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KENT COUNTY COUNCIL

EDUCATION COMMITTEE



REPORT ON THE HEALTH OF THE SCHOOL CHILD

For the Year 1956

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

Principal School Medical Officer

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HEALTH DEPARTMENT,
COUNTY HALL,
MAIDSTONE.

24th July, 1957.

To the Chairman and Members of the Kent Education Committee

A study of the Report shows that there has been a continuation of the School Health Service without major changes and apart from shortages of staff in the dental and child guidance services the needs of the children are, in general, being met.

It has been suggested in some quarters that the summit of the usefulness of the School Health Service has been passed and that much, if not all, of its work might now well be taken over by other branches of the National Health Service. This view is not borne out by my experience or that of the majority of those appropriately qualified to judge. As will be seen from the figures in the report, of the 85,113 children examined at routine inspections during the year, 10,665 or 12.1% were found to have defects requiring medical treatment and the necessary steps were taken to ensure they received it. While it may be possible for these routine inspections to become progressively more widely spaced and more reliance placed on special examinations at the request of parents or teachers, there is clear evidence that the stage has not yet been reached where routine examinations can be discontinued. Many of the defects discovered in this way are of sight and hearing and are of a nature that they can, and not infrequently do, remain undiscovered in the ordinary way. Children suffering from such defects may run the risk of being considered to be below the average in intelligence when their failure to produce their true level of attainment is due to some physical defect. This is particularly true in connection with minor and intermediate degrees of hearing loss, a matter which has in recent years been receiving increasing attention. While I am not prepared to advocate, since I do not believe that the evidence warrants it, that every child should be submitted to audiometric test, experience suggests that it might well be profitable to carry out examinations of this sort in all special schools and classes and of children whose attainment fails to reach an average level.

The incidence of infectious disease in the schools has been low in the year under review and has shown that the policy of keeping exclusion and school closure to a minimum is a proper one and has not led to any increased spread of infectious disease. The advantages of the policy are that the education of individual children is not disturbed and close surveillance can be maintained of children who have been in contact with infectious illnesses. The only noteworthy exception to this policy during the year concerned the sharp and somewhat unusual outbreak of poliomyelitis in the Tonbridge rural area, which is reported on page 28, and in which exceptional measures were necessitated by the epidemiological factors of an outbreak occurring in a small and comparatively isolated community.

The control of infectious disease by preventive immunisation and vaccination formerly largely confined to diphtheria and smallpox is now progressively being extended to other diseases and during 1956 a start was made in the vaccination of children in the 2 to 9 year old age group against poliomyelitis and plans made for the protection of children in early adolescence against tuberculosis by the use of B.C.G. vaccination as well as vaccination of infants against whooping cough. The vaccination against poliomyelitis was, and still is, limited by the amount of vaccine so far available, but it is hoped that as supplies become more plentiful it will eventually be possible to offer this measure of protection to all children. Whilst the measure of protection given is not complete, it is certainly of sufficient degree to be well worth while.

These additional procedures, of course, add considerably to the work of the School Health Service and take up an increasing proportion of staff time. They also add appreciably to the burdens of Head Teachers and school staffs, to whom I wish to pay a special tribute for the willing and effective help they have given.

The new method of classification used in assessing the general condition of pupils makes comparison with previous years difficult, but as the figures on page 35 show, there must inevitably be some divergence of opinion among medical officers as to what constitutes a "satisfactory" or "unsatisfactory" state. It is this divergence of opinion which accounts mainly for the disparity in the figures for different areas rather than any true difference in the standards of physique in the children themselves. I am satisfied that the general standard remains high.

In addition to the steady improvement which has been observed in the nutritional state of the children in recent years, it has been evident that the increasing attention given to physical education and the modern methods now being adopted are having a noticeable effect in the physique, carriage and alertness of the children, which has occasioned comment by a number of medical officers at schools where these methods have been brought into use.

I have already, in dealing with the question of vaccination and immunisation, referred to the invaluable help of the Head Teachers and school staffs, which extends to all branches of the service and for which I am most grateful. I would also like to express my appreciation to the Members of the Committee for their continued interest and to the staff of the Education Department, who are so closely associated with the service, as well as to thank the staff of School Health Service, professional and lay, for the diligence and enthusiasm which they have shown in carrying out their duties.

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, 1956

General Information

Particulars relating to schools, etc., in the area of the Education Committee on 31st December 1956:—

Estimated population of the Administrative County (at the 30th June, 1956)	1,601,000
Number of Primary Schools or departments	701
Number of pupils on the roll	142,501
Number of Secondary Modern Schools	130
Number of pupils on the roll	64,027
Number of Grammar Schools	37
Number of pupils on the roll	18,953
Number of Technical Schools	18
Number of pupils on the roll	7,941
Number of minor ailment clinics	68
Number of dental clinics	55
Number of mobile dental clinics	4
Number of ophthalmic clinics	28
Number of orthopaedic clinics under the control of the Health Committee	11
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:

<i>Clinic</i>	<i>Address</i>	<i>Services</i>
Ashford	14, Canterbury Road	M.R.D. Sd.
Ashford	Child Welfare Centre, Station Road ..	O.
Aylesham	A.R.P. Shelter, C.P. School	M.D.
Borough Green ..	Western Hall	M.D.
Broadstairs ..	Mothercraft Club	D.
*Canterbury ..	51, London Road	C.G.
Canterbury ..	Kent and Canterbury Hospital	R.
Canterbury ..	94, Whitstable Road	D. Sd.
Chatham	Elm House, 15, New Road Avenue ..	M.
Chatham	118, Maidstone Road	R.D. Sd. C.G.
Chatham	Wayfield Estate	M.D.
Chislehurst ..	The Willows, Red Hill	M.R.D. Sd. C.G. Asthma
Cranbrook	A.R.P. Shelter, C.E. Primary School ..	D.
Crayford	Mayplace Road C.P. School, Woodside Road, Bexleyheath	C.G.D.
Crayford	Town Hall (adjoining)	M.R. Asthma Sd.
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.
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.
Maidstone ..	Molehill Copse	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.

*Administered by Canterbury L.E.A.

<i>Clinic</i>	<i>Address</i>	<i>Services</i>
Sandwich	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.
Sidcup	69 & 71, Sidcup Hill.. .. .	Sd.
Sidcup	10, Station Road	M.D.
Sittingbourne ..	5, London Road	M.R.D.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.O.
Tunbridge Wells ..	3, Mount Ephraim Road	C.G. Sd.
Walmer	Liverpool Road	D.
Whitstable.. ..	Masonic Hall, Cromwell Road	M.D.
Whitstable.. ..	Clifford Hall	R.

EXCEPTED DISTRICTS

Beckenham	80, Croydon Road	D.
Beckenham	School Clinic, Town Hall	M.R.D. Sd. O.
Beckenham	Hawes Down Clinic	M.D.
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	Hawes Down School.. .. .	M.
Beckenham	Marian Vian School	M.
Beckenham	Oaklodge School	M.
Beckenham	Stewart Fleming School	M.
Beckenham	Wickham Common School	M.
Beckenham	Worsley Bridge School	M.
Bexley	Little Danson Clinic, Welling	M.D.R.
Bexley	Murchison Avenue, Bexley	M.O. Sd.
Bexley	Wrotham Road Clinic	M.
Bexley	Child Welfare Centre, Station Approach Road, Welling	O.
Bexley	315, Broadway, Bexleyheath	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.
Gillingham.. ..	Byron Road School Annexe	Sd.

M.—Minor Ailments
R.—Refractions
D.—Dental
C.G.—Child Guidance

Sd.—Speech defects
S.—Orthoptic training
O.—Orthopaedic

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

Staff of the School Health Service during 1956

	Proportion of whole-time allotted to	
	School Health Service (Percentage)	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.	68.0	32.0
Ward, M. A. G., M.B., D.P.H.	7.0	93.0
ASSISTANT COUNTY MEDICAL OFFICERS :		
†Begg, Rosemary A., M.B., CH.B.	50.0	12.6
Brennen, R. G., M.B., B.CH., D.P.H.	63.6	36.4
Brown, Kathleen, F., M.R.C.S., L.R.C.P., D.P.H.	77.3	22.7
Cagney, Mary, M.B., CH.B.	79.5	20.5
Campbell, C., L.R.C.S., L.R.C.P., D.P.H., L.D.S.	100.0	—
Campion, Beatrice L., M.R.C.S., L.R.C.P.	90.9	9.1
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.	81.8	18.2
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.	63.6	36.4
Fox, F. W., M.B., CH.B.	100.0	—
Fox, Helen D., M.B., B.S.	63.6	36.4
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.	45.5	54.5
Hauxwell, Margaret, M.B., CH.B.	59.0	41.0
†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.	54.5	45.5
Jackson, Ruby M., M.B., CH.B., D.R.C.O.G.	70.5	29.5
Kyle, Edith E., B.A., M.B., B.CH., B.A.O.	79.5	20.5
Ledger, Margaret E., M.B., B.S.	70.5	29.5
Lister, Jeanne C., M.B., B.S.	100.0	—
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.	81.8	18.2
Ludlow, Joyce R., M.B.E., M.B., B.S., F.R.C.S. (From 10/9/56)	56.8	43.2
MacQuillan, C. J., B.A., M.D.	86.4	13.6
Nicholls, Edith G., M.A., M.B., CH.B. (Deceased 18/4/56)	—	—
Nithsdale, Jean, M.B., CH.B., D.P.H.	50.0	50.0
Paterson, Elfriede, M.R.C.S., L.R.C.P.	68.2	31.8
Pimm, Constance S., M.B., CH.B. (Until 29/2/56)	—	—
†Pringle, E. G., M.D.	18.2	—
Senior, Nera, M.B., CH.B. (From 12/11/56)	81.8	18.2
Sharvelle, Doris G., M.R.C.S., L.R.C.P., D.P.H.	81.8	18.2
Stableforth, Gladys, M.D.	63.6	36.4
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. (Until 4/6/56)	—	—
Urquhart, Margaret M., M.B., CH.B.	77.3	22.7
Wallace, Elsie, L.M.R.C.S.I., L.M.R.C.P.I. (From 16/4/56)	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
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PRINCIPAL SCHOOL DENTAL OFFICER :

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

Thorn, N. K., L.D.S. (Until 31/3/56)	100.0	—
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DENTAL SURGEONS :

Alford, Mrs. M. M., L.D.S.	90.9	9.1
Anderson, H., L.D.S. (Until 12/6/56)	—	—
Arnold, F. G., L.D.S.	90.9	9.1
Bradbeer, C. C., L.D.S.	100.0	—
†Bradley, P., L.D.S. (From 10/9/56)	36.4	—
†Brown, Mrs. A. E. D., L.D.S.	36.4	—
Cantor, H., L.D.S.	86.4	13.6
†Cardell, I. S., L.D.S.	71.6	1.1
Christensen, P. J., L.D.S.	97.8	2.2
Crisp, B., L.D.S.	97.8	2.2
Cross, Mary E. O., L.D.S.	97.8	2.2
†Darling, Vera, L.D.S.	36.4	—
Dawe, Marjorie K. M., L.D.S. (Until 10/9/56)	—	—
Donald, J. R., L.D.S.	100.0	—
Elvy, Doris M., L.D.S.	93.2	6.8
Fellows-Smith, G., L.D.S. (From 26/4/56)	90.9	9.1
†Figdor, Dr. Pauline, L.D.S.	35.3	1.1
Gausden, P. D., L.D.S.	90.9	9.1
†Halpern, Marie E., L.D.S.	65.9	6.8
Hayes, L. F., L.D.S.	90.9	9.1
Heywood, O. B., L.D.S.	93.2	6.8
Hill, C. H., L.D.S.	90.9	9.1
Hobday, E. C., L.D.S.	96.7	3.3
Mahler, Edith, L.D.S.	90.9	9.1
Markham, F. A., L.D.S.	96.7	3.3
Martin, Ellen T., L.D.S. (Until 30/4/56)	—	—
Moffat, W., L.D.S.	97.8	2.2
†Ruane, Mary A. P., L.D.S. (From 23/1/56 until 20/11/56)	36.4	—
†Rumble, J. D., L.D.S.	36.4	—
†Seal, H. S. K., L.D.S.	52.3	2.2
†Sharpe, C. W., L.D.S.	35.3	1.1
†Storey, Margaret B., L.D.S.	84.1	6.8
†Sturgess, Pauline, L.D.S.	45.5	—
Thorn, N. K., L.D.S. (From 1/4/56)	90.9	9.1
†White, Millicent, L.D.S.	84.1	6.8

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. (Until 31/12/56)	.. .. .	—
Clark, J. E., Commander, R.N. (Retd.), M.R.C.S., L.R.C.P., D.O.M.S.	.. .. .	13.5	
Cogan, J. E. H., M.B., CH.B., D.O.	.. .. .	13.5	
*Lorriman, F. J., M.D., F.R.C.S.E.	.. .. .	27.3	
Lucas Young, A., M.A., B.M., B.CH., D.O.M.S. (from 15/10/56)	.. .. .	18.2	
McDonnell, M. F., M.B., B.CH., B.A.O., 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.	.. .. .	27.3	
O'Shea, J. J., L.R.C.P., L.R.C.S. (Until 11/10/56)	.. .. .	—
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	
Sterndale Bennett, Anne, M.B., B.S., M.R.C.S., L.R.C.P., D.O. (From 4/7/56)	.. .. .	9.1	
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	
ORTHOPAEDIC SURGEONS†:			
*Baird, R. C., F.R.C.S.	.. .. .	2.3	
*Buck, J. E., F.R.C.S. (Until 21/3/56)	.. .. .	—
*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.	.. .. .	2.3	
*Shephard, E., F.R.C.S.	.. .. .	2.3	
*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.	.. .. .	63.6	
*†Maberly, A., M.B., B.CH.	.. .. .	18.2	
*†Smith, J. Vincent, M.A., M.B., B.Ch.	.. .. .	63.6	
*†Waterlow, Judith, M.B., B.S. (From 5/9/56)	.. .. .	36.4	
*Zausmer, D. M., M.B., B.S., D.P.M.	.. .. .	100.0	
EXCEPTED DISTRICTS:			
BECKENHAM BOROUGH		Proportion of whole-time allotted to School Health Service (Percentage) and Other Services (Percentage)	
<i>Medical Officer of Health:</i>			
Edwards, L. R. L., M.D., D.P.H.	.. .. .	36.0	64.0
<i>Assistant Medical Officers:</i>			
Collett, Susan, L.R.C.P., L.R.C.S.	.. .. .	68.1	31.9
†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	—
ORTHOPAEDIC SURGEON:			
*Hulbert, K. F., F.R.C.S.	.. .. .	4.5	—
DENTAL SURGEONS:			
†Jenkins, Mrs. J. D., L.D.S.	.. .. .	36.4	—
†Kininmonth, Mrs. M., L.D.S.	.. .. .	67.0	5.0
†Lane, J. D., L.D.S.	.. .. .	36.4	—
†Francis, R. C., L.D.S. (Until 26/6/56)	.. .. .	—	—
†Skidmore, D. E., L.D.S.	.. .. .	36.4	—
BEXLEY BOROUGH			
<i>Medical Officer of Health:</i>			
Landon, John, M.R.C.S., L.R.C.P., D.P.H.	.. .. .	25.0	75.0
<i>Assistant Medical Officers:</i>			
Ring, Stella M., M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.	.. .. .	100.0	—
Walter, Norah, 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.	45.5	—
ORTHOPAEDIC SURGEONS:		
*Hulbert, K. F., F.R.C.S.	4.5	—
*Lawson, B., F.R.C.S.E.	2.3	—
DENTAL SURGEONS:		
†Arnold, P. G., L.D.S.	36.4	—
Lawrence, G. Wilson, L.D.S.	81.8	18.2
BROMLEY BOROUGH		
<i>Medical Officer of Health:</i>		
Carter-Locke, H. B. C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	25.0	75.0
<i>Deputy Medical Officer of Health:</i>		
Kelynack, A. J. I., M.B., B.S., D.P.H.	50.0	50.0
<i>Assistant Medical Officers:</i>		
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.	45.4	54.6
OPHTHALMOLOGIST:		
†Lyle, E. H. W., M.A., M.D., D.O.M.S.	27.3	—
ORTHOPAEDIC SURGEON:		
*Hulbert, K. F., F.R.C.S.	4.5	—
DENTAL SURGEONS:		
King, A. F., L.D.S.	88.1	11.9
Lindsay, Mrs. C. M., L.D.S.	100.0	—
GILLINGHAM BOROUGH		
<i>Medical Officer of Health:</i>		
Dunlop, Meta L., M.B., B.Ch., D.P.H.	75.0	25.0
<i>Assistant Medical Officers:</i>		
†Browne, N., B.A., M.B., B.Ch., B.A.O.	45.5	—
†Corall, Lorna Marion, B.Sc., 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	—
OPHTHALMOLOGIST:		
†Clark, J. E., Commander, R.N. (Retd.), M.R.C.S., L.R.C.P. D.O.M.S.	18.2	—
DENTAL SURGEONS:		
†Davis, H. de V., L.D.S.	18.2	—
Griffiths, W. C., L.D.S.	95.0	5.0

* Officers of the Regional Hospital Board.

† Part-time.

OTHER STAFF	Number of Officers	Aggregate of time given to School Health Service work in terms of whole-time officers
Health Visitors	239	80.0
Dental Attendants	36	34.7
Psychologists	12	8.5
Psychiatric Social Workers	4	2.4
Speech Therapists	13	12.3
Oral Hygienist	1	1.0

The arrangement has continued whereby four of the whole-time Assistant County Medical Officers attend a weekly session in the paediatric department of local hospitals as clinical assistants.

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.

Eighty-one per cent of the full-time medical 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 provided by the Health Committee are staffed by whole-time Medical Officers on the staff of the Education Committee; two whole-time Medical Officers give part-time assistance to the Mental Health Service and eighteen Medical Officers carry out routine examinations at Children's Homes for the Children's Committee.

The report of the Principal School Dental Officer on page 16 gives information about the staff of the School Dental Service.

Medical Inspections

The School Health Service and Handicapped Pupils Regulations, 1953, prescribed a minimum of three periodic examinations in a child's school life; as from the beginning of 1955 it was agreed to substitute for the examination of children at the age of 11 years, that is in the last year of the primary school, an examination to be carried out during the first year in the secondary school.

In addition, the undermentioned were examined:—

“Entrants” into school life

Pupils reaching the age of 8 years

“Leavers”

The number of children examined during 1956 in the routine age groups was 88,113, which represents 37.7 per cent of the pupils on the school roll, compared with 39.6 per cent for the previous year. In addition 36,686 re-examinations of pupils found defective were done, compared with 32,518 re-inspections in 1955.

FOLLOWING UP

Where the parents attend at the routine medical inspection, advice is given and the nature of any defect is explained by the doctor. The health visitors visit the homes of children, where necessary, to ensure that the advice of the doctor is carried out. In addition, the health visitors visit the parents of all children who fail to keep appointments at the school ophthalmic clinics.

FINDINGS AT MEDICAL INSPECTIONS

Table 15 on page 37 shows the principal defects found at medical inspections.

At the inspections of routine ages 10,665 children (12.1 per cent of the children examined) were found to have defects requiring medical treatment.

CLASSIFICATION OF THE PHYSICAL CONDITION

The former heading “Classification of the General Condition” has been replaced by “Classification of the Physical Condition”. Two categories only are provided for, i.e., “Satisfactory” and “Unsatisfactory”. It will be seen from the figures given in table 13 on page 35 that during 1956 only 2.7 per cent of the children examined in the routine age groups were considered to be “unsatisfactory.”

Medical Treatment

There were no major changes during the year.

Table 16 on pages 39 and 40 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 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 11,899 defects received attention compared with 14,726 for the preceding year.

(b) *Cleanliness.*—Owing to the decline in the incidence of personal uncleanliness among school pupils, it was decided that as from the beginning of 1956, the arrangements for regular cleanliness inspections in the Committee's schools be relaxed as follows:—

(i) *Secondary Schools*

Cleanliness inspections shall be carried out only when they are requested by the Head Teachers.

(ii) *Primary Schools*

Regular cleanliness inspections shall be discontinued at any primary school where at three consecutive inspections no cases of uncleanliness are found; provided that further inspections shall be made if requested by the Head Teacher, or if it appears that special circumstances warrant inspections.

The improvement noted during the past five years has been maintained.

(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 20,387, the corresponding figure for the previous year being 18,735. Spectacles were prescribed for 8,500 children.

The Assistant County Medical Officers reported that 324 pupils tested by the "Ishihara" colour vision plates were found to have a defect of colour vision. 286 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 142 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 8,180 children were so examined. Of these, 423 were referred to Assistant County Medical Officers for further examination.

(d) *Nose or Throat Defects.* During the year the Assistant County Medical Officers detected 1,256 children requiring treatment for nose or throat defects, and their recommendations were conveyed to the general practitioner concerned. Information has been received concerning 1,464 pupils who received operative treatment during the year.

The Chief Medical Officer for the Ministry of Education has asked for the co-operation of all Principal School Medical Officers in order to ascertain the tonsillectomy rate in children. The School Health Service is in a unique position for such a survey to be made of pupils in maintained schools.

It was decided that for 1956 and subsequent years, at periodic school medical examinations, a note should be made on the school medical record cards, and also on the returns, giving numbers of boys and girls who have undergone tonsillectomy at any time previously, thus making possible in each year an analysis of approximately one-third of the maintained school population of England and Wales. The Medical Research Council's Committee for Social and Environmental Health hopes to investigate this question and the School Health Service should be closely allied with this enquiry.

The analysis of the first enquiry was as follows:—

Age-group	Percentage of children examined who have had tonsillectomy	
	Boys	Girls
Entrants	6.8	5.3
8-year-olds	21.2	19.0
11-year-olds	23.6	23.0
Leavers	27.7	27.5

(e) *Orthopaedic and Crippling Defects.*—The orthopaedic scheme is administered by the County Health Committee. In 1956 there were 23,316 attendances at these clinics compared with 25,219 attendances during 1955. Of the former figure, 92.2 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 1

Clinic						New Patients of School Age	Total Number of Attendances of Children of School Age
Ashford .. .. .	..	..	..	..	..	30	1,094
Beckenham .. .. .	..	..	..	..	..	104	2,508
Bexleyheath .. .. .	..	..	..	..	..	26	626
Bromley .. .. .	..	..	..	..	..	111	1,722
Erith .. .. .	..	..	..	..	..	45	1,261
Hawes Down .. .. .	..	..	..	..	..	Nil	198
Margate .. .. .	..	..	..	..	..	87	4,311
Ramsgate .. .. .	..	..	..	..	..	67	3,433
Sevenoaks .. .. .	..	..	..	..	..	23	1,794
Sittingbourne .. .. .	..	..	..	..	..	47	853
Tenterden .. .. .	..	..	..	..	..	13	823
Tunbridge Wells .. .. .	..	..	..	..	..	39	1,376
Welling .. .. .	..	..	..	..	..	55	1,487
Totals .. .. .	..	..	..	..	..	647	21,486

(f) *Minor Diseases of the Ear and Eye.*—Children found to be suffering from minor ear or eye defects are sent to their own doctor or to a Medical Officer at the Minor Ailment Clinic.

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

"In spite of continued shortages of staff the work of the Child Guidance Service in the County has increased steadily during 1956. The number of new cases seen is once more close to the record figure at 1,214, although a clearer view of the extra work done is probably seen by reference to the total of treatment interviews at nearly 19,000. The quality of the work done has been intensified and whereas the number of cases for diagnosis and advice only given has diminished, cases referred for treatment have increased in number.

As a consequence of the increased demand upon the service, the waiting list for examination has again risen to approximately 300, the highest figure for several years. While the enlargement of the waiting list is to be expected with an increase in the work done, it cannot be regarded as satisfactory, and every effort is being made to reduce it.

It will be noted that the number of cases referred by the Courts has again expanded to 211, but there is no reason to suppose that this is more than temporary.

All members of the clinic staffs have made their contribution to meet the increased demands made upon them during the past year and thanks are due to them for the readiness with which they have met the increased load placed upon them."

The following table gives details of the work carried out during the year:—

TABLE 2

Clinic	No. of pupils referred during 1956	No. of Patients Diagnosed	Total Number of Interviews	Number Discharged				
				Consultation only	Condition unchanged	Condition improved	Non-co-operative	Transferred to other Authority
Canterbury	183	124	2,933	15	3	58	11	7
Chatham	149	118	2,351	7	—	21	7	2
Chislehurst	75	39	1,707	15	1	41	5	14
Crayford	151	116	4,054	20	1	46	10	25
Maidstone	408	321	6,020	188	3	98	30	33
Tunbridge Wells	248	136	1,672	103	2	31	7	4
Total	1,214	854	18,737	348	10	295	70	85

Total attendances: 12,288

Dr. Vincent Smith (Tunbridge Wells) reports:—

"Local trends previously mentioned have continued in this area, namely, the services of the Clinic are becoming more widely accepted by General Practitioners and by Private Schools. From the latter, one important and recurrent problem arises—that of the boy at a Preparatory School who is obviously not going to pass into a Public School. This problem has loomed larger since boys of the 1942-3 "bulge" have swollen waiting lists at the Public Schools, with some consequent—or at any rate, concurrent—raising of standards of entry, and it is a source of anxiety to Headmasters of Preparatory Schools who realise that a number of their boys will not be successful at the Common Entrance Examination, and that the School will perhaps be blamed for their failure. For this reason they are grateful for assessments at the Clinic of their less hopeful entries, as early in their school careers as possible, so that the parents can be warned when necessary that the chances of success are not great, and in some cases quite negligible.

So much we can do; what is more difficult is to answer the question, "then what school can he go to next?" Many parents are not yet adjusted to the idea of sending their sons to the local County Secondary School, and would prefer to make private arrangements; furthermore, the pattern of a Preparatory School training makes it difficult for such boys to fit into the Secondary School as at present constituted, particularly if they are not very capable intellectually. There seems, therefore, to be a real need for independent schools of less exacting standards, and in this respect girls seem to be far better catered for than boys. That such schools do exist, we are aware, but we should welcome the preparation of some annual list (perhaps through the Association of Independent Schools) to which we could refer when asked to help with these cases."

Dr. J. Waterlow (Chislehurst) reports:—

"The work of this Clinic over the year has been considerably held up by changes of staff, but an all-out attack is being made on the waiting list for first attendance, reduced from 42 to 13 over the last six months. This, however, gives a misleading impression, because a number of parents had been waiting so long that they no longer wanted help: how much because the problem had really resolved itself, and how much because the long wait caused them to lose confidence, we shall never know.

Increasing effort is being made to give patients priority on the basis of degrees of urgency (whether real or imagined by the parents or others), rather than of the original date of interview. Priority is also given to younger children. It is hoped that in this way at least some problems may be nipped in the bud before growing to unmanageable proportions. Also, fathers are being invited to the Clinic almost as a routine, and usually prove very glad to come. It is, of course, impossible to give statistical results of this latter practice, but although it is more time-consuming at the beginning of a case, I think it makes for sounder co-operation and often helps to short-circuit problems and ultimately to save time.

Another practice has also been started which will not help the waiting list but may help the morale of the family and thus ensure better co-operation, namely, of writing to the parents as soon as a request is received, outlining the waiting list position and asking for their own assessment of the urgency of the problem. The general aim of all policy, in view of the staffing problem, is to depend as far as possible mainly on helping the parents, and assisting in the educational problems, and to limit psychotherapeutic work with children only to those for whom it is absolutely essential and who yet have a reasonably good prognosis. It remains to be seen what the long-term results of this approach will be."

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

"During 1956 the number of staff increased and for the latter part of the year the Clinic Team consisted of a psychiatrist (full-time), two psychiatric social workers (part-time), two educational psychologists (full-time and part-time), a psychotherapist (part-time) and a clerk (full-time). It is hoped that two members of the team who left on the 31st December will be replaced early in 1957. With the extra staff more intensive therapy was possible and more frequent visits to schools were made. The problem of accommodation was partly solved by the erection of a sound-proof partition in one of the rooms.

During the year 116 cases were diagnosed; as in previous years there were twice as many boys as girls. The distribution of presenting symptoms was unchanged, behaviour problems accounting for half of the total. Of the 116 cases 35 per cent showed some deviation from the normal family structure, including 10 per cent with either a step-father or step-mother, 7 per cent with adoptive parents, 8 per cent living with one parent (the other having died), and the remainder including parents unmarried and children living with grandparents and siblings.

Fifty-three per cent of the total of 151 cases referred in 1956 were sent by Assistant County Medical Officers and 15 per cent were sent by general practitioners (an increase of 7 per cent on the previous year). Of the remainder, 8 per cent were sent by hospitals, 8 per cent by probation officers, 5 per cent by head teachers, 4 per cent by parents and 7 per cent from other sources. At the end of the year there were 68 names on the waiting list. Since we see two new cases each week, some children may have to wait eight or nine months before they are seen.

Eighty-three per cent of cases investigated were taken on for short- or long-term therapy and the remainder were seen for diagnosis and advice only. Cases treated in previous years were followed-up and it was found that almost all had maintained their progress. It should be stressed that cases taken on for treatment are carefully selected; it has been found repeatedly, for example, that if the parents

are not co-operative at the outset they rarely persevere with treatment and the outcome is correspondingly poor. The attitude of the parents is partly determined by the way in which they have been prepared beforehand for coming to the Child Guidance Clinic. We welcome the opportunity to discuss this further with those wanting to send children and invite them to our Case Conferences held every Tuesday and Thursday at 4 p.m.

Thirteen children with severe emotional disturbances were considered to be in need of special residential schooling and were ascertained as maladjusted. Seventeen other children who were ascertained before 1956 and are attending special boarding schools and hostels were re-examined during the school holidays. The beneficial effect of placement away from home was confirmed in this selected group of children.

Although only one child was seen for a psychiatric report, at the request of the Juvenile Court, 11 children (9 boys and 2 girls) were recommended for treatment by Magistrates and Probation Officers. The ready co-operation of the probation officers has been invaluable in dealing with these difficult cases."

(h) *Speech Defects*.—Miss J. Pollitt, F.C.S.T., Senior Speech Therapist, reports as follows:—

"The department has dealt with 1,819 pupils during the year. Of these, 648 were on the waiting lists at the clinics at the end of December, 1956; 588 cases have been closed during the year; and 683 cases will continue attendance at the clinics into 1957.

The 588 cases were closed for the following reasons:—

Satisfactory result following appointments at the clinics, including those whose general condition was such as to prevent complete normality of speech	288
Little if any change following treatment	3
Treatment incomplete owing to the patient leaving the district or for other reasons—in many cases considerable progress had been made	77
Treatment continued elsewhere; for example, the child with hearing loss transferred to a school for the deaf or partially deaf; the spastic child transferred to a school for the physically handicapped, etc.	7
Consultation only followed by appropriate recommendations	17
Found to have improved when first seen by therapist	31
Reported to have improved prior to appointments being offered or when appointments were offered	84
Investigation incomplete—left district or proved unco-operative or investigations incomplete for other reasons	47
Appointments offered but never kept; either no reason given or prolonged hospitalisation, illness, etc., made attendance impossible or child had been transferred for residential education away from the district by time appointments were offered	24
Treatment arranged elsewhere by parent or patient prior to appointments being offered	10
	<hr/>
	588

The above numbers include thirty-nine adult patients treated at the request and cost of the South East Metropolitan Regional Hospital Board. The cases of twenty of these patients were closed during the year, seventeen continued to attend into 1957 and two are on the waiting lists.

The above numbers also include children seen at Valence School for Physically Handicapped Children and at Seabrook Lodge School for Educationally Subnormal Children. A Speech Therapist spends one day per week at Valence School and Seabrook Lodge is visited periodically.

Regular and consistent work throughout the year has been to some extent handicapped in ten out of the eighteen clinics in the County by changes in staff or for other reasons, but it is hoped that these difficulties have now been overcome.

A full-time clinic in Gillingham was opened in September with Miss Inwood in charge.

The table which follows shows that there is a need for a full-time clinic to be established at Bromley. Steps have been taken during the year to find suitable premises and provision for increase in establishment of speech therapists has been made. It is hoped that it will be possible to open this additional clinic during 1957.

Students from the Speech Therapy Training Schools in London have continued to receive practical experience and training by working under the speech therapists of the Bexley, Crayford and Sidcup Clinics.

A close liaison has been maintained between teachers and other staff of the Education and Health Departments; therapists have visited the schools and teachers have visited the clinics where necessary. There have been case discussions with Assistant County Medical Officers as well as with other staff appointed to the School Clinics, and with consultants in hospitals.

Consultation with various specialists in the hospital services is an integral part of the work being undertaken; consultants send patients to the clinics and speech therapists have the opportunity to recommend appointments with consultants in hospitals. The seconding of speech therapists to work for one session per week in hospitals has developed during the year. Previously, arrangements had been made at West Hill Hospital, Dartford, and at the Kent and Canterbury Hospital; this practice has now been extended to the Orpington Hospital.

The following table lists the clinics, the number of sessions held and the waiting lists at each clinic at the end of 1956.

<i>Clinic</i>	<i>Sessions</i>	<i>Number on waiting list at end of December 1955</i>
Ashford	4	22
Beckenham	10	7
Bexley	12	20
Bromley	1	113
Canterbury	10	18
Chatham	4	43
Chislehurst	2	14
Crayford	7	33
Dartford	2	0
Deal	4	21
Folkestone	6	30
Gillingham	10	90
Gravesend	2	80
Maidstone	6	73
Margate	10	11
Sidcup	13	25
Tonbridge	4	32
Tunbridge Wells	2	14
Maidstone Special Cases	As required	2
Seabrook Lodge Special School	As required	0
Valence Special School	2	0 "

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

"The service is still handicapped by the shortage of dental surgeons in the provision of a full range of dental care for all school children under Section 48(3) of the Education Act, 1944, and for mothers and young children under Part III of the National Health Service Act, 1946. At the end of the year there was a further decrease in the number of dental surgeons available for duty owing to the resignation of one part-time and four whole-time officers. These were partly offset by the appointment of two whole-time and four part-time surgeons and the re-engagement of one whole-time officer on a pro-rata salary basis to work ten sessions each week, while 376 half-day sessions were also worked by four part-time dental surgeons employed on short-term appointments. The resulting position on 31st December was equal to 31 6/11ths whole-time dental officers compared with 32 3/11ths at the end of 1955. The number employed by the "Excepted" Districts of Beckenham, Bexley, Bromley and Gillingham was equivalent to 1 8/11ths, 1 4/11ths, 2 4/11ths and 1 6/11ths whole-time officers. The time given to the care of mothers and young children under Part III of the National Health Service Act was equivalent to that of 1 6/11ths full-time officers leaving the equivalent of 30 for school health service work. On this basis the overall allocation of children to each dentist had risen to 7,780 compared with 7,515 in 1955.

The report of the Inter-departmental Committee on Dental Recruitment under the Chairmanship of Lord McNair was published towards the end of the year. It is suggested that the very establishment of this Committee may have caused some improvement in recruitment because the number of would-be dental students increased considerably during the year 1955-56 and it is understood that for the year 1956-57 there are now more applicants for places in the schools than there are places and in view of this the Committee recommend that additional dental school accommodation should be provided without delay. Another important event during the year was the establishment of a Dental Health Committee to deal with Dental Research, Child Dental Health and Dental Health Education. It is to be hoped that the deliberations of these Committees will produce in a few years, an improvement in the recruitment of dental surgeons to Local Authority Service and a better understanding by the public of the importance of Dental Fitness in the maintenance of good health. Of approximately 233,420 children on the school roll, 94,602 (40.5%) had a routine inspection which is 3.2% more than in the previous year. In addition there were 14,429 special applications making a total of 109,031 inspected, which is 46.7 per cent of the school population. Of 65,315 requiring treatment, 61,647 were referred as in need

of urgent attention, 34,335 actually received treatment. Details of the fluctuation in the number of children inspected and treated as a result of the frequent changes of staff available for school health service work since 1947, is shown in the table below:—

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Staff available for School Health Work	27½	30	27	29½	27½	32½	34½	32½	30½	30
No. inspected	111,303	105,209	78,208	70,687	73,511	80,327	83,315	89,406	98,578	109,031
No. referred	64,586	57,707	42,411	42,945	46,172	44,516	45,435	50,977	54,512	61,647
No. treated	40,827	46,502	41,294	40,696	39,848	40,255	40,181	39,992	39,118	34,335

Although the number employed in terms of whole-time officers was less than in the previous year, it had been possible with the inception of a 33-hour chairside week in March, not only to maintain but to do more work in proportion to the staff employed than in the previous year. As more dental practitioners working under the National Health Act are prepared to undertake complete treatment for school children, fewer applications for treatment as a result of inspection at school were received at some of the clinics, which gave the dental officer more time for inspection and the treatment of children whose parents wished to take advantage of the facilities provided by the Committee.

Below is a summary of the work carried out by the oral hygienist working under the direction of the dental surgeon at Gravesend, Orpington, Sidcup, Welling, St. Paul's Cray and Chatham:—

Number of sessions worked	.. .. .	468
Number of patients treated	.. .. .	1,894
Number of scalings and polishings	.. .. .	1,907
Time spent on individual dental health education	.. .. .	272 hours

The work of overhauling and repainting No. 1 mobile caravan was completed during August, but as the Committee were unable to appoint a dental surgeon to fill the vacancy the vehicle was used as a temporary measure at Cowden and Hever until the end of the year to alleviate the inconvenience caused to parents in having to take their children to Edenbridge by a two-hourly bus service. The fourth caravan, used at Rochester pending improvements to the permanent clinic, was transferred to West Malling in August when the tenancy of the Village Hall to the Council was terminated. Of 3,712 children inspected at school, 1,812 were treated in 886 half-day sessions by the dental surgeons working on No. 2 and No. 3 caravans, 4,559 permanent and temporary fillings were inserted in 3,417 permanent and 1,124 temporary teeth and 3,924 teeth were extracted under local and nitrous oxide anaesthesia. Of some 16,000 children attending rural district schools, many parents are unable to utilise the services provided under the National Health Act which involves long and costly journeys to the nearest town and as a result the caravans are only able to provide inspection and treatment at intervals of from 18 to 24 months because of the high acceptance rate and volume of work to be done.

As the Committee had not been able to fill the vacancy caused by the resignation of Mr. N. K. Thorn in February, patients in need of extensive orthodontic treatment of a specialised nature to correct the deformities of their jaws and teeth were referred to hospitals in London or Maidstone. The manufacture of orthodontic appliances in the Maidstone workshop was limited during the year owing to the resignation of one technician in July, and the unavoidable difficulties associated with the transfer of the workshop to new accommodation. It was, therefore, again necessary to give preference to re-makes, repairs, retention plates and dentures for patients already under treatment and for the dental surgeons to restrict the selection of patients according to age, to those who would reap the greatest benefit in the shortest time. The new workshop was brought into use at the beginning of December and it is to be hoped that the present difficulties will be resolved early in the new year by the appointment of additional technicians. Details of the number of appliances made in the County workshops are:—

Dentures	Remakes	Repairs	Orthodontic Appliances		Remakes	Repairs	Oral Screens
			Upper	Lower			
342	7	77	1,262	62	11	181	200

Four hundred and sixty-six patients requiring X-ray and 22 in need of special treatment were referred to the nearest hospital, 583 of the permanent teeth extracted referred to in Table 17, page 41, were for regulation purposes. 222 patients failed to complete their treatment and 778 patients fitted with appliances were carried forward to 1957.

In February arrangements were made for a dental surgeon to devote two sessions each week to inspection and treatment of school children, nursing and expectant mothers and children under school age at the new premises, Wayfield Estate, Chatham. The new building in Maidstone, in addition to the workshop, provides two surgeries and accommodation for X-ray work, but owing to the shortage of dental surgeons only one of the surgeries was equipped for the time being. Of the outstanding proposals submitted to the Health Committee for alternative accommodation in Ashford, Borough Green and Tenterden and improvements to the recovery room at Cheriton, it had only been possible to complete the work at Cheriton and proceed with the building at Ashford which should be ready for use in March, 1957. Since the Education Committee had not been able to provide alternative accommodation in Rochester, arrangements were made to improve the existing accommodation for general anaesthetics. The equipment in the surgery at Murchison Avenue, Bexley, which was to have been used by an oral hygienist was transferred to Hainault Clinic, Erith, to replace unserviceable equipment. During the year, 60 of the surgeries established in 54 permanent buildings had been in use and 3 temporary premises were used to save parents having to travel long distances to a permanent clinic for treatment.

In January, seven dental surgeons attended a Post Graduate Course at the Institute of Dental Surgery, Eastman Dental Hospital, London, and three dental officers attended the Annual Conference of the British Dental Association at Brighton. These opportunities of keeping abreast of the advances in technical science were very much appreciated by the staff and enable the dental surgeons to improve the quality of the work done.

Other operations recorded in Table 17, page 41, include scalings, cleaning and polishing of teeth and fillings by the dental officers, permanent and temporary dressings, silver nitrate treatments, root canal dressings, acrylic caps, crowns and inlays, impressions, bites, try-ins, appliances fitted and repaired and adjustments to orthodontic appliances and dentures. Orthodontic attendances at the rate of 10 per session utilised the time of approximately 1.1/11ths whole-time officers. The ratio of permanent teeth filled to extracted was 4.5 to 1 compared with 3.9 to 1 in 1955.

AVERAGE DAILY OUTPUT OF WORK

<i>No. of Attendances</i>	<i>No. of New Patients</i>	<i>No. of Teeth Extracted</i>	<i>No. of Fillings Inserted</i>
17.53	4.47	7.31	7.59

Six hundred and sixty-one sessions were lost on account of unavoidable absence of the dental surgeons from duty."

Handicapped Children

There has been no change in the arrangements for the ascertainment of pupils who are physically or mentally handicapped.

Regular medical inspections are done at the Committee's six boarding special schools and two day special schools, and the medical officers have reported as follows:—

(a) *Schools for Educationally Subnormal Children*

Dr. C. Campbell reports as follows:—

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

"During 1956 the number of pupils has remained at 96, as leavers are replaced by new admissions.

Thirteen boys have left the school during this year. Twelve were found suitable employment and one was admitted to an Institution.

The general health of the boys has been good. Four cases of mumps occurred towards the end of the Summer Term, but isolation and quarantine prevented the disease from spreading. Thirty boys had treatment at the Dental Clinic and seventeen attended the Eye Clinic.

Six boys are under treatment for epileptic manifestations but only one has had fits.

Three boys have been fitted with Hearing Aids.

Seven boys attended ear, nose and throat specialists for treatment.

One boy, who had a squint operation in November 1955 and returned from leave at home in March 1956 with a severely inflamed eye, had to be sent to hospital for treatment. He was in Moorfields for about two months and is now better.

Physical examination and mental testing of the boys is carried out regularly and there have been no unusual findings."

Dr. K. Gower Isaac reports:—

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

"During the year 1956 weekly visits have been paid to Broomhill Bank School. Each girl has a full routine medical examination during the year, with more frequent observation of any defects found.

Apart from the intelligence tests given to all leavers, an intelligence test was given to any girls whom the Headmistress brought forward, or in one case where the parents felt that the child should be in an ordinary school. In this case, after the test and an interview, the parents consented to leave the girl where she was in fact correctly placed. There are 78 girls on the roll at present. The policy of admission at an earlier age has been continued. Nine girls left on attaining their 16th birthday. Two went to domestic work, one to a factory and one to work in needlework at Bromley Art School. One girl was transferred to a similar special school in another County and one was returned to a County Secondary School. Seven girls who attained the age of 16 years stayed on for a further period of 2-3 terms for more training.

The health of the girls has been satisfactory. The majority gained weight during the terms. Two or three girls who showed a steady loss of weight were investigated. Two were found to be due to psychological causes; one child was under the supervision of the chest physician and is now improving.

One girl had an operation for congenital cataract after consultation between the ophthalmic surgeon and the paediatrician. She is a child who was classified as "partially sighted". A further operation is contemplated. She is 16 years old but is remaining at school.

Twenty-six girls attended the ophthalmic clinic and fifty-two the dental clinic.

A considerable number of girls attended the casualty and out-patient department of the Kent and Sussex Hospital for minor accidents. Nine girls were in-patients for short periods.

Parental visits were encouraged, and in some cases girls have gone home for a week-end. It is felt that great advantage is gained by keeping family ties."

Dr. F. W. W. Fox reports:—

(3) *Halstead Place Boarding School for Boys.*

"Sixty-one boys were admitted to this new school in October. Their ages range from 10 to 14 years and their intelligence quotients vary from about 51 to about 82.

The boys are grouped in three houses, each house having a house mother as well as a house master in charge; the presence of these women on the staff is of value in the development of the emotional stability of many of the boys.

All the boys were medically examined and only three were classified as being in poor physical condition. A Dental Surgeon paid a visit of inspection in December.

The general health of all the boys has been satisfactory but one was admitted to hospital on account of severe encopresis a few days after the school opened and remained there throughout the term. There were no admissions to the school sick bay. One boy was recommended for speech therapy. Of the boys in residence seven were enuretics and one was an occasional encopretic.

The Assistant Matron is responsible for the treatment of minor ailments under the direction of a local general medical practitioner who has paid visits at frequent intervals."

(b) *Schools for Delicate Children*

Dr. C. H. Harper reports:—

(1) *Laleham School, Margate.*

"The Spring term opened on 6th January with a roll of 111 (51 boys and 60 girls), of which 12 girls were out-county. The Summer and Autumn terms had a roll of 114 (51 boys and 63 girls), with 10 out-county girls.

In each term the majority of the children were admitted on opening day, but a few arrived later as vacancies were filled, or were due to delay caused by ill health. On the whole, the heads of the children were much cleaner on admission than in previous years, in fact, it was placed on record that at the beginning of the Summer term, all heads were clean for the first time. The conditions for which the children were admitted were as usual, various, the majority being due to affections of the respiratory tract, although a larger number due to psychological and social problems are applying for admission than previously.

The following table shows the respective figures for each term:—

<i>Diagnosis</i>	<i>Spring Term</i>	<i>Summer Term</i>	<i>Autumn Term</i>
Bronchitis, bronchiectasis, and upper respiratory infections	19	22	9
Convalescent tuberculosis and Tb. contacts	8	14	16
Debility, etc.	38	57	31
Psychological instability	30	25	30
Unsatisfactory home background ..	40	46	46
Subnormal Nutrition	10	10	11
Miscellaneous, e.g., epilepsy, spastics, etc.	25	13	12

Most of the children increased in weight and height during each term, as the averages shown in the following table illustrate:—

<i>Average gains</i>			<i>Spring Term</i>		<i>Summer Term</i>		<i>Autumn Term</i>	
			Boys	Girls	Boys	Girls	Boys	Girls
Weight (lbs.)	..	..	2.7	4.9	1.8	3.8	3.4	5.0
Height (ins.)	..	..	.47	.38	.69	.6	.6	.5

Each child was examined on admission, and for any physical defects detected, the child was referred for the appropriate specialist opinion and treatment, if advised.

Thirty-seven children were seen by Mr. P. R. Wright, orthopaedic surgeon, during the first term, forty-one during the second term, and fifty-nine during the third term, mainly for postural defects, and they and the asthmatic children were given instruction in remedial exercises by the physiotherapist. Dr. E. L. Moore, Ophthalmologist, examined six and nine children during the Summer and Autumn terms, and eleven children received glasses, and three were sent for orthoptic treatment at the hospital. One child attended the E.N.T. Clinic monthly for treatment, and three others were admitted for tonsillectomy during the year.

During the Spring term all new entrants were X-rayed and tuberculin tested by the Chest Clinic, and in the Summer term twenty-eight children were tuberculin tested, of whom nine were X-rayed, and one received B.C.G. vaccination. During the Autumn term thirteen children were given a routine X-ray examination, and for one other child a bronchogram was taken.

As in previous years, enuresis, mainly nocturnal, continued to be a persistent problem, although about half the children either cleared up or were much improved during a term. The incidence of infectious fevers was low, being one case of scarlet fever during the first term, and one case of rubella during the second term, although several children were treated in the Sick Bay by Dr. Sutcliffe for sore throats and ear infections during the Spring and Autumn terms.

(2) *Gap House School.*

This junior department of the Special School for Delicate Children, opened in the Spring term with a roll of 27 (17 boys and 10 girls) which was increased to 30 in the Summer term (18 boys and 12 girls), and a similar number during the Autumn (17 boys and 13 girls).

In this school only a small proportion of the children needed to stay longer than three terms, the numbers being five during the first term, nine in the second term, and only three during the third term.

The conditions which called for admission to the school throughout the year are shown in the following table:—

<i>Diagnosis</i>	<i>Spring Term</i>	<i>Summer Term</i>	<i>Autumn Term</i>
Bronchitis and upper respiratory infections	9	3	9
Asthma and Allergic Eczema	8	7	7
Subnormal Nutrition	8	8	8
General debility	—	7	12
Psychological instability	5	6	6
Tuberculosis convalescents and Tb. contacts	4	4	—

The majority of the children improved considerably in their nutrition during their stay, as was demonstrated by the average weight gained each term. The following table shows the gain for boys and girls:—

	<i>Spring Term</i>		<i>Summer Term</i>		<i>Autumn Term</i>	
	Boys	Girls	Boys	Girls	Boys	Girls
Av. Wt. Gain (lbs.) ..	2.0	2.2	2.3	1.9	3.8	4.5

Each child was examined for physical defects on admission, and the following numbers were referred for specialist opinion. To Mr. Wright, seven, ten and six, respectively for each term, and these children and the asthmatics received instruction in remedial exercises from the physiotherapist.

To Dr. Moore, two children each term, one of whom was examined at the Orthoptic Department at the hospital. Twelve children were treated by the School Dentist during the year. Three children attended twice at the E.N.T. Clinic during the Spring term, and four during the Summer term on four occasions, and two children were admitted for tonsillectomy.

Ten children were tuberculin tested and X-rayed, and two re-X-rayed during the Spring term, six children were skin tested and four X-rayed during the Summer term, and sixteen children were skin tested and two X-rayed during the Autumn term.

Five to eight children suffered from nocturnal enuresis throughout the year, about half of this number were persistent in spite of treatment.

Intercurrent infection was slight during the three terms, the heaviest incidence being in the Spring term with one case of scarlet fever, four children with tonsillitis, and one with bronchitis. In the Autumn term only one child was placed in the Sick Bay with tonsillitis.

I examined each child in both schools each month, and I immunised against diphtheria, ten children at Gap House, being three primary, and seven "booster" doses."

Dr. M. E. Long reports:—

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

"In September, 1956, a conference was held at the Divisional Education Office at which representatives of the County Education Department and Health Department attended.

The following tables (now amended to date) were presented and considered.

TABLE 3

Year	Admissions	Discharges	Total Children Attended
1953	31	25	92
1954	26	30	84
1955	22	21	75
1956	30	23	83

TABLE 4

Year	5—7 yrs.	8—11 yrs.	Over 11 yrs.	Total
1953	40	38	14	92
1954	35	37	12	84
1955	26	36	13	75
1956	31	37	15	83

TABLE 5

Year	Delicate	Heart	Lung		Orthopaedic	Neurological	
			Asthma	Other		Paresis	Epilepsy
1953	43	5	12	5	6	5	6
1954	33	8	11	7	6	3	6
1955	25	8	10	4	6	4	7
1956	20	8	10	4	3	7	7

Year	Endocrine	Emotional Disturbance	E.S.N.
1953	3	5	2
1954	1	4	5
1955	0	4	7
1956	4	8	10

TABLE 6
Intelligence Quotient Range

Year	110 and over	109—100	99—90	89—80	79—70	69—60	59—50	Under 50	Total Asc.
1951	2	13	1	8	5	4	1	0	32
1952	2	8	2	16	10	5	2	0	45
1953	5	11	5	9	14	5	3	0	52
1954	3	8	5	14	9	10	3	0	52
1955	0	9	5	9	10	8	4	0	45
1956	2	10	10	10	11	7	8	2	59

It was noted that over a period of four years the number of children classified as delicate had decreased. The number of children suffering from specific defects remained fairly constant, but an increase had occurred in the number of children who were without physical handicap but were either emotionally disturbed or educationally subnormal.

The problem presented was described as three dimensional, the age range of five to sixteen years, the defect range from physically fit but mentally retarded to gross physical handicap, and an intelligence range from above average to an I.Q. of around 50. Certain proposals were adopted to come into effect in January, 1957. That full breakfasts and teas would be discontinued but substituted by a milk drink and light snack at 10 a.m. and 4 p.m. in view of the distance some children travel. The substantial lunch to continue as before. That compulsory rest period for all children be discontinued and replaced by a mid-day rest for the infant group and those children placed on a special list by the medical officer, the remaining children during the period to continue with the school curriculum.

At the time of writing this report, of the twenty children classified as emotionally disturbed or educationally subnormal, four have left school as over age, four have transferred to a special school, and two have transferred from the area. Of the remaining ten children, eight await vacancies at a special school (two boys will attain age of 16 years in 1957) and two children remain for a trial period pending re-ascertainment.

It is again pleasing to note that the school has been free from any epidemic of infectious disease."

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

Dr. Stableforth reports:—

"The children on the school roll at the end of December, 1956, numbered 79. Admissions during the year were 13. Discharges during the year were 13. As in previous years, the children admitted to the school are those requiring long-term residence. The physical defects found in the children are very varied in type and severity and several of them suffer from multiple defects.

TYPES OF DEFECT

(1) Neurological diseases	
(a) Cerebral palsies	38
(b) Spinal cord lesions	4
(c) Post anterior poliomyelitis	13
(d) Heredo familial ataxias	1
(e) Muscular dystrophy	1
(f) Congenital absence of sensory nerves	1
(g) Focal epilepsies	7
(2) Heart disease	2
(3) Blood diseases	4
(4) Muscle diseases	2
(5) Muscle disease associated with a skin lesion	1
(6) Respiratory disease	1
(7) Bone diseases	7
(8) Joint diseases	2
(9) Defective hearing	4

Apart from a mild outbreak of rubella the general health of the children has been good; of the fifty-one admissions to sick bay during the year, the majority were for feverish colds and were of short duration in the main. Two children who suffer from haemophilia have had to stay in sick bay for longer spells. A few of the children have had to have "rest days" in bed for one or two days periodically as they were showing marked signs of fatigue. It is noteworthy how quickly physically handicapped children tire, and, in spite of routine rest in their bedrooms in the afternoon and supervision of their bed times at night, it has been found necessary to give rest to those who appeared to require it.

Apart from relaxing in the spacious and lovely grounds or in the classrooms, or resting on their beds, there is no accommodation for a playroom or rest room for which there is a real need; it is hoped that when the building programme is further advanced, these will be available and so help to reduce the fatigue we have noted in the children.

HOSPITAL ADMISSIONS

(a) Orthopaedic—Operative Cases	5
(b) Surgical Emergencies	1
(c) Medical Cases	3
(d) Throat, Nose and Ear Cases	1

NUMBER OF CHILDREN WHO ATTENDED AS OUT-PATIENTS AT
HOSPITALS OR ATTENDED CLINICS

(1) Orthopaedic cases for treatment, review or renewal of appliances.. .. .	42
(2) Medical cases for investigations or review	12
(3) Surgical cases for investigations or review	7
(4) Ophthalmic cases	23
(5) Throat, Nose and Ear cases for investigations	6
(6) Dental treatments	33

The children discharged in 1956 were 13 as mentioned earlier in this report, five were of school leaving age and of these:—

(a) working as a lift boy	1
(b) working in a shoe shop	1
(c) receiving training in a training centre	2
(d) working on a farm	1

Of the eight children under school leaving age:

(1) Returned to normal school life	2 boys 3 girls
(2) Home tuition (2)	1 boy 1 girl
(3) Transferred to Hospital School	1 girl

The mentalities of the children in Valence School show great variation; about one-third are of average to above average mentality, and the remaining two-thirds range down from the slightly retarded to the lowest grades of the educationally subnormal. The extra class provided by the Education Authorities has helped to ease the problem of coping with a wide range.

Only one child was returned home as being unsuitable for education at the school.

It has been quite astounding to discover the measure of independence achieved by children of even the poorest mentalities after they have become accustomed to school life."

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

TABLE 7.

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educa- tionally subnormal (8) Mal- adjusted		(9) Epi- leptic	Total (1)-(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st Dec., 1956:—										
A. Handicapped Pupils newly placed in Special Boarding Schools or Homes	8	14	8	6	307	47	149	71	6	616
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	13	11	7	6	321	31	184	70	5	648

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))	81
(b) relying on Section 57(4)	1
(c) 57(5)	97

of the Education Act, 1944.

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epi- leptic	Total (1)-(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about 1st December, 1956:—										
C. Number of Handi- capped Pupils from the area—										
(i) attending Special Schools as										
(a) Day Pupils ..	—	17	27	17	85	58	111	—	—	315
(b) Boarding Pupils	47	27	68	26	223	138	338	75	30	972
(ii) attending independ- ent schools under arrangements made by the Authority ..	—	2	12	3	10	12	26	110	2	177
(iii) boarded in Homes and not already in- cluded under (i) or (ii)	—	—	—	—	9	—	—	38	—	47
Total (C) ..	47	46	107	46	327	208	475	223	32	1,511
D. Number of Handi- capped Pupils being educated under arrange- ments made under Sec- tion 56 of the Education Act, 1944—										
(i) in hospitals ..	—	—	—	—	108	4	—	—	—	112
(ii) in other groups (e.g., units for spastics) ..	—	—	—	4	—	—	—	35	—	39
(iii) at home ..	2	4	3	1	7	56	37	—	2	112
E. Number of Handi- capped Pupils from the area requiring places in Special Schools (includ- ing any such children who are temporarily re- ceiving home tuition or whose parents have not yet consented to their attending a Special School):—										
(i) Day ..	—	1	1	1	1	—	209	—	—	213
(ii) Boarding ..	11	5	7	6	54	22	345	52	1	503

EDUCATIONALLY SUBNORMAL PUPILS

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

Attending special schools or suitable independent schools	475
Receiving tuition at home	37
Awaiting admission to special schools	554
Attending ordinary schools, other than those awaiting admission to special schools	1,159

Total number of educationally subnormal pupils 2,225

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	320	80
Day Special Schools	31	2
Residential special schools ..	29	15

DEAF AND PARTIALLY DEAF CHILDREN

Children whose hearing requires investigation with a view to the provision of special educational treatment (especially where poor intelligence may also be a relevant factor) are referred to the Audiology Unit of the Royal National Throat, Nose and Ear Hospital, 309 Grays Inn Road, London, W.C.1, or, where children are already attending other London or local hospitals, audiometric testing is carried out at these.

A special class for partially deaf children is held in the Marlborough Road Annexe of the Byron Road County Primary School, Gillingham. Children attend this class in the mornings only and attend classes in ordinary schools for practical work as soon as they are able to do so. Four children (ages 3.8 to 6.7) attend this class. One teacher is employed: she is a qualified teacher of infants who has visited the Audiology Unit of the Royal National Throat, Nose and Ear Hospital to obtain guidance on teaching partially deaf children.

Lip-reading classes are held in the Princes Plain Clinic, Bromley, for three hours each week: classes for Juniors and Infants are held each Saturday from 10 a.m. to noon and for Seniors on Wednesdays from 5.30 p.m. to 6.30 p.m. Nine children attend, instruction being given by a teacher who is an assistant master of the Beverley Day School for the Deaf, Greenwich (L.C.C.). Lecture classes are held at the Health Clinic, College Road, Margate, for one and a half hours each week (Saturday 2.30 p.m. to 4. p.m.). One child is in attendance and receives instruction from a teacher who is an assistant mistress at the Royal School for the Deaf and Dumb, Margate.

During the year under review 25 hearing aids were supplied.

School Meals Service

The County Education Officer reports as follows:—

"The Ministry of Education increased the price of the midday meal to pupils from 8d. to 9d. from September, 1956. In spite of this, the demand for meals since that date has exceeded estimates based on the increased school rolls, and in some areas resources are being strained to the utmost.

The Committee's programme of minor works of improvement has been continued on almost the same scale as was reported last year and seventy schemes have been completed during the period under review.

During the same period four new kitchens incorporated in new school buildings have been taken into use.

Advantage has been taken of the emphasis on clean food provided by the Food Hygiene Regulations which came into operation on 1st January, 1956, to remind school meals staff of the important part they have to play in preventing the spread of disease among school children and to pay visits to the older premises in order to ensure that they meet the new requirements.

There is evidence from the nutritional statistics available that generally varied and interesting meals are served providing adequate food values and this evidence is supported by the growing numbers of diners.

GROWTH OF SERVICE

Comparative statistics for October, 1955, and October, 1956 are given below:—

	No. of School Depts.	No. of School Depts. at which Service was established	No. of School Depts. remaining unserved
October, 1955	881	869	12
October, 1956	887	877	10

	No. of pupils on roll		Average No. of dinners served daily to pupils		Percentage of pupils on roll served	
	Oct., 1956	Oct., 1955	Oct., 1956	Oct., 1955	Oct., 1956	Oct., 1955
Primary Schools	142,401	141,753	67,577	66,194	47.5	46.7
Secondary Schools	90,921	85,805	55,613	52,805	61.2	61.5
Total	233,322	227,558	123,190	118,999	52.8	52.3

Physical Education

The County Education Officer reports:—

"As a result of a series of local courses conducted by the area Physical Education Advisers over the last three years and based on the Ministry of Education's 1952 Publication of a Primary School Syllabus, nearly all infant and junior school teachers have had an opportunity of seeing demonstrations of modern work. This has led to an overall improvement and as most schools now have some modern apparatus the performance of the children has reached a very satisfying standard. Activities are tackled with greater initiative, self-confidence and enjoyment than hitherto at the top of the junior department and this has necessitated a re-drafting of syllabuses for the lower forms of secondary schools where occasionally too low standards have been set when teachers have been unaware of developments with the younger children. Opportunities have therefore been taken in some areas to give demonstrations of primary school work to specialist teachers in secondary schools.

Reference was made in the last report to a scheme for supplying a number of towels for use by a minority of pupils who fail to provide their own and so avoid showering after periods of physical activity. This has now been started, and supplies of towels are now made available at request. It is hoped that this will encourage fuller use of the shower facilities in secondary schools and lead to a general insistence on habits of personal cleanliness.

Though there are now more fully-trained physical education specialists in boys' schools than ever before, much of the work is covered by semi-specialists, and as the standard of performance rises it becomes increasingly necessary to recruit more of the former. Obviously, these are attracted to the better equipped schools, but the introduction of Third-year Courses at more of the men's training colleges gives hope that the position may improve in this respect.

The emphasis in recent years on functional and skill training rather than on habits of posture has led to a greater need for watchfulness regarding individual needs. It is with this need in mind that a short period of "Personal Work" has been introduced, where necessary, into boys' gymnastic lessons. When teachers are made aware of weaknesses which become evident through inability of the pupils to perform certain skills, they prepare short schedules of 'Personal Work' designed to strengthen or mobilise or speed up the boy who, having had personal experience of the need for such improvement, generally concentrates diligently on his schedule at an appropriate time in the lesson, fully expecting as a result to show in a short time an improvement in his own performance.

In the secondary schools, where there is full segregation for physical activity, there is increasing dissimilarity in boys' and girls' work. In girls' schools, though the work is objective as well as functional, demands are made on grace, flexibility and balance. It is feminine. In boys' schools a more traditional pattern of advanced work is followed, with an attempt at high standards of orthodox gymnastics on apparatus. This demands strength and daring of a particularly masculine type.

Though there is gradual growth of the wider aspects of physical education, there has not been, because of the possible risks involved, any attempt to over-stimulate the development of the more adventurous type of activity such as sailing and rock-climbing, but no opportunity has been missed to foster local enterprise when it has come to light and where competent and experienced staff are available. In this way the year has seen the establishment of two new school sailing clubs, and others are likely to follow.

The following note is taken from the local Physical Education Adviser's report on the school sailing clubs and is included in full because it illustrates the trend of future developments in physical education and indicates the natural outlet for the basic general fitness and skill training given in the gymnasium during school hours.

Hereson Secondary School.—A sailing club meets weekly as an out-of-school voluntary activity for boys specially interested in nautical subjects. The meeting room is equipped with sand table, and various pieces of apparatus on loan. Under the able guidance of experienced teachers, boys find absorbing interest and work with intense concentration re-equipping and re-rigging models of various types of ships. The programme of the Club has included—

- (i) talks by local yachtsmen;
- (ii) instruction in morse, compass and navigation;
- (iii) cruise in converted Brixham trawler, 'Terminist', to coasts of Holland, Belgium and France with boys acting as crew under masters.

(This cruise had a wonderfully enlightening effect on the whole school—boys gave illustrated lectures, prepared logs of the journey and day-to-day diaries of their experiences and adventures. Two boys acting as skipper and mate sailed the boat back to Ramsgate from Ostend. A film recorded a journey worth while in every sense).

Membership is open to all years, but the strength of the Club is in the 3rd and 4th Years.

Staff.—The two men most concerned are experienced teachers and seamen. One is an ex-Merchant Navy Officer of six years' experience who commanded his own boat during the war as a Lieutenant Commander; the other, whose main interest is the sea, has acted as mate of the "Terminist" many times and has attended a Ministry of Education Course on Nautical Education.

Curriculum.—The sea is the theme of all second-year work in English, Maths., History, Geography, Science, Biology and Art.

Astor Secondary School, Dover.—The Sailing Club is in its infancy, but is an out-of-school activity, not confined to members of the seamanship course. About seventy boys and girls have already had a little sailing experience.

Visits have been made to—

The Goodwin Sands
Trinity House Pilot Cutter
Ship repair yard, Ramsgate
Cross Channel Steamer
South Foreland Lighthouse

A 27-foot whaler was in almost continuous use during the period April to August, 1956. Most boys were completely ignorant of boat work and attention was focused upon it. It was found that the limitations of the whaler for purposes of study were severe, and its correct role was that of training helmsmen—mainly outside school time.

Staff.—The teachers concerned are both ex-Royal Navy with considerable experience of handling boats. Recently a staffing appointment was made with special reference to nautical education. Two teachers would have no difficulty in taking a Yacht Master's Certificate.

Three other members of staff are experienced helmsmen."

Prevention of Tuberculosis

In the annual report for 1955 I mentioned investigations concerning tuberculosis which had been carried out in infant schools in the Chislehurst and Sidcup, Deal and Sandwich areas. These investigations were to ascertain the proportion of children who, prior to entry into school, had been in contact with patients suffering from tuberculosis to an extent sufficient to cause them to develop in their bodies a measure of protective anti-tuberculosis substances detectable by the use of the Mantoux test. By the use of this test an attempt can be made to assess the incidence of tuberculosis in the community and also to trace patients suffering from tuberculosis who might otherwise go undetected for a further period of time. These schemes have been continued during 1956 and the results have again shown a gratifyingly small number of children in attendance at infant schools who show a positive reaction to the Mantoux test, suggesting that the degree of contact of these children before school life with patients suffering from tuberculosis has been relatively small.

The following Table gives the results of the investigations in Chislehurst and Sidcup.

Term	No. of Parents Approached	No. of Parents Consenting	No. of Children Tested	Results		
				Negative	Positive (previous B.C.G.)	Positive (natural infection)
Autumn 1955	432	415	394	386	3	5
Spring 1956	288	234	190	185	1	4
Summer 1956	358	258	243	237	2	4
Autumn 1956	474	371	348	345	0	3
	1,552	1,278	1,175	1,153	6	16

Of the sixteen children found to have a positive reaction to the test from natural infections, one unsuspected case of tuberculosis was discovered among the family contacts of the child concerned and in one other case there was a contact who had an old history of the disease but who had been considered to be cured some years prior to the investigation.

In the investigation carried out in Deal and Sandwich during the same four school terms, 561 children were tested, of whom 12 showed a positive reaction. Seven of these had received B.C.G. vaccine, leaving 5 cases of naturally acquired reaction. Again in one instance a case of tuberculosis was discovered in the family circle.

A further series of 430 children were this year examined in Thanet, thirteen of them being found to be Mantoux positive, none of whom had had B.C.G. vaccine. Investigation of their immediate family and other contacts is being carried out but is not yet complete. One of the children concerned was found to be suffering from active tuberculosis and is now under the care of the Chest Physician at the Chest Clinic.

The results of these enquiries are of such interest as to make it evident that they are worth pursuing but not necessarily as a regular and continuous process. It may well prove sufficient to repeat them at longer intervals over a single term at any one time in order to keep under review and compare the levels of potential infection revealed by them. A further study of interest will be made possible by the inception in Kent of the scheme for preventive vaccination with B.C.G. of thirteen-year-old children

since the use of a similar skin test in both schemes will enable a comparison to be made of the numbers of positive reactors among that age group as compared with those among the school entrants. An indication of the trend which may be expected is given by the following figures obtained from the results in one of six schools where special investigations were made following the discovery of a case of tuberculosis in the school itself.

Age	8	9	10	11	12	13	14	15-16	16-17	17-18
Mantoux Neg.	17	26	26	49	45	53	57	55	41	23
Mantoux Pos.	0	0	2	5	5	4	4	8	6	22

While it is not possible to draw any firm conclusions from this comparatively small series, it is of interest to note that the number of positive reactors among these children in Kent is a good deal lower than that generally revealed in other parts of the country where similar investigations have been made, although in these the variations were very wide.

B.C.G. Vaccination of School Children

The Minister of Health has now approved the necessary amendment to the County Council's proposals under the National Health Service Act, 1946, allowing B.C.G. vaccination to be offered to children between the age of thirteen and fourteen years.

It is anticipated that the scheme will be started early in 1957 when distribution of an explanatory leaflet and consent form will be made through schools to children in the appropriate age groups.

In order to cause as little disruption as possible to the school programmes, it has been decided that the scheme should be carried out by Assistant County Medical Officers as part of the School Health Service.

In all cases where parental consent is received, each child will have a preliminary skin test to see whether he/she has an acquired resistance. This will be followed, if necessary, by the vaccination and six weeks after by a further test to ensure that the child has acquired a resistance through vaccination.

The Ministry of Health recommend that doctors carrying out the vaccinations should receive a course of training, and every Assistant County Medical Officer has now attended such a course at Great Ormond Street Hospital, London.

Poliomyelitis

The incidence of poliomyelitis in the country as a whole was comparatively low in 1956. In Kent, up to the 20th October, 1956, 79 cases had been notified as compared with 204 in the corresponding period of 1955. There was, however, a sharp outbreak of a somewhat unusual character in the area of Capel, Five Oak Green and Tudeley in the Tonbridge Rural District. In this outbreak 16 cases occurred. Of the children concerned, 13 were pupils at Capel Primary School and the other two were children under school age who were associated cases, having brothers or sisters in the school. In addition, six cases were notified in Tunbridge Wells, of whom three attended one particular school, and another case occurred in a child residing in Southborough but attending the same school in Tunbridge Wells. One of the children had received vaccination against poliomyelitis.

The first case was notified on the 10th October, 1956, and the parents of the children attending the school were circularised by the Medical Officer of Health telling them of its occurrence and advising them as to the care which should be taken in regard to their own children. On the 15th October it was decided to close the school for three weeks because of the occurrence of further cases and for the same reason children from the Capel, Five Oak Green and Tudeley area were excluded from schools under the authority of the Kent Education Committee in other areas as from the 23rd October. In addition it was decided to close the two classes in which the four cases arose in the school at Tunbridge Wells.

Immunisation and Vaccination

Poliomyelitis Vaccine

In January, 1956, the Minister of Health announced that those local health authorities who wished could be supplied with a vaccine, which would confer a measure of protection against poliomyelitis, which was for use in the months of May and June. Vaccination was to stop after the end of June because it was considered undesirable to give vaccinations of this sort at a period when poliomyelitis might be expected to become more prevalent.

Since the supply of vaccine for use in May and June was limited, the offer was only open to the parents of children born between the 1st January, 1947, and the 31st December, 1954, that is, those approximately coming within the age group of 2 to 9 years, but the Minister made it clear that there would not be enough vaccine for all children in those groups. There are approximately 170,000 children in this age group in the County of Kent and by the 7th April, the parents of 70,900 children had given written consent for their children to be vaccinated. Each case was classified according to month and year of birth and the statistical information so derived was supplied to the Medical Research Council, acting on behalf of the Ministry of Health. On the 1st May the Council was informed that children born in the months of November, 1947-1954, and March, 1951-1954, had been selected for vaccination and that supplies of vaccine adequate for this number would be delivered. In the event of parents who had already given consent to children in these age groups being vaccinated not desiring to accept the offer, the Ministry of Health stated that any vaccine left over should be made available for children born in the month of August during the years 1947-1954. Arrangements were immediately made for whole-time medical staff to commence vaccination sessions and 207 were held, the first on the 10th May and the last on the 30th June.

The response of parents in the age groups first indicated by the Ministry was extremely good and 5,751 children received two injections. For various reasons, such as the necessity to complete all the vaccinations by the 1st July, absence on holiday and sickness, some children could only be given one injection, and the total number involved was 1,010. It should be appreciated, however, that in the view of the Ministry of Health, even one injection will confer a considerable measure of protection and these children will receive preference when vaccination is commenced again.

In all, under ideal conditions, enough vaccine was received to treat 6,660 children but, of this, 800 doses, which would have been enough for 400 children, could not be used. This wastage was inevitable because of the instruction that a phial of vaccine once opened had to be destroyed if, at the end of the session, all the contents had not been used. A small wastage also occurred by reason of a breakdown in a refrigerator holding supplies.

The arrangements for vaccination imposed a heavy burden of work on the staff concerned because of the complexity of the organisation that had to be created and the shortness of time available. In general, however, the arrangements made worked well and the number of reactions reported following the use of the vaccine has been very small. In no case was there any serious reaction following the use of the vaccine and in the majority of cases where reactions, such as colds, diarrhoea, etc., were reported as having happened a few days after the injection, it was probably the case that they were not connected with the vaccination but would have occurred in any case.

It will be noted that because of the shortage of vaccine not all the children whose parents wished them to be vaccinated could be selected. In all, approximately 65,000 children whose parents wanted them to have complete vaccination could not be included in this first phase. These children will, however, be offered preference when vaccination is resumed.

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 1956:—

TABLE 8

Primary Injections Number of children between 5 and 15 years	Secondary or re-inforcing injections
2,335	24,906

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 3,121 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 10 children were admitted.

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:—

TABLE 9

Branch	No. of Children	Visits made
Ashford	19	50
Bromley	3	19
Canterbury	25	71
Gravesend	9	41
Isle of Thanet	6	7
Maidstone	16	82
Medway	11	42
North Kent	5	29
South-East Kent	18	50
West Kent	59	81
TOTALS	171	472

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:—

	<i>Number of Medical Examinations</i>	<i>Number of X-ray Examinations</i>
(a) Candidates applying for entry to a training college	528	18
(b) Entrants to the teaching profession	187	135
(c) Teachers appointed to the County Staff (health declarations) . .	789	468

School Health Service, 1907-1956

In his annual report for the years 1954 and 1955, Sir John Charles, M.D., the Chief Medical Officer of the Ministry, referred to the forthcoming Jubilee of the School Health Service. He commented that it "is one of those times when it is specially appropriate that we should look back, and consider the conditions with which our predecessors had to deal."

Under the provisions of the 1907 Act, school medical inspections were started in 1909 at the Elementary Schools in the area of the Kent Education Committee, and some 31,000 children came under the observation of three full-time medical inspectors and 22 part-time doctors. The first medical inspections were at Chartham and Ripple Schools on January 18th, 1909.

In 1910 the medical inspection of children in secondary schools was considered but rejected on the grounds that systematic inspection of these children was unnecessary. Nevertheless, in this year it was decided that all teachers to be employed in secondary schools should be required to pass a medical examination before being appointed.

In 1911 the first whole-time nurse was appointed and arrangements made also with the Kent County Nursing Association and other non-affiliated associations for the part-time help of 49 of their nurses to carry out "follow-up" work and to ensure that the advice of the medical inspector was followed. The whole-time nurse also undertook duties designed to improve the cleanliness of some of the children.

Arrangements were made for the examination of all children entitled to County Junior Scholarships before scholarships were actually awarded.

Under Section I of the Education (Provision of Meals) Act, 1906, meals were provided at two centres in Tonbridge (Sussex Road School and St. Stephen's Mission Room) and at Speldhurst.

By 1912 the initial objections of some parents to their children being examined had greatly lessened in number and in that year an agreement was made with a private practitioner for the X-ray treatment of ringworm.

In 1913 the Education Committee approved the establishment of school inspection clinics; treatment of dental defects and treatment of defects of vision, and the first inspection clinic was opened at Sittingbourne in November, 1913. During this year an additional whole-time school nurse was appointed, and additional clinics were opened at Dartford and Tonbridge.

The first whole-time dental surgeon began his duties on the 1st January, 1914, and a "Special" School was opened at Tonbridge in September, 1914.

In 1916 arrangements were made with the Kent County Ophthalmic Hospital for the treatment of defects of the eye, ear, nose and throat and negotiations began with other hospitals in the County. Arrangements were also made for children suffering from simple deformities to attend at the Bergman Osterberg Physical Training College at Dartford.

A second "Special" School was opened at Dartford.

Provision was made in 1920 for medical inspections to be carried out at all maintained secondary schools and the first whole-time woman doctor was appointed for the purpose of visiting girls' schools.

In 1924 the Dental staff was further increased and arrangements made for children under school age suspected to be suffering from squint to be examined by the School Oculist.

The outstanding feature of 1930 was the extension of school dentistry. Three additional whole-time dental surgeons and eight dental attendants were appointed.

Arrangements were also made with the Kent Rural Community Council to supervise the after-care of delicate children.

During 1936 a part-time Consultant Aural Surgeon was appointed to visit the main clinics in the area. A full-time Aural Nurse was also appointed.

The Education Committee entered into an agreement in 1936 with the West End Hospital for Nervous Diseases for assistance to be given by their part-time Speech Therapists, and the first speech clinic was opened in that year at Dartford.

A considerable change was made in 1937 in school nursing arrangements. At the beginning of the year the nursing staff included 59 part-time nurses, mostly district nurses, who undertook school work. These part-time appointments were terminated and their places taken by whole-time school nurses and health visitors.

In the middle of 1939 School Medical work was altered to deal with preparations for war and war itself. Towards the end of the year medical inspections were suspended in order that additional minor ailment clinics could be opened to deal with some 27,000 child evacuees transferred to "reception" areas in the County. The medical arrangements consisted of the allocation of one or more health visitors to each Reception Station and the grouping of a number of stations under the supervision of a Medical Officer. Arrangements were made with private dental practitioners to give emergency dental treatment to the evacuees.

A very important and far-reaching measure introduced by the Government in January, 1940, was the encouragement of universal immunisation against Diphtheria by the provision of free antigen to Local Authorities.

In the neutral and receiving areas the work of school medical inspection proceeded with little interruption despite the large number of air raids.

During 1941 arrangements were made for maladjusted children to be seen by a Psychiatrist at Guy's Hospital or at the Farnborough County Hospital. In addition, the late Dr. R. F. Roberts acted in a similar capacity and the first Child Guidance Clinic under the aegis of the Education Committee was opened at Ashford.

In September, 1943, a Child Guidance Clinic under the auspices of the Public Health Committee was opened at Chislehurst, a psychiatrist and a psychologist attending for one half-day a week, and a social worker for two days a week.

The Education Committee approved in principle the establishment of a Child Guidance Service working from four centres.

The new Education Act, 1944, came into force in April, 1945, and prescribed that, apart from domiciliary treatment, a comprehensive medical service should be made available to pupils at maintained schools, and under the provisions of Section 48(3) of the Act the Education Committee decided that:—

(a) A comprehensive hospital service was to be made available to pupils in attendance at maintained schools, and agreed to accept responsibility for these pupils no matter the method of admission. No charge was made by the Committee against the parents or guardians for any form of treatment given at the hospitals after April 1945.

(b) In order to secure that urgent treatment was available for children attending schools in rural areas where frequent visits by the Assistant Medical Officers were difficult to arrange and where clinic facilities were not conveniently available, arrangements were made with general practitioners. These arrangements were limited to cases of accident and of serious illness sent in emergency by head teachers or health visitors.

(c) Arrangements were to be made with private dentists for emergency treatment of pupils when clinic facilities were not readily available.

(d) Approval was given to spectacles being dispensed by any optician at prices in accordance with Class I of the charges drawn up by the Ophthalmic Benefit Approved Committee, the parents meeting any additional cost arising from their wish for the provision of more expensive frames.

Under the Act the County Council became the Local Education Authority for the whole of the administrative area and the school roll was increased by some 60,000 pupils.

Considerable attention was devoted during this year to the further expansion of services in connection with Child Guidance and to the development of the Dental Services. An appointment was established for a dental surgeon specially skilled in orthodontic work to organise the scheme for this particular form of treatment.

The appointment was made in May, 1947, of a whole-time Ophthalmologist of consultant status. He surveyed the needs of the School Health Service in relation to this service and reorganisation was carried out.

During the year there was extensive replacement of obsolete, and provision of additional, equipment at 24 clinics.

The County Council's mass radiography unit came into use and, towards the end of the year, proposals were framed to undertake a radiological survey in certain schools.

The work of the School Health Service was considerably affected by the National Health Service Act, 1946, which came into operation on July 5th, 1948.

The Committee approved an establishment of fifty dental surgeons, the School Dental Service being the foundation for extending the existing provisions for the care of mothers and young children.

Further progress was made in the Child Guidance Service and the Education Committee agreed that the immediate target should be the provision of four teams of whole-time child guidance workers.

The first mobile dental clinic was delivered on 28th April, 1949, and was first used at Aylesford, and during this year the Committee approved the appointment of a Head Speech Therapist and four women oral hygienists.

The statistics for 1951 revealed a progressive improvement in the general physical well-being of the children in attendance at maintained schools and the number of children found to be unclean, 3,171, during this year, was the lowest recorded.

There were no radical changes between 1952 and 1956 but it was found possible to achieve small degrees of expansion in the Child Guidance and Speech Therapy Services. During this period the recruitment of dental surgeons caused grave concern, a situation that still continues.

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

TABLE 11
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	815	1,104	764	1,120	19,173	22,976
Second Age Group	676	771	1,787	1,057	14,328	18,619
Third Age Group	484	853	485	672	12,208	14,702
Total	1,975	2,728	3,036	2,849	45,709	56,297
Number of other Periodic Inspections	2,402	2,363	1,196	363	25,492	31,816
Grand Total	4,377	5,091	4,232	3,212	71,201	88,113
B—OTHER INSPECTIONS						
Number of Special Inspections	715	1,853	1,387	1,064	8,685	13,704
Number of Re-Inspections	96	2,859	581	1,312	31,838	36,686
Total	811	4,712	1,968	2,376	40,523	50,390

TABLE 12

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 15 (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	4	62	18	5	155	244	93	122	54	112	1,581	98	152	72	114	1,709	2,145	
Second Age Group	25	73	55	65	1,032	1,250	56	123	87	13	987	75	172	142	76	1,933	2,398	
Third Age Group	14	88	9	28	795	934	42	136	13	3	909	54	191	22	30	1,651	1,948	
Total (prescribed groups)	43	223	82	98	1,982	2,428	191	381	154	128	3,477	227	515	236	220	5,293	6,491	
Other Periodic Inspections	83	219	46	28	1,635	2,011	149	338	33	5	1,853	230	486	79	32	3,347	4,174	
Grand Total	126	442	128	126	3,617	4,439	340	719	187	133	5,330	457	1,001	315	252	8,640	10,665	

TABLE 14

INFESTATION WITH VERMIN

	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	10,847	6,225	17,558	17,179	269,830	321,639
(ii) Total number of <i>individual</i> pupils found to be infested	5	13	43	167	1,407	1,635
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—	—	—	2	502	504
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—	—	—	—	3	3

TABLE 15
A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1956

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

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS												TOTAL (including all other age groups inspected)																							
		ENTRANTS						LEAVERS						TOTAL																							
		Requiring treatment (3)		Requiring Observation (4)		Requiring treatment (5)		Requiring Observation (6)		Requiring treatment (7)		Requiring Observation (8)		TOTAL																							
		15	4	101	121	6	26	3	4	166	205	4	71	9	128	203	1	25	79	104	25	192	1	4	535	757	21	130	4	4	527	686					
4	Skin	1	4	101	121	6	26	3	4	166	205	4	71	9	128	203	1	25	79	104	25	192	1	4	535	757	21	130	4	4	527	686					
5	Eyes— a. Vision b. Squint c. Other	2	5	155	244	2	121	185	3	88	399	14	88	9	795	934	1	132	230	381	126	442	128	6	33	663	791	4	86	3	13	103	299				
6	Ears— a. Hearing b. Otitis Media c. Other	2	2	56	69	5	9	1	2	41	53	1	8	1	169	179	18	3	50	73	9	88	12	5	468	582	5	74	6	12	6	212	309				
7	Nose and Throat	2	2	39	41	5	35	1	2	108	148	2	1	1	12	13	3	1	11	14	1	29	1	2	113	117	16	78	—	192	286						
8	Speech	25	48	19	47	23	249	49	98	1066	1485	13	1	1	36	50	24	2	69	95	51	126	26	57	671	931	70	578	77	116	1656	2497					
9	Lymphatic Glands	4	6	16	93	12	34	5	3	312	393	1	1	1	10	13	3	3	10	13	22	20	11	17	193	263	21	75	8	31	461	596					
10	Heart	1	1	16	25	—	111	—	3	375	489	1	1	—	3	4	—	4	23	27	4	—	—	—	—	31	44	2	240	—	5	628	875				
11	Lungs	17	11	5	108	141	31	119	7	12	348	517	2	—	25	27	1	21	61	84	42	20	1	5	254	322	59	314	15	12	712	1112					
12	Developmental— a. Hernia b. Other	—	1	32	35	3	9	7	6	63	88	—	3	2	32	37	—	35	11	10	12	1	5	6	2	70	84	8	22	9	9	125	173				
13	Orthopaedic— a. Posture b. Feet c. Other	4	3	45	52	5	13	6	4	142	170	3	13	5	114	135	1	21	107	154	22	69	33	—	507	631	10	140	157	9	666	982					
14	Nervous System— a. Epilepsy b. Other	8	3	119	132	12	93	3	18	346	447	—	8	5	90	103	—	53	74	134	12	74	56	3	1	645	790	12	276	108	25	871	1292				
15	Psychological— a. Development b. Stability	—	1	16	17	1	3	1	—	19	24	2	—	—	9	11	—	—	8	9	5	1	—	—	—	52	58	5	16	2	2	65	90				
16	Abdomen	4	3	1	—	—	21	1	4	402	499	—	1	—	20	21	—	4	36	41	2	12	3	1	1	134	152	4	330	3	6	841	1184				
17	Other	1	2	70	81	17	21	15	16	211	280	1	4	—	68	73	2	14	125	161	92	21	13	2	2	368	426	52	114	131	25	768	1080				
	Totals	100	209	81	117	1856	2363	153	1239	352	241	4808	6793	49	238	23	31	1782	2123	11	450	87	8	1158	1714	496	1247	338	259	9542	11882	515	4220	1098	328	11757	17018

* This figure should normally be the same as that shown as the grand total of Column (2) of Table 12 (page 34)

B.—SPECIAL INSPECTIONS

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

Defect Code No. (1)	Defect or Disease (2)	Special Inspections											
		Requiring Treatment (3)						Requiring Observation (4)					
		"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
4	Skin	2	68	44	107	1,160	1,381	6	9	2	—	78	95
5	Eyes—												
	(a) Vision ..	54	54	82	102	1,180	1,472	16	18	65	1	128	228
	(b) Squint ..	2	7	3	5	83	100	—	3	—	—	6	9
	(c) Other ..	5	31	32	88	195	351	8	10	3	6	28	55
6	Ears—												
	(a) Hearing ..	5	30	23	3	88	149	11	49	26	1	51	138
	(b) Otitis Media	—	5	1	15	23	44	—	14	—	1	4	19
	(c) Other ..	4	7	23	24	71	129	2	5	1	—	4	12
7	Nose and Throat	30	58	58	8	171	325	22	75	27	1	60	185
8	Speech	14	17	11	2	151	195	5	10	6	—	32	53
9	Lymphatic Glands..	—	5	—	—	17	22	—	5	—	—	8	13
10	Heart	3	3	2	—	26	34	10	20	2	1	19	52
11	Lungs	24	38	9	—	51	122	62	90	15	—	37	204
12	Developmental—												
	(a) Hernia ..	—	—	2	—	12	14	4	2	2	—	11	19
	(b) Other ..	—	2	24	—	22	48	3	4	37	—	14	58
13	Orthopaedic—												
	(a) Posture ..	7	2	11	—	65	85	3	1	24	—	21	49
	(b) Feet	3	18	16	3	118	158	4	6	36	—	27	73
	(c) Other ..	40	18	35	4	120	217	13	25	7	—	37	82
14	Nervous system—												
	(a) Epilepsy ..	1	10	1	—	20	32	—	11	1	—	6	18
	(b) Other ..	1	13	—	—	53	67	1	12	1	—	25	39
15	Psychological—												
	(a) Development	4	35	5	2	129	175	3	79	10	1	41	134
	(b) Stability ..	1	97	11	—	164	273	2	88	7	—	89	186
16	Abdomen	20	12	1	—	18	51	22	12	2	—	18	54
17	Other	38	137	143	372	1,116	1,806	59	200	47	2	84	392
	Total	258	667	537	735	5,053	7,250	256	748	321	14	828	2,167

TABLE 16

TREATMENT OF PUPILS

NOTES.—In Groups 1, 2 and 3, treatment 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) or provided otherwise than by the Authority (i.e., known by the Authority to have been provided, including treatment carried out in school clinics by the Regional Hospital Board).

GROUP 1.—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	247	99	398	84	336	1,164	—	—	—	2	—	2
Errors of Refraction (including squint) ..	630	2,082	1,558	904	14,049	19,223	48	35	—	26	466	575
Total	877	2,181	1,956	988	14,385	20,387	48	35	—	28	466	577
Number of pupils for whom spectacles were												
(a) Prescribed ..	275	696	856	306	6,367	8,500	—	—	—	—	199	199

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Received operative treatment—												
(a) for diseases of the ear	—	—	—	—	—	—	—	—	1	—	57	58
(b) for adenoids and chronic tonsillitis ..	—	—	—	—	—	—	415	59	234	86	1,464	2,258
(c) for other nose and throat conditions ..	—	—	—	—	—	—	—	1	—	2	—	3
Received other forms of treatment	43	—	32	45	—	120	12	12	7	5	266	302
Total	43	—	32	45	—	120	427	72	242	93	1,787	2,621
Total number of pupils in schools who are known to have been provided with hearing aids—												
(a) in 1956	—	—	—	—	—	—	3	5	—	1	16	25
(b) in previous years ..	—	—	—	—	—	—	3	12	6	3	72	96

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS

Number of pupils known to have been treated at clinics or out-patients department	92	110	108	—	1,474	1,784	14	30	8	7	691	750
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GROUP 4.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table 14)

	Number of cases treated or under treatment during the year by the Authority					
	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
Ringworm— (i) Scalp	—	—	1	—	4	5
(ii) Body	—	—	3	9	53	65
Scabies	—	1	—	—	66	67
Impetigo	9	16	12	46	178	261
Other skin diseases	948	115	186	54	1,580	2,883
Total	957	132	202	109	1,881	3,281

GROUP 5.—CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	1,618
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GROUP 6.—SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority	1,271
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GROUP 7.—OTHER TREATMENT GIVEN

	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
(a) Number of cases of miscellaneous minor ailments treated by the Authority	1,010	781	934	397	2,503	5,625
(b) Pupils who received convalescent treatment under School Health Service arrangements	—	—	—	—	—	—
(c) Pupils who received B.C.G. vaccination	—	—	—	—	—	—
(d) Other than (a) (b) and (c) above (specify)						
1. Ear Defects	—	106	—	—	255	361
2. Eye Defects	—	99	—	—	1,261	1,360
3. Injuries	—	50	—	—	1,221	1,271
4. Catarrh, Sore Throats, etc. ..	—	—	—	1	—	1
Total	1,010	1,036	934	398	5,240	8,618

TABLE 17
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) At Periodic Inspections ..	7,260	1,843	3,826	1,426	80,247	94,602
(b) As Specials	261	1,590	2,535	4,982	5,061	14,429
Total (1) ..	7,521	3,433	6,361	6,408	85,308	109,031
(2) Number found to require treatment ..	3,760	2,449	4,698	4,776	49,632	65,315
(3) Number offered treatment	2,966	1,678	4,361	4,776	47,866	61,647
(4) Number actually treated	1,735	1,591	2,639	3,176	25,194	34,335
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11(h) below ..	5,083	4,778	9,397	6,328	91,076	116,662
(6) Half-days devoted to—						
Periodic (School) Inspection ..	43	13	26	10	609	701
Treatment	723	662	967	732	10,874	13,958
Total (6) ..	766	675	993	742	11,483	14,659
(7) Fillings—						
Permanent Teeth	3,072	1,257	4,671	3,199	37,604	49,803
Temporary Teeth	1,208	1,196	1,378	211	7,328	11,321
Total (7) ..	4,280	2,453	6,049	3,410	44,932	61,124
(8) Number of Teeth Filled						
Permanent Teeth	2,693	1,170	4,534	2,944	34,271	45,612
Temporary Teeth	1,141	1,175	1,363	192	7,009	10,880
Total (8) ..	3,834	2,345	5,897	3,136	41,280	56,492
(9) Extractions—						
Permanent Teeth	148	231	541	1,031	8,172	10,123
Temporary Teeth	688	697	2,579	3,089	31,839	38,892
Total (9) ..	836	928	3,120	4,120	40,011	49,015
(10) Administration of general anaesthetics for extraction	395	522	1,436	2,130	9,947	14,430
(11) Orthodontics—						
(a) Cases commenced during the year	6	52	122	18	1,264	1,462
(b) Cases carried forward from previous year	49	169	171	41	727	1,157
(c) Cases completed during the year	35	44	140	21	220	460
(d) Cases discontinued during the year	6	4	15	3	194	222
(e) Pupils treated with appliances	31	69	159	42	1,161	1,462
(f) Removable appliances fitted ..	31	69	159	46	1,219	1,524
(g) Fixed appliances fitted ..	—	2	—	—	—	2
(h) Total attendances	330	997	1,620	405	11,604	14,956
(12) Number of pupils supplied with artificial dentures	15	197	17	13	342	584
(13) Other operations—						
Permanent Teeth	1,175	1,161	2,570	249	23,706	28,861
Temporary Teeth	806	180	2,108	13	7,952	11,059
Total (13) ..	1,981	1,341	4,678	262	31,658	39,920



