c) harnessing these on to a subject and specific training in the subject, (d) group and individual treatment.

Personal Relationships. Broadly speaking one has to deal with three types of response to therapy.

1. The over dependent and complacent child, expecting to be cured without much co-operation on his side.
2. The worried and depressed, lacking in confidence.
3. The resentful.

The latter response seems to be most common among the arithmetic cases. In general the complete non-readers were most co-operative even if often at a dependent level. Sometimes as in other therapies one has to contend with an attitude transferred from that adopted towards a parent or teacher. Remedial Therapy is more like the school situation than other kinds of treatment, and although this is more acceptable to many parents, it makes for more difficulties with the child. Taking a child for an occasional outing or visiting the home helps to enlarge the horizon, removes for a time the teaching situation and gives the Therapist the opportunity to see the child in a different context.

Improvement of the Child's Personality.

Many children were of the non-mixing type, some through hostility or feelings of inferiority or because a group had become identified with the school situation. Children are encouraged to join a club and the more recent use of remedial groups is beneficial towards such children.

Mrs. Sambrook, Child Therapist treats 60 or 70 children yearly, each for 12-20 sessions. The results of her follow-up of cases treated by herself were described to a group of Assistant County Medical Officers when they spent a session at the clinic, and subsequently reported to a National Association of Mental Health conference. After two years an overall improvement of 70 per cent. was found. In a discussion of her cases, she emphasised the necessity for careful selection and the need for

progressive diagnosis of the potentialities in each case for a specific type of therapy. Group therapy is useful not only for weaning a child off after individual treatment, or for keeping a small child occupied while the mother is treated by the Psychiatric Social Worker, but as a method in its own right.

For certain types of disturbances (behaviour disorders) it is superior to individual therapy providing as it does a living situation in which the child can experience the re-actions of others and act out his own problems. In this, even more than individual therapy, selection is important because the influence of the Therapist is at a minimum and greater reliance is placed on the interaction of a carefully balanced group. Personality defects in children with immature or introverted characters also benefit from group treatment in a selected group which does not make too many demands on them. Although the therapist exerts less direct influence, group treatment nevertheless makes demands on his or her skill. When playing the part of a benevolent neutral he must be quick to see when a particular child needs support or when a limit must be impersonally set to some destructive activity.

In selecting cases for individual therapy one has to beware of the deprived child frantically looking for a parent. Because the child's need is so great and sometimes his conduct so disturbing socially, there is a temptation to offer therapy but in most cases this is not what is needed, nor will it have lasting success. It is strongly felt that therapy will not be lastingly beneficial unless there is in the child's life a parent-figure who is capable of adjusting so as to give him a tolerable measure of love and security. Failing this placement offers a better alternative. No therapist can be a parent substitute in fact, although during treatment they may be temporarily seen in that light. More schools and hostels are needed for these rejected and deprived children where a close liaison can be kept between school, clinic and home. In the case of very young children the major part of treatment falls to the Psychiatric Social Worker with the mother, but nevertheless valuable work can be done with the child in detaching him from his all too close tie to the mother and stimulating his growth to independence. It is useful also to give restricted and over protected small children access to suitable primitive play material and the approving attitude of the therapist helps to build the timid child's confidence. It is disappointing to note the small proportion of pre-school children referred to Child Guidance Clinics. The study group on preventive mental health in the Maternity and Child Welfare Service, set up by Dr. J. A. Scott, Medical Officer of Health of the London County Council, has emphasised how necessary is early treatment and makes recommendations for discussions between Public Health and Child Guidance Clinic staffs, training of Medical Officers and Health Visitors through case conferences conducted by Child Guidance Clinic staffs and propaganda. Maidstone Clinic staff have visited Maternity and Child Welfare clinics and received staffs at the Child Guidance Clinic but would welcome more regular contact.

This clinic is at the centre of a relatively lightly populated area and transport difficulties have arisen both for patients and staff. A Sheerness sub-clinic has established its usefulness, primarily for dealing with educational problems. It is is hoped shortly to open sub-clinics elsewhere. This would allow patients to be treated who could not otherwise be treated because of expense of travelling time and fares, and allows the visiting staff to build up good relationships with the area schools which refer the cases and continue handling after treatment.

Clinic staff deal not only with children and their parents, but others, influencing their environment They are very appeciative of the help given by Kent Education Committee officials and teachers, the School Health Service, Employment Bureaux, Library officials (who run a library box at the clinic), the Children's Department, Probation Officers and Social Workers. Psychiatric Social Workers have spent the practice part of their training at Maidstone Child Guidance Clinic. Psychologists, have been given orientation courses before taking up employment. Doctors specialising in psychiatry have participated in clinic work over prolonged periods. In return, they have stimulated the staff and helped with work. Attendances by Sister Tutors and Registrars from nearby Mental Hospitals and Mental Deficiency Colonies have established good relationships and freshened the minds of the clinic staff by contributions from their different fields.

A painting group has been run by Mrs. Loch, who was previously a H.M. Inspector of schools. This has developed into true art therapy. Inhibited, timid and unstable children who have failed to find outlets in other directions have often developed rapidly, acquired confidence and purpose and have become more able to handle their own difficulties or more amenable to direct psychotherapy. Work at the clinic during the last year has been considerably helped by the voluntary assistance of Mrs. Loch, Dr. Bosanquet and Dr. Park.

Psychiatric hospitals have accepted the challenge to them to come into the community and deal with earlier cases on broader lines. The immediate tasks presented to Child Guidance Clinics appear to be the extension of parent guidance through evening sessions, continuing treatment after school leaving, closer contact with homes and schools by increasing visiting and subclinics, tackling cases earlier—either through direct treatment or using non psychiatric personnel, increasing the practical utility of the good will of Teachers, and School Doctors, the establishment of local short-term residential observation and treatment units and improving the techniques regarding schools and hostels for maladjusted children."

Dr. Joan FitzHerbert (Chatham and Chislehurst) reports:—

"The Staffs and premises at the Chatham and Chislehurst Clinics being insufficient to deal either fully or immediately with all the cases referred to us, I have concentrated our efforts on the medical and therapeutic aspects of the work in the strict and narrower sense of these terms. Work which I felt could be undertaken by the Teachers or outside social agencies we have not attempted, important though these fields are.

A further decision I had to make was whether to try to give a little more superficial help to a larger number of children, or fuller more lasting help to a smaller number. I decided on the latter course. (For this reason, we have not undertaken group treatment.) Every child seen for diagnosis at

these Clinics receives the fullest, most careful psychiatric examination which our knowledge and skill renders possible, irrespective of the time this entails. Every case taken for treatment receives individual therapy, of the interpretative type, for as long as necessary to achieve the major part of the benefit we judge possible for that case. (Bearing in mind our waiting list, we do not, of course, continue till every possible minor advance has been made.)

Further to deal with what seems to me our chief duty, every professional member of the Clinic Staffs who was willing to do so has undertaken therapy under my individual supervision (unless, of course, they were specifically appointed to act as Therapists or professionally recognised as such, in which case supervision was not necessary). In this way, it has been possible to deal with more cases than if I had spent these supervision hours on treatment myself.

Our Educational Psychologists, having been partly engaged in therapy, our school contacts have usually been made by telephone (though if any Head Teacher has asked for a visit this has, of course, always been undertaken).

In conclusion, I might mention that in the Chatham area I have, two or three times a year perhaps, been asked to address Parent, Teachers' or Teachers' Association meetings in the evenings on the work of the Child Guidance Clinic, and I have invariably found not only interest but the most lively desire to co-operate with us in this work, once its nature is understood, which has been and is of the greatest help and encouragement to us. Were it not that our waiting lists are already so long, I would feel strongly that more should be done in this way to remove the almost universal misconceptions as to the nature of the problems with which we deal in the Child Guidance Clinics, the causes of these problems, and the manner in which we treat them there."

Dr. J. Vincent Smith (Tunbridge Wells) reports:—

"During 1954 the increase in the number of cases referred by general practitioners has continued, though there is still some evidence that the Child Guidance Service is not as well known as it might be to family doctors, hospital consultants and village schools in the area.

Even if the case has come from another source, efforts are made to co-operate with the family doctor where the child is personally known to him.

There has also been an increase in the number of children sent by Head Teachers of Independent Schools and by parents of business and professional status. Some of these have sought private treatment and have been advised of the advantages of the Clinic Service. Children in this group have responded favourably to treatment, as difficulties and danger signals tend to be recognised earlier in such families, the parents are intelligent enough to co-operate and the children to acquire insight into cause and effect.

There has been a further reduction of the waiting list so that, except when summer holidays intervene, a child can usually be seen within two or three weeks, and in urgent cases it has always been found possible to offer a preliminary interview if not the whole diagnostic service within a few days.

The waiting list for treatment has been greatly reduced by the addition of a Play Therapist to the Clinic Staff for 2 sessions a week.

COURT CASES.

Since Park House, Southborough, ceased officially to be a Remand Home and has become a Reception Centre for boys taken into care of the County Council, there has been a great reduction in the number of boys seen whilst on remand, though remands to the Reception Centre for this purpose do still occur. On the other hand, an agreement has been made with the Children's Officer for boys admitted to Park House after being taken into care on a long term basis, to be seen by an Educational Psychologist and, if this appears desirable, by the Psychiatrist, with a view to advice being given on the placing of the boys."

Dr. D. M. Zausmer (Crayford) reports:—

"At the beginning of January, 1954, there were 28 cases awaiting investigation. Following the death of Dr. Wellisch the number of new cases was reduced with the kind co-operation of the Assistant County Medical Officers. The waiting list dropped to 19, but has risen steadily since then and in December, 1954, was 37. All cases are seen within three months of referral and treatment when required, is given immediately after the diagnostic interview.

TYPES OF CASES SEEN.

These are indicated by the following percentages:—

Enuresis and Encopresis, 7 per cent.
Stammer, 2 per cent.
Somatic Complaint, 6 per cent.
Educational Problem, 12 per cent.
Behaviour Problem, 53 per cent.
Delinquency, 3 per cent.
Personality Problem, 15 per cent.
Other Conditions, 2 per cent.

The majority of patients were referred by Assistant County Medical Officers, who are to be commended on the careful selection of the cases. The work of the Clinic has been greatly helped by the co-operation of all referral agencies.

VISITORS.

These have included a student Health Visitor, a final-year Social Science Student and a German Probation Officer attending a Home Office course of instruction.

LECTURE.

The Parent-Teacher Association of the Picardy County Secondary School for Girls was addressed by Dr. D. M. Zausmer, on the 9th December, the subject being 'The Recognition and Management of the Nervous Child'."

(*h*) *Speech Defects.*—Miss J. Pollitt, Head Speech Therapist, reports:—

"The department has dealt with the records of 1,741 cases during the year. Of these cases, 597 are on the waiting lists of the clinics. Of the 1,144 cases dealt with in the clinics, 551 have been closed during 1954 and 593 continue under the clinics into 1955.

The 551 cases were closed for the following reasons:—

Very satisfactory results		246
Improved to the extent to which nature of disability was likely to allow		16
Treatment incomplete owing to the patient leaving district, or for other reasons—in many cases considerable progress had been made		58
Little if any change in the condition		15
Attendance discontinued in favour of training or treatment elsewhere		8
Consultation only, followed by appropriate recommendations		30
Found to have improved when first seen by therapist	47	
or reported to have improved prior to appointments being, or when appointments were, offered	39	86
Investigation incomplete—family left district or proved unco-operative		14
Appointments offered but never kept; either no reason given, or prolonged hospitalisation; illness, etc., made attendance impossible		73
Treatment arranged elsewhere by parents or patient		4
Tongue thrusters—no speech defect—referred to correct habit and thereby aid orthodontic work being undertaken		1
		551

In 1,028 of the 1,144 cases which were either closed during 1954, or are being carried forward into 1955, the condition of speech when first seen at the clinics was as follows:—

Stammer	208	Including 4 with the additional handicap of extremely poor innate intelligence.
Little attempt at expression through speech, although muscular co-ordination, hearing and speech mechanism normal; together with cases of dyslalia, ranging from unintelligible speech to comparatively slight articulation defects, unassociated with hearing loss or organic defect	352	Including 3 with the additional handicap of extremely poor innate intelligence.
Speech abnormalities of dual nature (stammer + dyslalia, dyslalia + lateral sigmatism, stammer + cleft palate, stammer + dysphonia, stammer + dysarthria, etc.)	48	
Lateral, nasal or interdental sigmatism or a combination of these	105	
Hyper-rhinophonia:		
Due to cleft palate 45		
Due to causes other than cleft palate 16	61	Including 3 with the additional handicap of extremely poor innate intelligence.
Hypo-rhinophonia	5	
Distortion or loss of speech of neurological origin	46	
Speech abnormality primarily associated with hearing loss	12	
Speech abnormality due to organic defects not included above	4	
Disorders of voice; dysphonia, aphonia, etc.	7	
Cluttered indistinct speech	18	Including 3 with the additional handicap of extremely poor innate intelligence.
Retarded speech development associated with considerable innate mental retardation—not included above	43	
Tongue thrusting—no speech defect	1	
Speech found to be normal when first seen at clinic	47	
Diagnosis incomplete when closed 4		
Diagnosis incomplete—investigation continuing into 1955 67	71	
	1,028	

The remaining 116 of the 1,144 cases comprise those who were reported to have improved by the time that appointments were offered at the clinics (39), together with those who did not keep appointments at the clinic, having either left the district or refused appointments when they were offered, or were unable to keep initial appointments for other reasons (73). In 4 of the 116 cases, treatment had been arranged elsewhere prior to appointments being offered.

The above numbers include 39 adult patients referred to the clinics by arrangement with the South East Metropolitan Regional Hospital Board. The cases of 19 of these adults were closed during the year, 16 continue to be in touch with the clinics into 1955 and 4 are on the waiting lists.

The following table shows the locality of clinics, the number of sessions being given, and the numbers on the waiting lists at each clinic at the end of 1954.

TABLE 15

Clinic	Sessions	Number on waiting list at end of December 1954
Ashford*	2*	11
Beckenham	7	28
Bexleyheath	2	81
Bromley	1	96
Canterbury	10	9
Chatham	4	163
Chislehurst	2	5
Crayford	7	35
Dartford Clinic for Spastics	2	4
Deal	4	13
Folkestone	6	10
Gravesend	2	47
Maidstone General Clinic	6	43
,, "Special Cases"	4	1
Margate	10	4
Sidcup	14	33
Tonbridge*	5*	5
Tunbridge Wells	1	9
Seabrook Lodge†	—†	—
Valence School	2	—

* The sessions at these clinics interchange according to the numbers on the waiting lists.

† Periodic visits are made as required.

Arrangements for the opening of a full-time clinic in Bexleyheath had reached completion by the end of the year. The appointment of a full-time Therapist in that area is to take place in the near future, when it will be possible greatly to reduce the present waiting lists at the Bexleyheath and Sidcup Clinics

603 cases were referred to the clinics during the year, none of which was on the waiting list at the end of 1953. The steady rise in the number of new cases referred continues.

Year	*Number of New Cases Referred* (i.e. Cases not already on the waiting list at the end of the previous year).
1951	496
1952	513
1953	580
1954	603

Students from the Speech Therapy Training Schools in London have continued to receive practical experience and training by working under the Therapists appointed to the Beckenham, Bexleyheath, Crayford, Gravesend and Sidcup clinics.

Assistant County Medical Officers, Health Visitors, Almoners, Physiotherapists, Student Health Visitors and Teachers in training, and "school leavers" interested in training as Speech Therapists have visited the clinics during the year.

As great a link as possible continues to be maintained with teachers and with other staff of the Education and Health Services. Consultation with various specialists within the hospital services is an integral part of the work being undertaken; Consultants from the hospitals are referring cases to the clinics, and Therapists in the clinics are recommending appointments with Consultants in the hospitals."

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

"On 31st December, 1954, thirty whole-time and ten part-time Dental Surgeons, the equivalent of 34½ whole-time officers excluding the Principal and Orthodontic Dental Surgeons, were on the staff, compared with 36½ at the end of 1953. The sudden death of Mr. O. Simpson in April and the resignation of four whole-time and three part-time officers was in a large measure offset by the appointment of three whole-time and four part-time officers. In addition to the number of part-time officers on the staff at the end of the year four Dentists employed on short term appointments devoted 298 half-day sessions to the treatment of children in four clinics. The number of Dental Surgeons employed in the

'Excepted' districts of Beckenham, Bexley, Bromley and Gillingham was equivalent to 2 1/11ths, 2, 2, 1 4/11ths whole-time officers compared with 2 1/11ths, 2 4/11ths, 2 and 2 2/11ths at the end of the previous year. With regard to recruitment of staff, it is of interest to note that in response to the additional remuneration offered by the Council as a result of the recent "Industrial Court Award" to Dental Surgeons employed by Local Authorities only one application was received throughout the year for vacancies advertised in the British Dental Journal.

During the year the equivalent of 2 whole-time officers devoted 1,141 sessions to the care of mothers and young children under Part II of the National Health Service Act 1946 leaving the equivalent of 32½ to carry out the duties imposed on the Council under the 'Education (Miscellaneous Provisions) Act 1953', whereby Local Education Authorities are required to make available comprehensive facilities for free school dental treatment. On the present basis the overall allocation of children to each Dentist is 6,836 compared with 6,290 in 1953 and 6,204 in 1952, the largest proportion being in the Sittingbourne, Sheerness and Faversham area and the lowest at Foster Street Clinic, Maidstone.

To provide a comprehensive service in addition to the care of mothers and young children for some 222,200 children on the school roll with an allocation of 3,000 children to each Dentist as recommended by the Ministry of Education it would be necessary to increase the establishment to 73 full-time officers when additional premises for dental clinics are available. The additional accommodation made available this year together with some adjustment of existing areas would permit the effective use of 46 whole-time officers compared with 44 in 1953 and 41 at the end of 1952.

Of the 63 surgeries established in 55 permanent buildings 62 have been in use during the year. It was not possible, owing to the illness of the dental officer, to make treatment available by use of temporary equipment in schools or village halls in 11 rural districts.

Of approximately 222,200 children on the school roll 78,293 (35·2 per cent.) had a routine inspection. In addition there were 11,113 special applications making a total of 89,406 children inspected which is 40·2 per cent. of the school population compared with 38·4 per cent. in the previous year. Of 54,755 found in need of treatment at the time of inspection 50,977 were referred for urgent attention against 45,435 in 1953. 39,922 children actually received treatment.

The oral hygienist carrying out the work of scaling, cleaning and polishing of teeth under the supervision of the Dental Surgeons at Gravesend, Orpington, Sidcup, Welling and Chatham treated 882 new patients under 16 years of age compared with 853 last year. In addition to this treatment individual instruction on the care of the teeth and oral hygiene, which is of great importance in maintaining a healthy mouth, was given to each patient. The additional hygienist appointed in December to work at Canterbury and Ramsgate will commence duty on 3rd January, 1955.

The following table shows the amount of work done and time spent on oral hygiene instruction during the year:—

Number of sessions worked	453
„ „ new patients treated	882
„ „ patients whose treatment was completed	888
„ „ scalings and polishings	1,957
Time spent on individual dental health education	453 hours

During the month of August the part-time officer working on No. 1 mobile caravan was replaced by a whole-time officer and the work of overhaul and repainting of No. 2 caravan was completed. Treatment of children attached to No. 3 caravan is being carried out in the nearest permanent clinic during the overhaul and repainting of the vehicle. It is to be hoped that the fourth caravan now under construction will be ready for use at the end of April next year when it will be possible to provide an adequate mobile service for some sixteen thousand children attending rural district schools, allocating approximately four thousand children to each dentist. During the year 7,187 children were inspected, 5,895 were referred for treatment on the caravans and in temporary buildings, 4,156 permanent and 1,000 temporary fillings being inserted in 3,593 permanent and 947 temporary teeth. Of the 2,440 children dealt with 2,062 completed their treatment in 995 sessions.

Orthodontic treatment dealing with mal-development of the jaws and irregularities of teeth in children and the manufacture of mechanical appliances under the guidance of Mr. N. K. Thorn in the workshops of the Council in Dover and Maidstone continued on the same lines as last year. In order to allow the staff available to devote as much time as possible to the conservation of teeth and relief of pain, the Orthodontic Dental Surgeon gave practical treatment throughout the year to patients at Gravesend, Welling and Maidstone, and at Herne Bay, Canterbury, Tonbridge, Tunbridge Wells, Folkestone, Chislehurst and Mottingham during the unavoidable absence of the dental officer. Orthodontic attendances at the rate of ten per session occupied the time of approximately 2 full time officers in addition to the Orthodontic Dental Surgeon.

Details of the number of patients examined by the Orthodontic Dental Surgeon and the number of appliances made in the County workshops are:—

TABLE 16

No. examined by Orthodontist	No. requiring appliances	No. completely treated	Total No. of attendances
3,426	933	574	10,561

TABLE 17

Orthodontic Appliances Fitted					Other Appliances Fitted		
Upper	Lower	Oral Screens	Remakes	Repairs	Dentures	Remakes	Repairs
1,211	64	229	16	146	421	14	91

627 patients requiring X-ray and 6 patients in need of special surgical treatment which could not be undertaken in the clinic were referred to the nearest hospital. 832 of the permanent teeth extracted as recorded in Table 23, page 51, were for regulation purposes and 56 more dentures were made for children than in 1953.

Of the proposals submitted to the Education Committee for alternative accommodation in Dartford, Penge, Rochester, Sandwich, Sheerness and Sittingbourne and for a new clinic at Woodside Road, Crayford, it had only been possible to complete the work at Penge, Sandwich and Sheerness. Work on the alternative accommodation at 5 London Road, Sittingbourne and the additional surgery at the North Clinic, Bromley, approved within the year will be finished by the end of January 1955. In addition to these schemes the Health Committee completed the improvements to the premises in Ramsgate and the building of a new clinic in Murchison Avenue, Bexley. The new building at St. Paul's Cray will probably be ready for use at the end of March next year, and it is to be hoped that work on the new building at Wayfield Estate, Rochester, and two new surgeries and a workshop to accommodate eighteen technicians in Maidstone will begin early in the new year. The equipment installed is of a very high standard comprising major electric dental unit, compressor, Martin cabinet, pump chair with child's seat incorporated in the backrest, sorbo rubber chairside mat, electric sterilizer, Walton No. 3 nitrous oxide machine with attachments for straight and oro-nasal inhalations, Goldman Vinethesine inhaler, portable foot engine, operating stool and complete set of instruments and in some instances a solarite shadowless operating light and a miniature workbench fitted with a bunsen burner and overhead wall anglepoise lamp. The only variation made is the installation of a junior electric dental unit in clinics which cannot be used on more than a few days each week.

The Committee has decided to renew the Post Graduate Course for dental officers which was discontinued in 1952 for reasons of economy and it is hoped to make arrangements for seven officers to attend a course of lectures and demonstrations at the Institute of Dental Surgery, Eastman Dental Hospital, London, in 1955. During the year the Committee gave permission for three dental officers to attend the Annual General Meeting of the British Dental Association at Blackpool.

Other operations recorded in Table 23, page 51, include scalings, cleaning and polishing of teeth and fillings carried out by the dental officers, permanent and temporary dressings, silver nitrate treatments, root canal dressing, acrylic caps and inlays, crowns, impressions, bites, try-ins, appliances fitted and repaired and adjustments for orthodontic patients and children fitted with dentures. The ratio of fillings to permanent teeth extracted of 4·1 compared with 4·3 to 1 in 1948, 3·4 to 1 in 1949, 3·9 to 1 in 1950, 4·05 to 1 in 1951, 2·7 to 1 in 1952, 3·9 to 1 in 1953 shows very little improvement in the condition of the permanent dentition of children attending the clinics for treatment."

PHYSICAL EDUCATION.

The County Education Officer reports as follows:—

"There has been a steady build up of physical education facilities throughout the year. Infant and Junior Schools have been able to equip themselves with reasonable amounts of small apparatus to allow for individual practice in skill-training activities and for the performance of objective compensatory exercises. Agility apparatus of a variety of types is in general use now in the majority of primary schools so that the pattern of the standard Physical Education lesson suggested in the new Ministry of Education syllabus can be followed. This pattern of a lesson which is now widely adopted calls for a short period of general activity followed by a series of compensatory exercises which include movements for the trunk, the arm and shoulder-girdle and the lower limbs and ends with a variety of agility movements calculated to bring into action the full resources of the children in such activities as leaping, vaulting, climbing, running, games and games practices.

Some teachers while planning their lessons on a framework based on general activity, compensatory movements and agility have widened the opportunities it provides by considering movement in terms of mobility and strength. Still other teachers consider movement as a combination of the qualities of strength, space and time and use these qualities as a framework on which to plan their lessons. Whatever the general pattern of the lesson, the essential aim remains that of providing under suitable conditions a period of healthy activity during which each child can exercise fully and with purpose.

In the previous Ministry of Education syllabus a scheme of work was presented in a series of lessons and Tables of Exercises. It is now left to teachers to draw up their own schemes, to decide on the framework of their lesson and to furnish its contents. This allows teachers to choose their material according to the particular needs of the class they are teaching, instead of relying upon a centrally-devised scheme.

Though the amount of time allocated to physical education mainly depends on the Head's assessment of the needs of the children rather than on a Ministerial insistence on a daily period, most schools still enjoy their daily lesson.

Dancing in various forms still plays its part in the physical education scheme at Primary level

and all schools have games and where possible swimming for at least a part of the year for the top age groups.

Considerable guidance has been given in schools by the Physical Education Advisers in order that the suggestions contained in the new syllabus should become more fully implemented, and many refresher courses for teachers have been completed in different parts of the County. Hundreds of teachers have attended the courses which consisted chiefly of lectures by the Advisers, demonstrations by classes of children and the showing of films.

A residential week-end course was again held during this year to help physical education teachers to deal, in school, with minor postural defects, and for the first time a number of primary school teachers attended. This innovation was considered successful and it is likely that others will be included on subsequent courses of this type. As in previous years there was happy co-operation between the Assistant County Medical Officers, the Physical Education Advisers and the Senior Physiotherapist.

In keeping with the recent tendency for games training to occupy a greater proportion of the time allocated to physical education in the secondary boys' school, mainly at the expense of traditional gymnastics, some sessions of games coaching for men teachers were included in the Committee's Summer School at Folkestone and were considered sufficiently successful to warrant repeating the course next summer.

Probably the main development at Secondary level has been the growing interest in outdoor and country pursuits. After earlier experiments with mobile camping and canoeing, a group of men teachers attended an eight-day course in these activities during August with the result that some schools are now building their own canoes and a few have already carried out short but successful expeditions. As this type of activity provides a healthy interest which is likely to persist with boys after they leave school, further courses of this nature are planned.

During the summer a successful experiment was made in some secondary girls' schools in introducing camping, youth-hostelling and cycling to girls in their final school-year. The girls entered into these activities with obvious enthusiasm and enjoyment, but here too courses of instruction for teachers must be undertaken before much expansion can be expected.

Many teachers have received grant-aid from the Committee to attend physical education and games and sports training courses arranged during the holiday periods by the Ministry of Education, the Central Council of Physical Recreation and Local Authorities, while several courses for teachers have taken place in the County in co-operation with the Governing Bodies of the main team games.

The larger gymnasia now provided with new secondary schools give bettter scope for this wider training and a healthy outlook on physical activity is being fostered along with the development of strength, speed, endurance and skill, while every opportunity is taken to improve the general poise.

Altogether the year has produced a steady consolidation in general classwork and a renewed enthusiasm for the wide interpretation of the term physical education."

Participation in Special Investigations.

Assistance has been given during the year in the following enquiries.

National Survey of the Health and Development of Children.

An enquiry into the growth, health and development of a national sample of 6,000 children born in England, Wales and Scotland during the first week of March, 1946, is being carried out by a Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health, and the Population Investigation Committee. The Joint Committee are maintaining contact with 92 per cent. of these children who are still living in the United Kingdom. In an effort to check the extent to which the findings might be distorted by the withdrawal of children from the survey, Health Visitors were asked in April to complete questionnaires relating to 19 Kent children who had been withdrawn since 1946.

About 150 of the children included in the survey are now living in Kent. Absence records are being kept at their schools, and in October the parents were interviewed by Health Visitors to supplement this information and to obtain details of illnesses and accidents during school holidays.

Follow-Up of Deaf Children.

At the suggestion of the Ministry of Health, arrangements were made to follow up deaf children who had attended the Audiology Unit attached to the Royal National Throat, Nose and Ear Hospital. About 130 of these children live in Kent, and their homes and schools were visited in March by Health Visitors for the completion of a questionnaire drawn up by the Director of the Audiology Unit. The Heads of a number of residential special schools also co-operated, as did the Principal School Medical Officer of the London County Council in respect of children attending that Authority's day special schools.

Spa Treatment for Asthma in Children.

An inquiry was made by the Ministry of Health into the results of a residential course of treatment for asthma at La Bourboule, France, in 100 children and adolescents between the ages of 7 and 20 who visited the spa in 1951, 1952 and 1953. Information as to their condition before and after visiting La Bourboule was obtained by Assistant County Medical Officers, in consultation with the general practitioners concerned, in respect of eight children living in Kent.

The Principal Medical Officer of the Ministry reports that "rather less than half the patients investigated improved after their stay at La Bourboule, and more than half of these were in the age group 13 to 15, among whom spontaneous improvement is to be expected in the normal course of

adolescence. From these figures it seems that, as a form of 'mass' treatment for asthmatic children and adolescents, this continental spa offers no particular advantage over symptomatic treatment combined, where necessary, with residence in an open air school in this country".

EMPLOYMENT OF CHILDREN.

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 2,166 children were examined, and certificates were refused in 16 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 39 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 if appropriate, and on school premises. 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 1954:—

Primary Injections Number of children between 5 and 15 years	Secondary or re-inforcing injections
2,769	20,930

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	25	61
Bromley	3	29
Canterbury	25	74
Gravesend	39	67
Hastings	14	16
Isle of Thanet	16	23
Maidstone	13	44
Medway	9	50
North Kent	11	39
South-East Kent	15	75
West Kent	31	61
TOTALS	201	539

SPECIAL ARRANGEMENTS FOR STAFF MEDICAL AND X-RAY EXAMINATIONS.

In my report for 1952 I referred to the special arrangements for staff medical and X-ray examinations. I set out below some details of the medical and X-ray examinations carried out during the year:—

	Number of Medical Examinations	*Number of X-ray Examinations*
(*a*) Candidates applying for entry to a training college	445	19
(*b*) Entrants to the teaching profession	184	107
(*c*) Teachers appointed to the County Staff (health declarations)	1,148	508

TABLE 18

CASES OF INFECTIOUS DISEASES NOTIFIED WITHIN THE SCHOOL AGE PERIOD, 5 TO 15 YEARS

	Scarlet Fever		Whooping Cough		Measles		Poliomyelitis				Pneumonia		Encephalitis		Dysentery		Erysipelas		Food Poisoning		Typhoid, etc.		Tuberculosis				Meningococcal Infection	
							P.		N.P.														Resp.		Other, Non-Resp.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
URBAN DISTRICTS																												
Ashford U.	1	6	29	22	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—
Beckenham B.	25	28	12	17	38	30	—	—	—	—	—	2	1	—	14	11	—	1	1	—	p.t. 1	p.t. 1	1	1	1	—	1	—
Bexley B.	65	35	59	51	14	15	2	—	—	—	4	1	—	—	1	—	—	1	—	—	—	—	2	1	1	—	—	—
Broadstairs U.	11	13	14	5	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bromley B.	28	18	62	56	70	53	2	—	—	—	1	4	—	—	1	3	—	—	—	1	—	—	1	1	—	—	—	—
Chatham B.	21	11	37	20	—	2	—	—	—	—	1	2	—	—	35	47	—	—	44	66	—	—	2	2	—	2	—	—
Chislehurst and Sidcup U.	40	25	41	55	74	56	—	—	—	—	8	8	1	—	6	4	—	—	—	—	1	—	5	3	1	1	—	1
Crayford U.	6	8	43	54	1	—	1	—	—	—	3	1	—	—	—	—	—	—	—	—	—	—	1	3	—	—	—	—
Dartford B.	15	13	17	25	1	—	1	—	—	—	2	1	—	—	—	1	—	—	1	1	—	—	1	2	1	—	—	—
Deal B.	8	10	8	17	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Dover B.	12	17	39	29	1	—	—	—	—	1	2	2	—	1	2	—	—	—	1	—	—	—	1	—	1	1	—	—
Erith B.	11	15	56	66	—	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	2	5	—	—	—	—
Faversham B.	—	1	26	19	—	2	—	—	—	—	1	—	—	—	2	1	—	—	1	—	—	—	1	1	—	1	—	—
Folkestone B.	8	8	14	22	2	—	—	—	—	—	6	5	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Gillingham B.	27	15	27	43	4	2	—	—	—	—	4	3	—	—	8	5	—	—	1	1	—	—	3	3	—	1	—	—
Gravesend B.	11	17	40	34	2	—	—	—	1	—	3	1	1	1	—	—	—	—	—	—	—	—	1	1	—	1	1	—
Herne Bay U.	3	1	15	21	2	1	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—
Hythe B.	4	5	2	8	—	2	—	—	—	—	1	—	—	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—
Lydd B.	1	4	9	6	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Maidstone B.	9	7	49	59	3	—	—	—	—	—	2	2	—	—	—	—	—	—	—	2	—	—	—	—	1	—	—	—
Margate B.	21	16	1	4	10	4	1	—	—	—	—	—	—	—	2	3	—	—	—	1	—	—	—	—	—	—	—	1
New Romney B.	1	—	14	12	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northfleet U.	7	9	20	17	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Orpington U.	42	41	60	63	166	159	—	—	—	—	6	5	—	—	1	1	1	—	3	—	—	1	—	1	—	—	—	—
Penge U.	21	24	5	11	1	4	—	—	—	—	1	—	—	—	60	58	—	—	3	1	—	—	—	—	2	1	—	—
Queenborough B.	1	—	15	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Ramsgate B.	12	12	9	5	3	3	—	—	1	—	2	1	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—
Rochester City	12	8	19	32	3	2	—	—	—	—	4	5	—	—	6	3	—	—	91	81	—	—	1	3	1	2	—	—
Sandwich B.	—	1	14	14	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sevenoaks U.	13	12	5	8	1	—	—	—	—	—	—	—	—	1	1	—	—	—	1	38	—	—	—	—	—	—	—	—
Sheerness U.	10	12	13	11	1	2	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Sittingbourne and Milton U.	29	24	44	50	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	3	—	—	—	—
Southborough U.	13	15	12	27	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Swanscombe U.	2	—	12	8	—	1	—	—	—	—	1	1	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—
Tenterden B.	6	3	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Tonbridge U.	4	3	38	30	1	1	—	—	—	—	5	1	1	—	2	2	—	—	—	—	—	—	1	—	—	—	—	—
Tunbridge Wells B.	24	18	39	47	2	4	—	—	—	—	—	1	1	—	7	8	—	—	—	—	—	—	—	—	1	—	—	—
Whitstable U.	—	3	10	13	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—
RURAL DISTRICTS																												
Ashford East	5	10	8	8	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ashford West	8	6	5	5	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bridge Blean	2	5	9	17	1	—	—	—	—	—	—	—	—	—	2	—	—	—	2	1	—	—	—	—	—	1	—	—
Cranbrook	3	3	33	43	—	—	—	—	—	—	2	—	—	—	11	—	—	—	—	—	—	—	—	—	—	—	—	—
Dartford	5	8	37	34	1	—	—	—	1	—	1	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	1
Dover	2	4	11	14	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Eastry	4	8	14	14	—	—	—	—	—	—	3	—	—	—	—	—	1	—	—	—	—	—	1	2	—	—	—	—
Elham	—	1	25	36	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hollingbourne	1	—	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—
Maidstone	13	7	59	62	3	1	1	—	—	—	1	2	—	—	3	—	—	—	—	1	—	—	—	—	1	—	—	—
Malling	6	4	75	57	1	1	—	—	1	1	1	4	—	—	2	15	—	—	—	1	—	—	—	—	—	—	—	—
Romney Marsh	1	2	15	16	4	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sevenoaks	19	20	32	31	18	9	—	—	—	—	3	8	—	—	27	29	1	—	1	1	1	—	—	—	—	—	—	—
Sheppey	2	1	25	30	3	1	—	—	—	—	—	1	—	—	—	—	—	1	7	1	—	—	1	—	—	—	—	—
Strood	1	2	17	16	—	—	—	—	—	—	1	—	—	—	—	3	—	—	—	—	—	—	—	—	2	3	—	—
Swale	15	12	28	23	1	—	—	—	—	—	3	2	—	—	2	4	—	—	—	—	—	—	—	—	—	1	—	—
Tenterden	3	6	25	22	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
Tonbridge	24	14	34	31	6	2	1	—	—	—	—	2	—	—	—	45	—	—	—	—	—	—	3	1	1	—	—	—
Totals	638	571	1,377	1,462	442	364	11	4	5	2	80	73	5	3	202	245	3	4	159	197	2 lp.t.	2 lp.t.	36	38	17	20	2	3

MEDICAL INSPECTION RETURNS OF PUPILS ATTENDING MAINTAINED PRIMARY, SECONDARY, GRAMMAR AND TECHNICAL SCHOOLS

TABLE 19

MEDICAL INSPECTIONS

	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
A—PERIODIC MEDICAL INSPECTIONS						
Number of Inspections in the prescribed Groups—						
Entrants	893	1,278	665	1,293	20,688	24,817
Second Age Group	598	1,123	1,775	923	15,009	19,428
Third Age Group	571	841	388	628	11,122	13,550
Total	2,062	3,242	2,828	2,844	46,819	57,795
Number of other Periodic Inspections	2,132	1,251	1,170	1,113	26,538	32,204
Grand Total	4,194	4,493	3,998	3,957	73,357	89,999
B—OTHER INSPECTIONS						
Number of Special Inspections	853	1,627	1,414	1,465	9,430	14,789
Number of Re-Inspections	167	2,716	518	1,922	38,258	43,581
Total	1,020	4,343	1,932	3,387	47,688	58,370

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 20 (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	30	14	7	154	207	88	245	55	129	1,759	2,276	88	234	69	132	1,878	2,401
Second Age Group	24	107	39	47	768	985	47	272	84	49	885	1,337	66	318	123	94	1,586	2,187
Third Age Group	14	66	11	45	616	752	19	260	16	11	691	997	30	280	27	55	1,259	1,651
Total (prescribed groups) ..	40	203	64	99	1,538	1,944	154	777	155	189	3,335	4,610	184	832	219	281	4,723	6,239
Other Periodic Inspections ..	52	149	35	32	1,331	1,599	152	248	33	70	1,933	2,436	204	334	68	100	3,149	3,855
Grand Total	92	352	99	131	2,869	3,543	306	1,025	188	259	5,268	7,046	388	1,166	287	381	7,872	10,094

TABLE 20

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

NOTE.—All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS — No. of Defects — Requiring treatment (2)						PERIODIC INSPECTIONS — No. of Defects — Requiring to be kept under observation, but not requiring treatment (3)					
		"Excepted" District of Beckenham	Bexley ,, ,,	Bromley ,, ,,	Gillingham ,, ,,	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley ,, ,,	Bromley ,, ,,	Gillingham ,, ,,	Remainder of Area	TOTAL
4	Skin	42	182	3	3	457	687	8	137	6	3	562	716
5	Eyes—a. Vision	92	352	99	131	2,869	3,543	50	397	218	24	1,141	1,830
	b. Squint	14	85	10	19	529	657	12	72	2	3	194	283
	c. Other	7	80	13	8	342	450	4	48	7	1	229	289
6	Ears—a. Hearing	11	27	1	7	294	340	25	200	4	11	466	706
	b. Otitis Media	17	10	—	—	85	112	13	100	1	1	182	297
	c. Other	9	48	2	2	88	149	9	99	4	1	79	192
7	Nose or Throat	31	149	17	148	927	1,272	114	624	67	160	2,161	3,126
8	Speech	17	12	15	19	159	222	11	46	13	26	431	527
9	Cervical Glands	1	20	—	1	40	62	15	264	2	20	912	1,213
10	Heart and Circulation	5	9	—	2	88	104	20	119	4	29	328	500
11	Lungs	26	20	2	1	341	390	64	367	16	12	803	1,262
12	Developmental—												
	a. Hernia	4	9	6	3	60	82	2	22	6	5	119	154
	b. Other	2	19	6	3	129	159	5	154	98	—	466	723
13	Orthopædic—												
	a. Posture	20	156	44	—	362	582	10	145	159	15	757	1,086
	b. Flat foot	5	148	15	23	442	633	12	156	71	29	684	952
	c. Other	49	124	29	7	542	751	33	398	46	12	1,036	1,525
14	Nervous System—												
	a. Epilepsy	5	2	—	—	31	38	—	18	1	1	64	84
	b. Other	2	—	3	—	40	45	4	36	11	4	124	179
15	Psychological—												
	a. Development	3	—	—	—	126	129	9	41	2	—	303	355
	b. Stability	4	9	—	8	137	158	2	210	5	3	1,086	1,306
16	Other	35	44	38	5	547	669	107	192	121	275	964	1,659
	Totals	401	1,505	303	390	8,635	11,234	529	3,845	864	635	13,091	18,964

Defect Code No.	Defect or Disease (1)	SPECIAL INSPECTIONS — No. of Defects — Requiring treatment (4)						SPECIAL INSPECTIONS — No. of Defects — Requiring to be kept under observation, but not requiring treatment (5)					
		"Excepted" District of Beckenham	Bexley ,, ,,	Bromley ,, ,,	Gillingham ,, ,,	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley ,, ,,	Bromley ,, ,,	Gillingham ,, ,,	Remainder of Area	TOTAL
4	Skin	4	91	67	163	852	1,177	2	11	2	5	85	105
5	Eyes—a. Vision	40	70	61	16	1,255	1,442	21	10	35	6	172	244
	b. Squint	2	15	5	—	111	133	2	2	1	—	16	21
	c. Other	7	43	45	132	355	582	10	2	4	5	62	83
6	Ears—a. Hearing	10	47	4	1	107	169	28	34	4	—	43	109
	b. Otitis Media	2	10	—	20	50	82	6	6	1	2	10	25
	c. Other	1	17	19	25	79	141	4	4	2	4	13	27
7	Nose or Throat	39	131	80	4	363	617	59	58	28	—	92	237
8	Speech	6	19	5	2	128	160	9	2	9	—	30	50
9	Cervical Glands	4	7	1	—	13	25	8	8	1	—	21	38
10	Heart and Circulation	2	11	2	—	33	48	14	20	2	—	21	57
11	Lungs	42	58	10	—	111	221	65	69	19	—	59	212
12	Developmental—												
	a. Hernia	—	2	1	—	6	9	—	2	2	—	1	5
	b. Other	2	2	17	—	27	48	3	—	41	—	11	55
13	Orthopædic—												
	a. Posture	6	6	15	—	56	83	7	2	17	—	30	56
	b. Flat foot	5	15	25	—	86	131	7	2	23	2	33	67
	c. Other	39	48	117	1	184	389	23	15	37	—	73	148
14	Nervous System—												
	a. Epilepsy	—	—	1	—	12	13	5	4	—	—	8	17
	b. Other	2	7	3	—	31	43	5	11	9	—	34	59
15	Psychological—												
	a. Development	2	4	10	1	105	122	11	73	13	—	60	157
	b. Stability	3	38	9	1	165	216	8	54	6	—	100	168
16	Other	50	225	202	318	1,259	2,054	157	104	53	51	280	645
	Totals	268	866	699	684	5,388	7,905	454	493	309	75	1,254	2,585

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

Age Groups	Number of Pupils Inspected						A. (Good)												B. (Fair)												C. (Poor)											
							No.						% of column 2						No.						% of column 2						No.						% of column 2					
	"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	"Excepted" District of Beckenham	Bexley ,,	Bromley ,,	Gillingham ,,	Remainder of Area	TOTAL
(1)	(2)						(3)						(4)						(5)						(6)						(7)						(8)					
Entrants ..	893	1,278	665	1,293	20,688	24,817	490	461	199	932	9,071	11,153	54·9	36·1	29·9	72·1	43·8	45·0	394	761	455	346	10,707	12,663	41·1	59·5	68·4	26·7	51·7	51·0	9	56	11	15	910	1,001	1·0	4·4	1·7	1·2	4·5	4·0
Second Age Group	598	1,123	1,775	923	15,009	19,428	419	535	534	628	7,203	9,319	70·1	47·6	30·1	68·0	48·0	48·0	177	551	1,216	265	7,300	9,509	29·6	49·1	68·5	28·7	48·6	48·9	2	37	25	30	506	600	0·3	3·3	1·4	3·3	4·3	4·1
Third Age Group	571	841	388	628	11,122	13,550	471	470	146	462	5,281	6,830	82·5	55·9	37·6	73·6	47·5	50·4	97	356	238	161	5,508	6,360	17·0	42·3	61·4	25·6	49·5	46·9	3	15	4	5	333	360	0·5	1·8	1·0	0·8	3·0	2·7
Other Periodic Inspections ..	2,132	1,251	1,170	1,113	26,538	32,204	1,350	574	470	803	12,214	15,411	63·3	45·9	40·2	72·1	46·0	47·9	780	632	686	276	13,321	15,695	36·6	50·5	58·6	24·8	50·2	48·7	2	45	14	34	1,003	1,098	0·1	3·6	1·2	3·1	3·8	3·4
TOTALS ..	4,194	4,493	3,998	3,957	73,357	89,999	2,730	2,040	1,349	2,825	33,769	42,713	65·1	45·4	33·7	71·4	46·0	47·5	1,448	2,300	2,595	1,048	36,836	44,227	34·5	51·2	64·9	26·5	50·2	49·1	16	153	54	84	2,752	3,059	0·4	3·4	1·4	2·1	3·8	3·4

TABLE 21

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 authorised persons	17,735	16,266	18,253	25,135	443,564	520,953
(ii) Total number of pupils on roll of schools visited	6,566	10,779	9,039	9,720	162,426	198,530
(iii) Total number of individual pupils found to be infested	6	62	88	249	2,363	2,768
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—	12	—	—	674	686
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—	—	—	—	—	—

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 22

GROUP I.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table 21)

	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	—	—	—	5	7	12	—	—	—	—	—	—
(ii) Body	—	6	7	7	24	44	—	—	—	—	—	—
Scabies	1	2	2	2	30	37	—	—	—	—	—	—
Impetigo	—	5	8	79	297	389	—	—	—	3	—	3
Other skin diseases	940	131	271	44	1,712	3,098	1	—	—	6	1	8
Total	941	144	288	137	2,070	3,580	1	—	—	9	1	11

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	276	198	658	136	390	1,658	2	31	—	2	13	48
Errors of Refraction (including squint) ..	580	1,998	1,312	800	12,122	16,812	16	25	—	30	375	446
Total	856	2,196	1,970	936	12,512	18,470	18	56	—	32	388	494
Number of pupils for whom spectacles were												
(*a*) Prescribed ..	252	531	742	314	5,780	7,619	—	—	—	—	132	132
(*b*) Obtained ..	211	491	659	258	5,564	7,183	—	—	—	—	132	132

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

Received operative treatment—												
(*a*) for diseases of the ear	—	—	—	—	—	—	—	1	2	—	32	35
(*b*) for adenoids and chronic tonsillitis	—	—	—	—	—	—	468	83	260	86	2,463	3,360
(*c*) for other nose and throat conditions	—	—	—	—	—	—	11	1	—	2	14	28
Received other forms of treatment	81	—	51	34	—	166	—	28	17	16	81	142
Total	81	—	51	34	—	166	479	113	279	104	2,590	3,565

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS

(*a*) Number treated as in-patients in hospitals	—	—	—	—	—	—	10	10	16	—	32	68
(*b*) Number treated otherwise, e.g. in clinics or out-patient departments	114	172	150	1	1,831	2,268	7	25	—	30	859	921

GROUP V.—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	in the Authority's Child Guidance Clinics	elsewhere
Number of pupils treated	1,346	424*

* By arrangements with the Canterbury L.E.A.

GROUP VI.—SPEECH THERAPY

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated	1,144	—

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	1,771	686	1,079	442	4,103	8,081	—	—	—	29	—	29
(*b*) Other												
1. Ear Defects ..	—	109	—	—	310	419	—	—	—	—	—	—
2. Eye Defects ..	—	95	—	—	1,939	2,034	—	—	—	—	—	—
3. Injuries	—	34	—	—	1,449	1,483	—	—	—	—	—	—
4. Catarrh, Sore Throats, etc. ..	—	—	—	1	—	1	—	—	—	6	—	6
5. Appendicectomy ..	—	—	—	—	—	—	—	—	—	—	208	208
6. Accidents and Fractures ..	—	—	—	—	—	—	—	—	—	—	178	178
7. Miscellaneous ..	—	—	—	—	—	—	—	—	—	—	391	391
Total	1,771	924	1,079	443	7,801	12,018	—	—	—	35	777	812

TABLE 23

DENTAL INSPECTIONS 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	7,318	5,205	3,098	2,452	60,220	78,293
(*b*) Specials	206	1,578	1,606	3,357	4,366	11,113
Total (1) ..	7,524	6,783	4,704	5,809	64,586	89,406
(2) Number found to require treatment ..	4,290	4,601	3,377	5,250	37,237	54,755
(3) Number referred for treatment ..	3,442	4,601	2,816	4,982	35,136	50,977
(4) Number actually treated	2,738	2,339	2,140	4,732	27,973	39,922
(5) Attendances made by pupils for treatment	7,081	8,094	8,633	9,107	91,241	124,156
(6) Half-days devoted to—						
(*a*) Inspection	66	30	22	22	460	600
(*b*) Treatment	866	941	1,003	983	11,291	15,084
Total (6) ..	932	971	1,025	1,005	11,751	15,684
(7) Fillings—						
(*a*) Permanent Teeth	2,836	2,636	3,224	4,180	34,275	47,151
(*b*) Temporary Teeth	1,528	1,171	1,173	1,018	7,157	12,047
Total (7) ..	4,364	3,807	4,397	5,198	41,432	59,198
(8) Number of teeth filled—						
(*a*) Permanent Teeth	2,559	2,301	3,088	3,455	31,289	42,692
(*b*) Temporary Teeth	1,451	1,149	1,155	822	6,931	11,508
Total (8) ..	4,010	3,450	4,243	4,277	38,220	54,200
(9) Extractions—						
(*a*) Permanent Teeth	266	1,040	517	1,052	8,586	11,461
(*b*) Temporary Teeth	1,947	3,281	2,624	6,214	38,652	52,718
Total (9) ..	2,213	4,321	3,141	7,266	47,238	64,179
(10) Administration of general anæsthetics for extraction	930	1,428	1,379	3,024	11,730	18,491
(11) Other operations—						
(*a*) Permanent Teeth	2,155	1,514	1,504	695	20,332	26,200
(*b*) Temporary Teeth	1,236	291	1,080	29	10,953	13,589
Total (11) ..	3,391	1,805	2,584	724	31,285	39,789