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COUNTY BOROUGH OF BURY

EDUCATION COMMITTEE

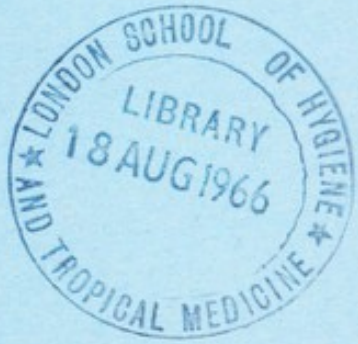
ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1959



K. K. WOOD, M.B., M.R.C.S., D.P.H.

Principal School Medical Officer

Medical Officer of Health

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Members of Education Committee.

The Mayor (Alderman A. H. SHAW, M.A., J.P.).
Alderman SHAW, M.A., J.P. (Chairman),
Councillor J. LORD (Deputy Chairman),
Alderman LORD,
Councillor ADCOCK, M.B.E.,
,, ALKER,
,, ANIANS,
,, Mrs. BUTLER, J.P.
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,, HEAP, O.B.E.,
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Prof. D. P. COSTELLO,
Mr. E. THOMASON,
Mr. T. WILLIAMS, B.Sc.,
Mrs. M. FORRESTER,
Mrs. H. B. WEBB, B.A., J.P.

Staff.

Principal School Medical Officer:—
K. K. Wood, M.B., M.R.C.S., D.P.H.

Deputy P.S.M.O.:—
I. S. Macdonald, M.D., D.P.H. (to 10.6.59).
G. A. Levell, M.R.C.S., D.P.H. (from 1.8.59).

School Medical Officers:—
*R. Parker, M.B.
E. W. M. Shaw, M.R.C.S.
*A. J. Maclean, L.R.C.P.I.

Ophthalmic Surgeon:—
*J. Ratcliffe, M.B.

Orthopædic Surgeon:—
*A. P. Gracie, F.R.C.S. (Ed.), M.B.

Ear, Nose and Throat Surgeon:—
*A. I. Goodman, M.D., F.R.C.S.(Ed.)

Principal School Dental Officer:—
R. B. Keighley, L.D.S.

School Dental Officer:—
Vacant.

Physiotherapist:—
*Mrs. J. M. Fishwick.

Speech Therapist:—
Mrs. K. Newton.

Orthoptist:—
*Mrs. K. M. Rogerson.

Educational Psychologist:—
*Mrs. J. Shepherd, B.A. (Cantab.)

Chiropodist:—
*Mrs. Stella Openshaw.

Superintendent School Nurse:—
Miss M. Blockley.

Deputy Superintendent School Nurse:—
Miss K. Yates.

School Nurses:—
Mrs. N. Wain.
Mrs. W. Stansfield
Mrs. J. Mee (from 18.5.59 to 21.12.59.).

Senior School Medical Clerk:—
Miss N. Hargreaves,

School Medical Clerk:—
Mrs. A. C. Hanlon.

Dental Attendant:—
Miss B. Bretherton

* Part Time.

ANNUAL REPORT FOR 1959

To the Chairman and Members of the Education Committee,

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report on the work done in the School Health Service.

Again a year of steady progress can be reported. In addition to completing the inspection and treatment work some spade work has been carried out for which further benefit will accrue later.

The additional space on the ground floor of the Wylde Clinic available since the transfer of the Chest Clinic to Bury General Hospital, has made possible extension of work such as Speech Therapy, Psychology and Audiometry sessions; in addition more convenient rooms are available for the various immunization sessions.

The records system is being revised, so that easy and regular reference of all defects found for re-inspection will be made. These re-inspections will be carried out at schools after each visit for routine inspection work. A much closer and frequent follow-up will be the result. Extension of audiometry work, of B.C.G. and other vaccination will occur next year.

There has been an increase in the number of home visits paid by Nurses, and also an increase in the number of cleanliness surveys. The work of the Minor Ailments Clinics is similar to that done last year. The work appears to be stabilized about the present level.

There has been no large epidemic of infectious disease. Poliomyelitis vaccination has continued and now there are no children waiting to have their initial dose. B.C.G. vaccination has commenced in earnest and is gaining in momentum.

We have appreciated the increase in demand for our services from Head Teachers and hope that this will further increase. The facilities provided for giving advice in the case of Educationally Sub-normal children and in children with behaviour problems are being extended. So far we have not been able to recruit a Child Psychiatrist on to the Staff, but in special cases reference has been made to Booth Hall Hospital. Our Psychologist and Social Workers have carried out much productive work this year. Many more cases have been referred to us by the Children's Court, and we appreciate early reference of these cases so that we may make useful investigations, suggestions and treatment. Head Teachers are encouraged to come and see us about similar cases, and we will be pleased to see them at any time mutually convenient.

The Dental work is still limited by Staff shortage. There is urgent need for another Dental Surgeon.

Co-operation with the other parts of the tripartite Health Services has continued to be close and amicable, and is now two-way in operation. The Hospital Services have quickly provided all that has been asked of them and we have helped in providing for them some physiotherapy and orthoptic assistance.

The School Health Staff have again worked hard to provide a comprehensive service which appears to have been appreciated by the children and their parents. Our thanks are due to all who have made this possible.

To you, Mr. Chairman, and Members of the Committee, I would express my thanks for your encouragement during the year.

I am,

Your obedient Servant,

K. K. Wood.

Principal School Medical Officer.

9th May, 1960.

STATISTICS.

Area of Bury in acres	7,434
Population (R.G. Estimate for 1959)	58,230

Number of children on registers of maintained schools at the end of 1959:—

Infants	1,849
Juniors	3,205
Seniors	3,541
	8,595

The number of children attending Direct Grant Schools is 1,555.

SCHOOLS IN THE BOROUGH.

Primary Schools or Departments:

County	9
Controlled	10
Aided	12

Secondary Schools:

County	4
Aided	3
Special Agreement	1
Nursery School	1
Special School (E.S.N.)	1

In addition there are three Direct Grant Grammar Schools, the Bury Grammar School for Boys, the Bury Grammar School for Girls, and the Convent High School for Girls, for which the Bury Education Committee provide school health services.

SCHOOL BUILDINGS.

Internal decoration of the following schools was carried out during the year:—

St. Peter's C. E.

Fairfield County Primary.

St. John's Infants.

Walmersley Infants.

Guardian Angels R. C.

St. Stephen's.

East Ward County Secondary.

St. Gabriel's R. C. Secondary (Part).

External decoration was carried out at the following schools:—

Fairfield County Primary.

The former Bury High School and Secondary Technical School were integrated into the new Derby School (bi-lateral grammar technical) which was opened during the year.

The Wellington Secondary Modern School was also opened in the premises previously occupied my the Bury High School.

WATER SUPPLY.

The summer was marked by shortage of water in the supply of the Irwell Valley Water Board. Considerable nuisance was caused by the inability to adequately flush lavatories. Surveys were made for the use of alternative supplies if necessary. Fortunately no major spread of infection occurred, although a period of extreme anxiety was passed through by the School Health Department.

Frequent water sampling was undertaken by the Health Department.

ROUTINE MEDICAL INSPECTIONS.

Three groups of children were examined; 907 entrants, 240 in the second age group and 651 in the third age group, giving a total of 1,798 children examined.

The second age group was examined during the first half of the year. After this no Intermediates were examined. Next year also, it is intended to discontinue examining this group and to make available the time gained to re-inspect defects previously found amongst the children attending these schools, and to examine as Specials any children with suspected defects referred by Teachers or from other sources.

There were 731 other periodic inspections made; these were at the Bury Grammar School (513) and the Convent Grammar School (218).

In addition the Medical Officers made 3,097 special inspections and re-inspections. These examinations were made at the Schools or at the Clinics.

All these examinations were carried out by the Authority's staff.

REVIEW OF THE MAIN FACTS DISCLOSED BY MEDICAL INSPECTION.

Tables A and B at the end of the report give details of the defects found which required either treatment or observation.

Nutrition.—The nutritional state of the child is estimated in general inspection and examination of the child. The general level remains high and less than 2% of the children examined have showed any crude physical signs of nutritional defect. Any nutritional deficiences are liable to be due to wrong balance of diet rather than deficiency.

Skin conditions.—There continues to be a large class of defects found. At routine 38 were found and during special inspections 329.

Ear, Nose and Throat.—Most of these are observation cases, associated with enlarged tonsils. Ear infections require to be specially treated or watched, as this condition frequently leads to deafness in later life.

Orthopaedic conditions.—The majority of the cases were to do with minor foot conditions.

Psychological.—Much more attention is now given to the psychological changes associated with growing up. Parents, teachers and even the children themselves appreciate and ask for guidance in these matters. These services are developing rapidly and much more could be done if more trained staff was available.

One of the functional conditions which is brought before the School Medical Officer is Nocturnal Enuresis. The majority of these cases manifest no obvious physical cause, and they are basically psychological problems. Some cases have been aided by relaxation exercises such as those used for speech therapy; others have responded to treatment with a nocturnal enuresis alarm apparatus. Two outfits have been purchased by the Health Department Loans Section and are loaned free to suitable cases. The results have been satisfactory.

UNCLEANLINESS.

On the average each school was visited on 5.5 occasions by the School Nurses for the purpose of cleanliness inspections. The number of examinations of children for this purpose was 12,879. As a result of these inspections 7.1% of the children were found to be infested, either with nits or lice. In 3 of the children infestation of the body was found; the remainder were in the head. It is only by constant head inspections that the persistent source of reinfestation can be dealt with, and this nuisance kept under control.

There are baths and cleansing facilities at the Huntley Clinic to help in the treatment of these cases, and the treatment of Scabies. The sale of special metal combs has been continued.

FOLLOWING UP.

Medical Inspection loses much of its value if those children found to be suffering from some defect are not "followed up" in order to ensure that the necessary treatment advised has been obtained either from the child's own medical practitioner, the Hospital service, or from the services provided by the Local Authority.

If the child is not accompanied by the parent, a note is sent drawing their attention to the defect, and suggesting that treatment be obtained either from their private doctor or clinic services. This is followed up either by a visit to the child at school by the Nurse, or by home visits to the parent. Arrangements are made for re-inspection of children with defects to be made by the School Medical Officers.

These re-inspections have been carried out both at the School clinics and also at the Schools. Last year the figure was 989, whilst this year it was 1481. Only by constant and close following up can one be sure that the defects discovered are adequately dealt with. In the majority of cases little difficulty has been experienced in obtaining treatment for the children.

In order to make more time available for following up defects it is intended to discontinue the intermediate routine examination and to re-inspect at Schools all defects previously found or to inspect any special case referred to the Medical Officer. The Clinic records are being re-organized so that by a system of tabbing cards with defects to be re-inspected are readily available.

WORK OF SCHOOL NURSES.

During the year the School Nurses have carried out the following visits. There has been a considerable increase in the number of visits paid during the current year.

Home Visiting by Nurses:—	
Homes of Opthalmic Cases	14
,, Throat Cases	1
,, Minor Ailments	23
,, Infectious Disease	66
,, re Cleanliness	132
Other visits	128
Total	364
Visits to Schools with Medical Officers	165
Other visits to Schools by Nurses—	
(a) For cleanliness	160
(b) Other visits	161
Children examined re cleanliness	12,879
Number of above unclean	910
*Contacts examined re Infectious Disease	0

*Many visits to homes of familics with reference to infectious disease have also been made by Health Visitors. Where this has been so no duplicate visit has been made by the School Nurse.

ARRANGEMENTS FOR TREATMENT OF SCHOOL CHILDREN.

Name of Clinic.	Where Held.	Time.
Minor Ailments.	The Wylde Clinic.	Daily—9 a.m. to 10 a.m.
Minor Ailments.	Huntley Mount Clinic.	Daily—9 a.m. to 10 a.m.
Medical Officer's Inspection Clinic.	The Wylde Clinic.	Daily—9 a.m. to 10 a.m.
Scabies Clinic.	Huntley Mount Clinic.	As required.
Orthopædic Clinic (Exercises).	The Wylde Clinic.	Tuesday—9a.m. to 12noon 2-30 p.m. Friday—4 p.m.
Orthopædic Clinic (with Lancs. C.C.)	The Uplands, Whitefield.	Orthopædic Surgeon attends 2nd Friday each month at 10-30 a.m.
Ultra Violet Light Clinic.	The Wylde Clinic.	Tuesday and Friday— 1-30 p.m
Diphtheria, Poliomyelitis & Vaccination Clinic.	The Wylde Clinic.	As required.
Ophthalmic Clinic.	The Wylde Clinic.	Wednesday and Thursday commencing 2-30 p.m.
Dental Clinic.	The Wylde Clinic.	By appointment.
Ear, Nose, and Throat.	The Wylde Clinic.	Alternate Fridays. 2 p.m.
Orthoptic	Huntley Mount Clinic.	Tuesday—9 a.m.to 12 noon 2 p.m. to 4 p.m.
Speech Therapy	Huntley Mount Clinic.	By Appointment, Tuesdays, Thursdays
	The Wylde Clinic	Mondays, Wednesdays and Fridays.

MINOR AILMENTS CLINICS.

	The Wylde	Huntley Mount
No. of Children attending from 1958	3	—
,, ,, discharged during 1959	576	127
,, ,, still attending at end of 1959	10	—
,, fresh children who attended during 1959	583	127
,, attendances	1,494	703
Clinic open	303 days	200 days
Average attendance per child	2.6	5.5
Average daily attendance	4.9	3.5

In addition to the above, 389 children attended on three or four successive days at the Wylde for mydriatic application before seeing the School Oculist for the purpose of refraction. This represents 1,362 attendances, which are not included in the total attendances in the previous table.

Altogether 337 parents were seen at the Clinics during the course of the year.

CASES ATTENDING CLINICS.

The nature of the cases treated at both Minor Ailments Clinics are given below :—

Ringworm, Scalp	—
Ringworm, Body	1
Scabies	1
Impetigo	55
Other skin diseases	272
Minor Eye defects—External and other (but excluding defective vision and squint)	60
Minor Ear defects	28
Miscellaneous	120

INFECTIOUS DISEASE.

With the advent of immunization for prevention and the antibiotics for treatment, there has been a great change in the importance of these diseases to the individual. Some diseases have been banished, whilst others, although still with us, do not now leave their trail of death or sequelae. They are, however, still of great nuisance value in causing a loss of school time to the child. There were 50 cases of measles and 3 of whooping cough notified. 57 cases of scarlet fever and 6 dysenteries occurred in school-children.

No closure of schools or special collective action had to be taken to deal with any outbreak. Routine disinfection of parts of school premises or equipment has been undertaken by the Health Department as required.

The schemes for immunisation must be continuously supported and it is the responsibility of the parents to see that their children are protected. Adequate facilities are provided by the School Health Service, and little waiting time is now necessary for immunization. This year the maximum attention was paid to poliomyelitis. Preliminary work dealing with the offer of B.C.G. vaccination for school leavers was done, and the work commenced.

B.C.G. VACCINATION. (Against Tuberculosis).

School Children's Scheme (under 14 years of age).

1. Number skin tested	539
2. Number found positive	98
3. Number found negative	426
4. Number vaccinated	424

Arrangements are now made to vaccinate school children of 13 years of age against tuberculosis, thus giving them a certain degree of protection during early adult life, where experience has shown the disease is most likely to occur. The procedure is carried out either at School or the Clinic, and involves a single skin test in the forearm, which causes no upset, and by which the Doctor can tell if the child requires vaccination.

The B.C.G. vaccination is done on the upper part of the arm, just like smallpox vaccination, although the reaction is slower and the resulting scar normally much smaller.

Consent forms are being circulated to the parents of children of the appropriate age for them to indicate whether or not they wish their children to be protected.

DIPHTHERIA IMMUNIZATION.

Efforts are made in the Child Welfare Department to see that as many children as possible are immunized in the pre-school period. This year 675 children in the age group under five years old were immunized. On admission to School the School Health Service attempts to obtain immunization for those not already done in infancy, and get a reinforcing dose given on admission to School to those who were immunized in infancy. There were 370 reinforcing doses given during the year.

Number of children in the Local Health Authority area on 31st December, 1959, who have completed a course of Diphtheria Immunization at any time between 1st January, 1945, and 31st December, 1959—

Age on 31/12/59 (i.e. born in year)	Under 1 1959	1—4 1955—1958	5—9 1950—1954	10—14 1945—1949	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1955—1959	250	1,945	2,217	306	4,718
B. No. of children whose last course (primary or booster) was completed in the period 1954 or earlier	—	—	915	3,837	4,752
C. Estimated mid-year child population	920	3,480	8,500		12,900
Immunity index 100 A/C	27.2	55.9	29.7		36.6

POLIOMYELITIS VACCINATION.

The number of children (all ages) who have been vaccinated with two injections under the Scheme is as follows:—

During 1956	125
During 1957	1,148
During 1958	3,485
During 1959	2,996
Total	7,754

The number of children who have received three injections at 31.12.59 5,512

SCABIES.

During the year one case of Scabies was discovered and treated.

No large number of cases has occurred since 1948.

Special facilities for treatment of Scabies are available at the Huntley Mount Clinic if required.

RINGWORM.

The Education Committee has an arrangement with the Manchester Skin Hospital for the X-Ray treatment of Ringworm. No cases were sent this year.

HEART CONDITIONS.

On the defects register at the School Clinic there are records of 118 children who have been discovered to be suffering from some lesion of the heart.

Congenital Heart		Valvular Disease of the Heart		Other Conditions.	
Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment
14	6	9	—	89	—

Assistance has been sought in dealing with many of these cases from the Hospital Service, where electrocardiograms and specialist advice has been available. The closest co-operation has been sought in these cases, also with the child's own doctor.

Advice is given to Schools as to whether there should be any limitation of activities.

DIABETES.

There are no children who require special residential care.

3 children on Diabetic register at Bury General Hospital, one has been admitted as an in-patient.

X-RAY EXAMINATIONS.

X-ray examinations of School Children referred from the Clinic are made at the Bury General Hospital.

Most of these have been suspected fractures which have come to the Minor Ailment Clinics. Chest X-Rays have been taken at the Chest Clinic which is now at Bury General Hospital.

ORTHOPAEDIC CLINIC.

Bury County Borough participates in the Lancashire County Council Orthopaedic scheme. The clinic sessions are held at the Whitefield Clinic on Fridays. At this Clinic there was 1 Bury case who had a first consultation with the Orthopaedic Surgeon and 22 old cases attended.

In addition to the above some Bury School children attend the Orthopaedic department at the Bury General Hospital. This place is frequently more convenient for the children to attend and very satisfactory service has been obtained for any cases referred by the School Health Service.

There is, at the Wylde Clinic, a Physiotherapist who provides physiotherapy and ultra-violet ray therapy. This centre is frequently used by the Consultant for follow-up treatment of children who have attended the Orthopaedic Clinic at Bury General Hospital.

The work done by the Physiotherapist at the Wylde Clinic was as follows:—

Number of cases attending of physiotherapy	63
,, ,, electrical treatments	70
,, ,, treatments given	422
Average number of attendances per child	7
No. of cases attending for U.V.L.	20
No. of treatments given	136
Average attendance per child	7

When a child first attends for treatment the parent is requested to accompany the child. In this way the parent may be instructed as to what treatment is necessary, and can, if advisable help the child with exercises at home.

EYE DEFECTS.

The commonest condition dealt with is defective vision due to errors of refraction. At every routine medical inspection the School Nurse carries out a test of vision with test types.

If any error is discovered the case is referred to the Ophthalmic Surgeon. If the parent wishes, the child can be taken to his own Optician.

389 cases were seen at the Ophthalmic Clinic at the Wylde, and in 243 cases glasses were prescribed. In addition to these figures we know that 255 other children have received glasses. The Ophthalmic Surgeon has two sessions weekly at the Clinic.

In appropriate cases the Eye Specialist refers cases to the Orthoptic Clinic. Many of these cases are children with squint. It is essential to start treatment as early as possible, and an effort is made to commence treatment before school attendance begins. The Child Welfare Centres have discovered and commenced treatment in many cases before school attendance commences.

ORTHOPTIC CLINIC.

Held at the Huntley Mount Clinic, Tuesdays, by appointment.

I am indebted to Mrs. K. M. Rogerson for the following report:—

During 1959 a total of 83 girls and 92 boys, making 175 patients in all received treatment for squint.

There were 32 new cases registered—18 girls and 14 boys.

Although there is a permanent waiting list for Orthoptic exercises, as each child is put on it between the age of 5½/6 years, there is no waiting for a first appointment once the patient is referred from the Clinics or the Hospital.

There is an arrangement with Mr. Maclenachan (Eye Consultant) to operate on suitable cases of squint at Birch Hill Hospital. During the year 13 girls and 6 boys have undergone satisfactory surgery, the results of which are extremely good.

It is pleasing to note that at least 95% of the children reach here before starting school. The Child Welfare Department, the General Practitioners and the parents are all helping to make the work of saving the sight of a squinting eye much easier by sending the children here at an early age, or seeing that they are sent in the case of the parents.

The above figures only refer to Bury School children, although children from surrounding areas are accepted at the Clinic by arrangement with the Health Department.

EAR DISEASE AND HEARING.

The treatment of middle ear disease and of the various degrees of deafness is a matter of great concern. A Consultant Ear, Nose and Throat Surgeon (Dr. A. I. Goodman) has held a clinic at the Wylde, on alternate Fridays of the month, at 2 p.m.

Three children were referred for audiogram at Manchester; one of which was supplied with a hearing aid. Other audiograms were done by our own staff at the Wylde.

The Consultant Surgeon paid 18 visits to the School Clinic during the year.

Attendances were as follows:—

First consultation with Surgeon	63
Second or subsequent consultations with Surgeon	45
Total	108

Analysis of new cases:

Enlarged tonsils and/or adenoids	29
Epistaxis	2
Otitis Media	2
Partial deafness	6
Nasal obstruction	1
Colds	3
Otalgia	2
Mouth breathing	1
Catarrh	1
Sore throat	1
Glands	3
Sinusitis	3
Other conditions	9
Total	63

AUDIOMETRY.

A Peter's Basic Diagnostic audiometer has been purchased for use in the Department. This is provided with a Peepshow for the use with small children. This was available at the end of November.

It is the intention to visit every school to screen all the children. This year 114 children were examined at school. In addition more detailed audiometric tests are carried out at the Wylde Clinic in cases referred by the Medical Officers.

Miss K. Yates, the Deputy Superintendent Nursing Officer, has been trained in Professor Ewing's Department at Manchester University and is carrying out this work.

SPEECH THERAPY.

I am indebted to Mrs. Newton for the following report.

This year has seen the opening of new Speech Therapy sessions at the Wylde Clinic, in addition to the existing ones at the Huntley Mount Clinic. This is a very satisfactory arrangement since the Wylde Clinic is more conveniently reached from the majority of schools in Bury. The new arrangement has been in use since July on three days each week, Huntley Mount Clinic being used on two days for the treatment of children attending schools in the Huntley Mount area.

There have been 80 children receiving treatment for speech defects during the year. 61 of these are boys and the remainder are girls. This gives some indication of the far higher incidence of speech defects amongst boys, particularly of defects which are emotional in origin, e.g. stammering, sigmatism, retarded speech and some cases of multiple dyslalia.

The defects of the 80 who have been on the register may be divided thus :—

Stammer	13	cases
Multiple dyslalia	22	,,
Stammer and multiple dyslalia	4	,,
Apraxia	17	,,
Sigmatism	10	,,
Dysarthria	2	,,

Dysphonia and dyslalia	5 cases
Hyperrhinophonia	1 ,,
Retarded speech	3 ,,
Retarded speech and dysarthria	1 ,,
Cleft Palate	1 ,,
Deafness causing multiple dyslalia	1 ,,
Total	80 cases.

36 children have been discharged during the year.

26 have been cured.

4 improved and are under observation.

2 left the district.

4 because of very poor attendance.

The waiting list, however, grows at a quicker rate than patients can be discharged and new ones admitted and the number on the waiting list at the end of the year stands at 53. This number, however, does not include the many children with less severe speech defects who need some treatment, but who tend to be neglected because of the call of more urgent caess. It may be possible in 1960 to start a group for these simple dyslalics in which 6 to 10 children may be treated together.

Two Rochdale children made 69 attendances.

Two children have been referred to the Educational Psychologist and 3 others to the Ear, Nose and Throat Specialist. One child is now receiving treatment at Wythenshawe Hospital for correction of a congenital oro-pharyngeal malformation.

Appointments were made for 87 parents to attend for interviews and 66 of these kept the appointments. 38 new patients were admitted during the year, as a result of these interviews.

Schools have again been visited for the purpose of checking up on patients who have been discharged and assessing the speech of other children who have been referred for Speech Therapy. Altogether 24 schools visits have been made.

Teachers have been most helpful, as have the majority of parents. Unfortunately, some parents make no effort to follow the advice given to them or help their children in any way at home, so that treatment is unnecessarily prolonged.

NURSERY SCHOOL.

The Authority have continued to maintain Elton Nursery School with an average number on roll of 39 children of ages two to five years.

SPECIAL SCHOOLS (RESIDENTIAL).

The following handicapped school children were maintained in special schools, hospital schools, or convalescent homes:—

Blind	1
Partially Blind	1
Deaf Pupils	2
Partially deaf pupils	2
Delicate pupils	16
Epileptic pupils	1
Physically handicapped	4
Maladjusted	3
Educationally sub-normal	2

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

	1. Blind 2 Partially sighted		3. Deaf 4. Partially Deaf		5. Delicate 6. Physically Handicapped		7. Educationally sub-normal 8. Maladjusted		9. Epileptic	Total 1—9
	1	2	3	4	5	6	7	8	9	10
In the calendar year A. Handicapped Pupils newly placed in special schools or boarding homes	....	....	....	1	....	....	18	....	....	19
B. Handicapped pupils newly assessed as needing special educational treatment at special schools or in boarding homes	....	1	....	....	....	....	13	1	....	15
On or about 22nd January, 1960. C. (i) were on the registers of 1. maintained schools										
(a) as day pupils....	....	....	....	....	....	....	63	....	....	63
(b) as boarding pupils.....	....	....	....	1	....	....	1	4	....	6
2. non-maintained special schools (a) as day pupils....	....	....	....	....	....	....	....	....	....	....
(b) as boarding pupils.....	1	1	2	1	....	2	2	....	....	9
(ii) were on the registers of independent schools under arrangements made by the Authority	....	....	....	....	....	....	....	....	....	....
(iii) were boarded in homes and not already included under (i) or (ii)	....	....	....	....	....	....	....	....	....	....
TOTAL C	1	1	2	2	....	2	66	4	....	78

On or about 22nd January, 1960	1. Blind 2. Partially sighted		3. Deaf 4. Partially Deaf		5. Delicate 6. Physically Handicapped		7. Educationally sub-normal 8. Maladjusted		9. Epileptic	Total 1—9
	1	2	3	4	5	6	7	8	9	10
D. Were being educated under arrangements made under Section 56 of the Education Act, 1944										
1. in hospitals	....	....	....	....	....	3	....	....	....	3
2. in other groups (e.g. units for spastics, convalescent homes)	....	....	....	....	....	....	....	....	....	....
	....	....	....	....	....	....	....	....	....	....
3. at home	....	....	....	....	....	1	....	....	....	1
E. were requiring places in special schools										
1. TOTAL										
(*a*) day	....	....	....	....	....	....	2	....	....	2
(*b*) boarding	....	1	....	....	....	....	....	....	....	1
How many pupils are included in the totals above										
2. who had not reached the age of 5:										
(*a*) awaiting day places.....	....	....	....	....	....	....	....	....	....	....
(*b*) awaiting boarding places	....	....	....	....	....	....	....	....	....	....
3. who had reached the age of 5 but whose parents have refused consent to their admission to a special school :—										
(*a*) awaiting day places.....	....	....	....	....	....	....	....	....	....	....
(*b*) awaiting boarding places	....	1	....	....	....	....	....	....	....	1
F. Were on registers of hospital special schools.....	....	....	....	....	....	....	....	....	....	2

Number of children reported during the year :—

(a) Under Section 57 (3) (Excluding any returned under (b).) 6

(b) Under Section 57 (3) relying on Section 57 (4) —

(c) Under Section 57 (5) 2

of the Education Act, 1944.

EDUCATIONAL PSYCHOLOGIST'S REPORT FOR YEAR 1959.

I am indebted to Mrs. J. Shepherd for the following report.

Since the last report 30 cases have been investigated. They are equally divided as to sex. The main sources of referral are the headteachers through the School Medical Officer. We have had one referral from the Magistrates of the Juvenile Panel and a few children came from the Consultant Paediatrician. One sixth form grammar school girl asked for and was given vocational guidance.

The range of intelligence found was:—

(1.) I.Q. under 50—ineducable children=6.

Five children either began to attend the Occupation Centre or were placed on the list to attend when they were older. One child was recommended for institutional care and has been placed since.

(2.) I.Q. 50 to 75—educable E.S.N. children usually suitable for Brunswick E.S.N. School=6.

One boy was seen on his discharge at 16 years. One boy sent by Juvenile Court to an Institution for Defectives. Four were admitted to Brunswick E.S.N. School.

(3.) I.Q. 75 to 90—the dull group=10.

Advice was given to the parents of these children and in some cases the schools referring them were visited in order to discuss their difficulties. Some children from this group are kept under supervision by periodic interviews. One disturbed boy was referred to Booth Hall Child Guidance Clinic.

(4.) I.Q. 90 to 110—children of average ability=1.

One disturbed very difficult boy referred to Booth Hall Child Guidance Clinic.

(5.) I.Q. over 110=1.

One disturbed girl offered treatment by Psychologist. Mother accepted but failed to continue treatment.

In 6 cases the level of intelligence was not formally ascertained.

In a sense, every interview is an adjustment interview, since parents need help in accepting their children's limitations, and children need encouragement and a tactful explanation of why they should change their school, if this is necessary. In addition we find that many children from the dull group are showing symptoms related to their school difficulties—either antisocial behaviour or the development of minor nervous symptoms. The absence of a suitable network of remedial teaching which these children need so badly makes our advisory work here less fruitful than we would wish.

The psychologist tries, as far as time allows, to visit the school of any child referred for ascertainment, and not found to be in the range of intelligence suitable for Brunswick E.S.N. School. Heads of schools are invariably personally sympathetic to the difficulties of these children and often manage to adjust matters a little in the child's interests. It is impossible, however, to make really suitable provision for them without some organised form of special teaching. With rising numbers at Brunswick E.S.N. School this is a problem which will inevitably become increasingly felt.

We are beginning to have more children referred directly for behaviour difficulties and though full child guidance treatment cannot at present be given, help is offered to these cases where we feel success is possible with our limited resources. Unfortunately, those parents who most need help in handling family difficulties are not always willing to avail themselves of it.

CO-OPERATION OF PARENTS, TEACHERS, Etc.

The percentage of parents attending at routine inspections was :–

"Entrants"	90.4%
"Second Age Group"	76.0%
"Third Age Group"	1.5%

Parents are encouraged, and previously notified as to time and place of the routine medical inspections, so that the defects found may be pointed out and steps taken to remedy the abnormality discussed. A record of the child's history of infectious and other diseases is asked for from the parents.

The number of parents who have also accompanied their children to the Clinics is 329 at the Wylde, and 8 at Huntley Mount Clinic.

CO-ORDINATING COMMITTEE— CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES.

Joint Circular from the Home Office (157/50), Ministry of Health (78/50), Ministry of Education (225/50).

Report of work of the Committee during 1959.

The Co-ordinating Committee under the above-mentioned Circulars met on six occasions during the year. The average attendance of members was eight.

The circumstances of children in thirty-three families have been dealt with since the first meeting of the Committee in May, 1952. The cases have been referred to the Committee as follows :

By the Medical Officer of Health	15
,, Borough Treasurer (Housing)	7
,, N.S.P.C.C. Officer	5
,, Chief Area Officer, N.A.B.	2
,, Children's Officer	2
,, Director of Education	1
,, Teachers' Association Representative	1

One new case was brought forward during 1959. Nineteen family cases previously reported have been considered. The number of children involved is 63, of which 53 are of school age. The Committee has afforded opportunity for the various cases to be discussed, and in some, collective action to be taken. A meeting once every two months appears to be able to deal adequately with the cases referred.

PROVISION OF MEALS AND MILK.

Dinners and milk have continued to be supplied to school children during 1959. Dinners were supplied from 2 Central Kitchens and 4 Kitchen/Dining Rooms to 28 Dining Centres until 31st August, 1959, and thereafter from 1 Central Kitchen and 6 Kitchen/Dining Rooms to 24 Dining Centres.

Total No. of dinners supplied	620,002
Total No. of ⅓ pt. bottles milk supplied	1,389,489

SCHOOL CAMPS.

During the summer a school camp was organised at Kessingland for children attending maintained schools in the Borough. 108 juniors and 177 seniors attended this camp.

HOME TUITION.

Home tuition was provided for one child who was unable to attend school.

EMPLOYMENT OF SCHOOL CHILDREN.

During the year 100 children have been medically examined as to their fitness to undertake employment out of school hours. Of these 11 were girls and and 89 boys.

INSTRUCTION IN MOTHERCRAFT.

The Course has not been held this year.

REPORT OF THE ORGANISER OF PHYSICAL EDUCATION.

I am indebted to the Director of Education for supplying the following report :—

Primary Schools.

With the introduction of climbing and challenging apparatus into the primary schools, children are given an opportunity to take part in activities which will develop their spirit of adventure, assist them to gain control and power over their bodies and overcome postural defects which occur through lack of activity to develop muscle tone.

The children of this age should receive a daily lesson in physical activity but due to lack of indoor space this is not possible at all schools during inclement weather.

It is unfortunate that swimming instruction is not included in the physical education programme of the primary schools, but it is hoped that in time the problems which restrict swimming to the secondary schools will be overcome.

Secondary Schools.

The physical needs of the secondary school child are catered for in three ways. Firstly, they are given an opportunity to partake in physical exercises in fully equipped gymnasia, on apparatus designed to assist in the all-round development of the child. The Authority have seven gymnasia situated at East Ward, Elton, St. Gabriel's and Wellington Schools, at the Technical College where three schools share the gymnasium and two at the new Derby (Grammar/Technical) School. Secondly, they play the main winter and summer games when, besides getting the benefit of fresh air and healthy activity, team spirit and leadership are developed. Thirdly, all first year children are given an opportunity to receive swimming instruction at the Technical College and Corporation Baths.

Unfortunately, due to repairs being carried out at the Technical College bath the swimming programme has been interrupted during the last twelve months, and it is anticipated that by the end of the year the numbers of non-swimmers will have increased. I should like to point out again the reluctance on the part of some children to remove outer garments when taking part in physical

activity and to use the shower baths provided at the gymnasia after physical activity. Parents could give greater encouragement to children and in doing so assist teachers in their endeavours.

After School.

Boys and girls readily join in physical activities which take place at school, but cease to have any interest in these activities once they have started to earn money. Maybe the money which they now have in their pockets opens up much more pleasurable pastimes, or maybe the reason is the lack of facilities for outdoor pursuits. It is hoped that in the very near future Recreation Centres for young people will be opened, providing physical recreation in such activities as swimming, netball, cricket, football and athletics.

The Duke of Edinburgh's Award Scheme is open to all young people in the town, when both boys and girls can enjoy such outdoor pursuits as camping, hiking, canoeing, cycling and many more worthwhile pastimes. It is hoped that many more of them will take advantage of the opportunities available.

SWIMMING BATHS.

There are three Swimming Baths which may be used by school children. The Technical College Swimming Bath was closed for the year; the Bury Grammar School, which is a Direct Grant School, and which is used exclusively by its own pupils; and the Town's Public Swimming Baths, St. Mary's Place, which may be used by any of the children in their own spare time, and has also been used for classes.

Regular bacteriological analysis of samples of water from the Baths is taken. Ten samples were taken from the Corporation Baths and four from the Bury Grammar School Baths.

All samples were satisfactory.

Number of attendances at the Technical College Bath	0
Number of attendances at the Corporation Bath	28,787

DENTAL SERVICES.

I am indebted to Mr. R. B. Keighley, L.D.S., for the following report:—

During the year 25 Infant and Junior Schools were inspected and dental treatment undertaken.

In July we were visited by Miss E. M. Knowles, Dental Officer to the Ministry of Health. It was suggested that the Wylde dental clinic be re-furnished with modern and more efficient equipment, and to this the Committee have agreed. This will be commenced after next April.

Miss Knowles also suggested that it would be better to undertake special sessions for the treatment of Pre-school children and Expectant and Nursing Mothers. At present, these cases are treated as required during the school children's sessions. I am not sure that this would be a better arrangement as regards Preschoolchildren. In most cases these children are brought in by their parent suffering from toothache. They are usually seen on the same day and rarely have to wait more than 24 hours after palliative treatment. To hold a weekly or fortnightly session could mean that some children would have to wait for almost that length of time. It is true, however, that not all are in urgent need, as many wise parents attend regularly as a routine measure.

No application has been received for the appointment of Assistant School Dental Officer. Taking a long view of the future of dental recruitment in this country, I am convinced that the proved benefits of the fluorisation of drinking water must be finally recognised and generally applied.

Owing to Staff changes, I was without a Dental Attendant for five weeks.

I wish to thank the Medical Officers, Nurses and Clerical Staff for their willing help, and I would like to express my appreciation of the courtesy and co-operation which I always receive from the Headteachers and their colleagues in the schools.

MEDICAL INSPECTION AND TREATMENT RETURN FOR THE YEAR ENDED 31st DECEMBER, 1959.

Number of pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1960, as in Form 7, 7 M and 7 N schools 8,623

Part 1—Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary School (Including Nursery and Special Schools).

TABLE A. — PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By years of birth)	No. of pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	40	40	100	—	—
1954	766	764	99.7	2	0.3
1953	101	100	99.0	1	1.0
1952	30	30	100	—	—
1951	11	11	100	—	—
1950	143	143	100	—	—
1949	21	21	100	—	—
1948	9	9	100	—	—
1947	10	10	100	—	—
1946	16	16	100	—	—
1945	15	14	93.3	1	6.7
1944 and earlier....	636	617	97.0	19	0.3
Total	1,798	1,775	98.7	23	1.3

Table B. — Pupils found to require treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin).

Notes:—Pupils found at Periodic Inspections to require treatment for a defect should not be excluded from Table B by reason of the fact that they were already under treatment for that defect.

Table B relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1955 and later	—	15	15
1954....	6	173	160
1953....	1	26	24
1952....	—	9	9
1951....	—	2	2
1950....	10	10	19
1949....	3	1	4
1948....	2	2	4
1947....	2	2	4
1946....	—	1	1
1945....	1	2	3
1944 and earlier	59	28	85
Total	84	271	330

TABLE C. — Other Inspections.

Notes:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	1,616
Number of re-inspections	1,481
Total	3,097

TABLE D. — Infestation with Vermin.

Notes:—All cases of infestation, however slight, should be included in Table D.

The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	12,879
(b) Total number of individual pupils found to be infested	679
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A.—PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		T (3)	O (4)	T (5)	O (6)	T (7)	O (8)	T (9)	O (10)
4	Skin	29	46	5	5	4	5	38	56
5	Eyes—a. Vision	7	15	60	9	17	6	84	30
	b. Squint	10	15	—	2	2	—	12	17
	c. Other	5	10	—	1	1	—	6	11
6	Ears—a. Hearing	3	54	3	3	1	7	7	64
	b. Otitis Media	3	18	4	4	1	2	8	24
	c. Other	3	17	4	—	2	4	9	21
7	Nose and Throat	64	151	6	5	5	10	75	166
8	Speech	21	18	1	—	—	1	22	19
9	Lymphatic Glands	7	40	—	—	—	2	7	42
10	Heart	3	16	—	2	—	4	3	22
11	Lungs	13	68	—	9	—	8	13	85
12	Developmental—								
	a. Hernia	2	6	—	—	1	1	3	7
	b. Other	—	3	—	2	1	5	1	10
13	Orthopaedic—								
	a. Posture	2	1	—	—	1	2	3	3
	b. Feet	30	40	3	10	5	10	38	60
	c. Other	5	14	2	5	1	3	8	22
14	Nervous System—								
	a. Epilepsy	—	4	1	1	—	—	1	5
	b. Other	—	5	—	—	—	—	—	5
15	Psychological—								
	a. Development	—	5	—	—	1	1	1	6
	b. Stability	—	21	1	2	—	1	1	24
16	Abdomen	3	20	—	—	1	3	4	23
17	Other	11	36	—	4	—	1	11	41

TABLE B. SPECIAL INSPECTIONS

Note:—All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	329	2
5	Eyes— a. Vision	201	127
	b. Squint	42	19
	c. Other	60	5
6	Ears— a. Hearing	2	2
	b. Otitis Media	4	1
	c. Other	24	—
7	Nose and Throat	17	6
8	Speech	25	2
9	Lymphatic Glands	2	2
10	Heart	1	—
11	Lungs	5	—
12	Developmental—		
	a. Hernia	—	—
	b. Other	—	—
13	Orthopaedic—		
	a. Posture	1	—
	b. Feet	23	1
	c. Other	—	—
14	Nervous system—		
	a. Epilepsy	—	—
	b. Other	1	—
15	Psychological—		
	a. Development	17	5
	b. Stability	—	4
16	Abdomen	1	—
17	Other	120	7

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	60
Errors of refraction (including squint)	644
TOTAL	704
Number of pupils for whom spectacles were prescribed	498

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	9
(b) for adenoids and chronic tonsillitis	223
(c) for other nose and throat conditions	20
Received other forms of treatment	48
TOTAL	300
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1959	2
(b) in previous years	5

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	41
(b) Pupils treated at school for postural defects	—
Total	41

TABLE. D—DISEASES OF THE SKIN
(excluding uncleanliness for which see Table D. of Part 1)

	Number of cases known to have been treated
Ringworm— (i) Scalp	—
(ii) Body	1
Scabies	1
Impetigo	55
Other skin diseases	272
Total	329

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Number of pupils treated at Child Guidance Clinics	5

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Number of pupils treated by Speech Therapists	80

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	120
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	424
(d) Other than (a), (b) and (c) above (specify)	
1. U.V.L.	63
2. Physiotherapy	20
3. Diphtheria Immunization	295
4. Polio Vaccination	1,845
5. Orthoptic	175
Total (a) - (d)	2,942

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(a) At Periodic Inspections	3,751
(b) As Specials	1,296
Total (1)	5,047
(2) Number found to require treatment	3,308
(3) Number offered treatment	3,115
(4) Number actually treated	2,370
(5) Number of attendances made by pupils for treatment, **including** those recorded at heading 11(h) below	3,285
(6) Half days devoted to	
Periodic (School) Inspection	34
Treatment	396
Total (6)	430
(7) Fillings—	
Permanent Teeth	702
Temporary Teeth	138
Total (7)	840
(8) Number of teeth filled—	
Permanent Teeth	623
Temporary Teeth	132
Total (8)	755
(9) Extractions—	
Permanent Teeth	603
Temporary Teeth	2,391
Total (9)	3,004
(10) Administration of general anaesthetics for extraction	118

(11) Orthodontics—

(a) Cases commenced during the year	16
(b) Cases carried forward from previous year	6
(c) Cases completed during the year	13
(d) Cases discontinued during the year	3
(e) Pupils treated with appliances	16
(f) Removable appliances fitted	14
(g) Fixed appliances fitted	5
(h) Total attendances	123

(12) Number of pupils supplied with artificial dentures	4

(13) Other operations—

Permanent Teeth	680
Temporary Teeth	127
Total (13)	807

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