[Report 1960] / Medical Officer of Health, Bury County Borough.

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COUNTY BOROUGH OF BURY

EDUCATION COMMITTEE

ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1960

K. K. WOOD, M.B., M.R.C.S., D.P.H.
Principal School Medical Officer
Medical Officer of Health

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Principal School Medical Officer

Medical Officer of Health

Members of Education Committee

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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.:—
G. A. Levell, M.R.C.S., D.P.H.

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:—
C. K. Brown (from 8.8.60).

Superintendent School Nurse:—
Miss M. Blockley (to 31.8.60.)
Miss K. Yates (from 1.9.60.)

Deputy Superintendent School Nurse:—
Mrs. B. Dunleavy (from 12.12.60.)

School Nurses:—
Mrs. N. Wain.
Mrs. W. Stansfield

Nursing Assistant:—
Miss M. E. McGuinness (from 1.1.60.)

Senior School Medical Clerk:—
Miss N. Hargreaves,

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

Dental Attendant:—
Miss B. Bretherton

*** Part Time.**

ANNUAL REPORT FOR 1960

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.

The concentration of periodic inspections to the entrants and leavers is allocating more time to be devoted to following up known defects requiring treatment or observation, and more time to deal with known or suspected defects brought forward by head teachers, school nurses or other sources. Full benefit has not yet accrued from these re-arrangements, as during the present year medical and nursing staff have been directed to unusual strain put upon them by immunisation work. In the long run, our limited experience so far is indicating that a more useful overall supervision of defects will be obtained.

Recent advances in medical knowledge have changed the pattern of the type and distribution of defects. The discovery of antibiotics has abolished the once common running ear, but we are still concerned with the ear, nose and throat conditions in an important though less crude degree. For examples, minor defects of hearing are now discovered earlier and receive treatment and aid which was previously impractible. Audiometric surveys of all school attenders is going on, and it is hoped that developments in the Child Welfare Section will pick up these cases at an earlier date. Minor skin defects are still common, and a large number are found at special inspections. This category of defects does not appear to have shared in the general decline in defects noted. The other large class of defect found is that of impairment of vision. Constant testing and following up is required to keep these cases adequately corrected. Familiarity with the arrangements for eye defects has made us take for granted the large number of children involved who receive essential benefit from these provisions.

There was an increase in the number of measles cases during the year, but none of the serious diseases for which immunisation is practiced caused trouble. Immunisation schemes were given priority and there were no children waiting to be done for whom consent had been obtained. For B.C.G. all children of 13 years old were offered vaccination, for diphtheria any who had not been immunised before entering school were offered treatment, and a booster dose was offered to all children entering school. Poliomyelitis vaccination is offered to all children. Many were done before they entered school and were given 3 injections. The numbers of children who have been immunised are shown in the body of the report. The strongest recommendation is given to parents of children who have not been protected to complete a consent form and allow their children to have protection.

The School Health Service is in the position to help in guiding the mental development of children. As in all investigations, initial assessment of the problem is basic. The developing services can assist in detecting and assessing Educationally Subnormal children, and advising in dealing with emotional and behaviour problems. Many cases have been helped by our School Medical Officers and Psychologist, who have considerable experience in dealing with these problems. It is hoped that our team next year will be augmented by a Consultant Psychiatrist working in our clinic, and a female Mental Health Worker. Head Teachers are encouraged to ask for any assistance that we can give them in dealing with appropriate cases.

The appointment of a full-time Chiropodist by the Health Committee along with our Physiotherapist has resulted in giving helpful minor foot treatment to many cases referred.

The Dental Surgery at the Wylde Clinic has been re-equipped with the most modern unit and fittings, and the quality of treatment given has been in step with the equipment provided. We cannot, however, give an overall adequate service unless the vacancy, which has been present during the whole year, for another dental surgeon is filled.

This report gives in figures the result of a years hard work on the part of the Staff to provide an adequate and comprehensive School Health Service. Many parents have thanked us for what has been done, but we could have done more if more trained staff had been available to fill gaps in our establishment.

We have received, when required, a great deal of assistance from General Medical Practitioners, and the Hospital Service. For practical purposes, the tripartite Health Service has functioned as one unit. We appreciate the goodwill of the Doctors and Administrators for making this work so smoothly in Bury.

I would personally like to thank the Staff for the way they have carried out their work during the year, and making it possible to present a report on a year's successful work.

To the Chairman and Members of the Committee I would again like to express my thanks for your interest and encouragement during the year.

I am,

Your obedient Servant,

K. K. Wood.

Principal School Medical Officer.

12th May, 1961.

STATISTICS.

Area of Bury in acres	7,434
Population (R.G. Estimate for 1960)	59,290

Number of children on registers of maintained schools at the end of 1960:—

Infants	1,796
Juniors	3,151
Seniors	3,699
	8,646

The number of children attending Direct Grant Schools is 1,834.

SCHOOLS IN THE BOROUGH.

Primary Schools or Departments:

County	9
Controlled	9
Aided	12

Secondary Schools:

County	4
Aided	2
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. Chad's C. E. Junior.
St. Paul's (Huntley) C. E. Junior and Infants.
St. Gabriel's R. C. Secondary Modern, Main Class Block.
Walmersley C. E. Junior.
St. Mark's C. E. Infants.
St. Marie's R. C. Junior and Infants.

External decoration was carried out at the following schools :—

Chesham Primary.
Elton County Sec. Modern.
Elton County Infants.
Ald. Smith's County Infants.

George Street Primary School was closed on 31st August, 1960. Holy Trinity Secondary Modern and Infant Schools were re-organised during the year as a Primary School on 1st September, 1960.

WATER SUPPLY.

All schools are supplied with water from the Irwell Valley Water Board. After the considerable inconvenience of water shortage in 1959, this year had an adequate supply, both in quality and quantity. The water is frequently sampled by the Health Department.

At the present time, considerable interest is being taken in the question of the fluorine content of drinking water and the incidence of dental caries. A sample of tap water on analysis gave a Fluorine content of 0.06 parts per million.

There is reason to believe that fluoridation is of great benefit in the preservation of teeth of children against dental decay, and that it reduces dental decay in children by about 60%. There is no evidence that the consumption of water fluoridated to a level of about 1 part per million has any harmful effects on those who drink it. Certain areas in the British Isles have agreed to act as study centres and fluoridation is now in progress. The results of these trials over a period is awaited with interest.

ROUTINE AND SPECIAL MEDICAL INSPECTIONS.

Two groups of children were given routine medical inspections. These were entrants, who are examined as soon as possible after they commence school. In this group 744 children were examined. The other routine group examined were the school leavers. These children are examined in their last year at school; 628 were examined. In addition 80 children in other groups were examined. This gives a total of 1,452.

At routine medical inspections, the School Doctor also takes to the school all the cards of children who have a note of defects previously discovered, either at routine or special inspections, and are due for re-inspection.

When a defect is discovered by the Doctor, requiring treatment or observation, an indicator is attached to the card. These indicators are of different colours indicating when the child is to be reinspected in either 3, 6 or 12 months time. If the defect requires to be seen sooner than this, he is referred to his own Doctor by telling the parent if present, or otherwise with a note, or invited in appropriate cases to the School Clinic.

A routine eye test with test types is made on all eleven year old children. Special visits to schools are made by School Nurses for this purpose.

There were 632 other periodic inspections made; these were at the Bury Grammar Schools (493) and the Convent Grammar School (139).

In addition the School Medical Officers made 3,409 special inspections and re-inspections. These examinations were made at either 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 0.4% 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 number of defects found. At routine 64 were found to require treatment and 66 observation and during Special inspection 459 required treatment and 2 observation.

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. During recent years there has been a sharp decrease in the frequency of ear infections attending the Clinic.

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 5.6 occasions by the School Nurses for the purpose of cleanliness inspections. The number of examinations of children for this purpose was 13,074. As a result of these inspections 6.7% of the children were found to be infested, either with nits or lice. In 2 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 1481, whilst this year it was 1,596. 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.

Home Visiting by Nurses:—

Homes of Ophthalmic Cases	12
,, Throat Cases	4
,, Minor Ailments	21
,, Infectious Disease	92
,, re Cleanliness	89
Other visits	149
Total	367

Visits to Schools with Medical Officers	151
Other visits to Schools by Nurses—	
(a) For cleanliness	156
(b) Other visits	133
Children examined re cleanliness	13,074
Number of above unclean	881
*Contacts examined re Infectious Disease	8

*Many visits to homes of families 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—3-30 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—10-30 a.m. 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.	2nd and 4th 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 1959	10	—
,, ,, discharged during 1960	757	132
,, ,, still attending at end of 1960	20	—
,, fresh children who attended during 1960	767	132
,, attendances	2,105	593
Clinic open	303 days	200 days
Average attendance per child	2.7	4.5
Average daily attendance	6.9	2.9

In addition to the above, 365 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 1,278 attendances, which are not included in the total attendances in the previous table.

Altogether 542 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	—
Scabies	11
Impetigo	56
Other skin diseases	392
Minor Eye defects—External and other (but excluding defective vision and squint)	54
Minor Ear defects	30
Miscellaneous	141

PLANTAR WARTS.

Early in the year an outbreak of this condiion in a Secondary Modern School has been investigated. A total of 18 girls and 1 boy contracted this condition.

As soon as it was realised that the condition was present in some children, foot inspections were made, and all definite and suspected cases were referred to the School Clinic. Twenty-eight suspected cases were referred, but only 19 were plantar warts. The remaining were suffering from such conditions as Athletes foot or corns.

All cases rapidly responded to treatment and advice was given as to foot hygiene in the gymnasium. The cases cleared up within a month and no further cases have occurred. Great assistance was given in this case by the Headmaster and Physical Training Staff.

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 369 cases of measles and 10 of whooping cough notified. 21 cases of scarlet fever and 23 dysenteries occurred in school-children. One case of non-pulmonary tuberculosis was notified.

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.

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

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

1. Number skin tested	578
2. Number found positive	87
3. Number found negative	483
4. Number vaccinated	479

Arrangements are 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 small-pox vaccination, although the reaction is slower and the resulting scar normally much smaller.

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

The figures above give the number immunised. All for whom we received parental consent were completed by the end of the year.

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 662 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 407 reinforcing doses given during the year.

Number of children in the Local Health Authority area on 31st December, 1960, who have completed a course of Diphtheria Immunization at any time between 1st January, 1946, and 31st December, 1960—

Age on 31/12/60 (i.e. born in year)	Under 1 1960	1—4 1956 1959	5—9 1951— 1955	10—14 1946— 1950	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1956—1960	292	2,189	2,075	239	4,795
B. No. of children whose last course (primary or booster) was completed in the period 1955 or earlier	—	—	948	3,960	4,908
C. Estimated mid-year child population	960	3,540	8,500		13,000
Immunity index 100 A/C	30.4	61.8	27.2		36.9

POLIOMYELITIS VACCINATION.

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

1956	125
1957	1,148
1958	3,485
1959	2,996
1960	697
Total	8,451

The number of children who have received three injections at 31.12.60 7,426

SCABIES.

During the year eleven cases of Scabies were discovered and treated at the Clinic, in addition 3 cases were treated by a General Medical Practitioner.

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 134 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
18	5	11	1	99	—

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. Ten children made 21 attendances.

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 for physiotherapy	84
,, ,, electrical treatments	89
,, ,, treatments given	657
Average number of attendances per child	8
No. of cases attending for U.V.L.	19
No. of treatments given	115
Average attendance per child	6.

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. In addition the School Nurse visits the Schools for testing of all eleven year old children.

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.

365 cases were seen at the Ophthalmic Clinic at the Wylde, and in 210 cases glasses were prescribed. In addition to these figures we know that 257 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 the year 1960 a total of 80 boys and 89 girls have received treatment for squint. Some of them have needed little more than the wearing of their correct glasses and observation, the others have had occlusion of the non-squinting eye and fusion training, a small proportion having surgery as well.

The number of boys operated on for squint by Mr. Maclenachan (Eye Consultant) was 14, and the number of girls 4. All except one are quite satisfactory and will not need any further surgical help. The one may need more when he is older.

The number of new cases referred to the Clinic was 15 boys and 8 girls, nearly all of them being sent from Bury General Hospital.

In addition to the above cases, about one in every four children attending the Clinic, lives outside the Borough, an arrangement being in existance between the different authorities.

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 2nd and 4th Fridays of the month, at 2 p.m.

Two children were referred for Hearing Aids at Manchester. Audiograms were done by our own staff at the Wylde.

The Consultant Surgeon paid 21 visits to the School Clinic during the year.

Attendances were as follows:—

First consultation with Surgeon	49
Second or subsequent consultations with Surgeon	75
Total	124

Analysis of new cases:

Enlarged tonsils and/or adenoids	22
Otorrhoea	2
Otitis Media	1
Partial deafness	11
Colds	1
Mouth breathing	3
Sore throat	3
Glands	1
Sinusitis	1
Other conditions	4
Total	49

AUDIOMETRY.

A Peter's Basic Diagnostic audiometer is available in the Department. This is provided with a Peepshow for the use with small children.

It is the intention to visit every school to screen all the children. This year 1,087 children were examined at school. In addition 118 pure tone tests were carried out at the Wylde Clinic in cases referred by the Medical Officers.

Miss K. Yates, the 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. K. Newton for the following report.

The arrangement begun in 1959 was continued in 1960, whereby 6 speech therapy sessions were held weekly at The Wylde Clinic and 3 sessions weekly at Huntley Mount Clinic. One other session was reserved for visiting schools and interviewing parents.

Three of the 71 children who received treatment for their speech defects were under school age. The higher incidence of speech defects among boys is confirmed by the fact that 51 of these children were boys. Similarly, of the 70 children on the waiting list for speech therapy at the end of 1960, 47 are boys.

The speech defects of those who have received therapy may be sub-divided thus :—

Stammer	12 cases
Multiple Dyslalia (lisping and lolling)	26 ,,
Apraxia (abnormal clumsiness)	15 ,,
Dysarthria	5 ,,
Sigmatism (difficulty with "S" sounds)	6 ,,
Dysphonia and Dyslalia	5 ,,
Deafness causing Dyslalia	1 ,,
Cleft Palate	1 ,,
Total	71 cases

Unfortunately, it was again necessary to discharge 8 children before treatment was completed because of very poor attendance. On special request from their parents, 2 children were re-admitted after being discharged for this reason in 1959, but one has again defaulted. During the year, 23 children were discharged when their speech defects were cured. Three Rochdale children were discharged on the appointment of a speech therapist to Rochdale.

Referrals of children for speech therapy were made by the School Medical Officers, Educational Psychologist, the Psychiatric department of Booth Hall Children's Hospital, Manchester, and the Paediatrician at Bury General Hospital. As a result of these referrals, 18 schools were visited and 92 children seen on these occasions so that their speech defects could be assessed before they were admitted for treatment.

Treatment is always explained to and discussed with those parents who accompany their children to Clinic, and guidance given as to how they can help at home. It is unfortunate, however, that in a few cases, patients receive little or no help and encouragement at home, so that treatment is unnecessarily prolonged because of slow progress.

DYSLEXIA.

There are said to be some children who have a specific reading disability due to "word blindness." During the year investigations have been made to ascertain the prevalence of this condition. With the help of head teachers any child who has been suspected to have this disability has been referred to us, and each case has been investigated. No cases of Dyslexia have been discovered amongst the school children. 41 children were examined specially.

NURSERY SCHOOL.

The Authority have continued to maintain Elton Nursery School with an average number on roll of 40 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	5
Epileptic pupils	-
Physically handicapped	3
Maladjusted	3
Educationally sub-normal	3

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 subnormal 8. Maladjusted		9. Epileptic	10. Speech Defects	Total 1—10
	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	....	....	....	....	....	....	14	1	....	....	15
B. Handicapped pupils newly assessed as needing special educational treatment at special schools or in boarding homes	....	....	....	....	....	4	18	....	....	....	22
On or about 22nd January, 1960. C. (i) were on the registers of 1. maintained special schools											
(a) as day pupils	....	....	....	....	....	....	68	....	....	....	68
(b) as boarding pupils	....	....	....	1	....	....	1	3	....	....	5
2. non-maintained special schools (a) as day pupils	....	....	....	....	....	....	....	....	....	....	....
(b) as boarding pupils	1	....	2	1	....	2	2	....	....	....	8
(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	....	2	2	....	2	71	3	....	....	81

On or about 22nd January, 1960	1. Blind 2. Partially sighted		3. Deaf 4. Partially Deaf		5. Delicate 6. Physically Handicapped		7. Educationally subnormal 8. Maladjusted		9. Epileptic	10. Speech Defects	Total 1—10
	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	....	....	....	....	....	1	....	....	....	....	1
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	....	....	....	....	....	....	5	....	....	....	5
(*b*) boarding	....	....	....	....	....	4	....	....	....	....	4
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	....	....	....	....	....	1	....	....	....	....	1
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	....	....	....	....	....	....	....	....	....	....	....
F. Were on registers of hospital special schools	....	....	....	....	....	....	....	....	....	....	1

G. During the calendar year ended 31st December, 1960

(1) how many children were reported to the local health Authority

(a) **either** under Section 57 (3) prior to 1.11.60 or under Section 57 (4) from 1.11.60 5

(b) under Section 57 (5) prior to 1.11.60 .... —

(2) How many decisions that a child is unsuitable for education at school have been cancelled under Section 57A (2) .... —

EDUCATIONAL PSYCHOLOGIST'S REPORT

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

Since the last report 55 children have been seen by the Psychologist.

Reasons for referral.

The majority of cases continue to come from Head Teachers, on account of failure in school work, but many of the children are found to have additional difficulties. In some cases, children come from unsatisfactory homes, and have often presented serious problems to their schools from the day of their admission. In others, undesirable behaviour or attitudes seem directly related to the child's inability to cope with his school work.

Seven children were referred for behaviour or nervous difficulties not connected with failure in school work. They have received regular treatment and many more might be helped if time allowed.

Distribution of I.Q's.

I.Q. below 50—Suitable for Training Centre 4

I.Q. 50 to 75—Suitable for Brunswick E.S.N. School 10

I.Q. 75 to 90—Dull. Need special educational treatment within the ordinary school 21

I.Q. 90 to 105—Average ability 11

I.Q. 105 to 120—Above average 3

5 children were not finally assessed. They were all severely sub-normal or physically handicapped pre-school children for whom a formal decision as to educability was not necessary.

Distribution of ages.

Pre-school children 5

Ages 5—8 years 18

Ages 8—11 years 17

Ages 11—15 years 15

The large number of children between 5—8 years old were examined in connection with the newly established class for Infants at Brunswick E.S.N. School.

It is satisfactory that the next largest group of referrals come from Junior departments, but almost as many children over 11 years old were referred.

Many of these children had long standing educational difficulties, and might have been more easily helped if they had been seen earlier. It is evident that while many Junior Schools are regularly referring cases of school backwardness, there are some who have not sent forward any children for a considerable period. It is felt that some children who need special educational treatment are not receiving it. An example of this unfortunate state of affairs was seen recently. A boy of 14 years 9 months began truanting from school. On examination, he was found to have I.Q. 53, giving a present mental age of 8 years.

MEDICAL REPORTS ON COURT CASES.

We have been asked by the Magistrates of the Children's Court on 114 occasions to submit reports on 106 children. It is of interest to note that in 90 of these cases we were unable to give any relevant information which would be of any assistance to the Court. These cases, although many had been seen at periodic medical inspections had no recorded physical defect, nor had they ever been reported to us on account of behaviour problems, educational subnormality or physical defect.

In 24 cases we were able to submit relevant information from our existing records. Four of these children were known to be educationally subnormal.

CO-OPERATION OF PARENTS, TEACHERS, Etc.

The percentage of parents attending at routine inspections was :–

"Entrants"	92.3%
"Second Age Group"	91.1%
"Third Age Group"	4.1%

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 536 at the Wylde, and 6 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 1960.

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

The circumstances of children in thirty-six 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	17
,, 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	2
,, Teachers' Association Representative	1

Three new cases were brought forward during 1960 and sixteen family cases previously reported made a total of nineteen considered during the year. The number of children involved is 61, of which 48 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. Dinners were supplied from 2 Central Kitchens and 6 Kitchen/Dining Rooms to 24 Dining Centres until 31st March, 1960, and thereafter from 1 Central Kitchen and 7 Kitchen/Dining Rooms to 23 Dining Centres. In July the Dining Centres were reduced by one to 22.

Total No. of dinners supplied	719,872
Total No. of ⅓ pt. bottles milk supplied	1,406,078

SCHOOL CAMPS.

During the summer a school camp was organised at Kessingland for children attending maintained schools in the Borough. 56 juniors and 213 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 95 children have been medically examined as to their fitness to undertake employment out of school hours. Of these 6 were girls and 89 boys.

INSTRUCTION IN MOTHERCRAFT.

The Course has recommenced this year.

CHIROPODY.

A whole time Chiropodist was appointed on 8.8.60 by the Health Committee. His services are available at the Wylde Clinic each morning if required.

31 children were treated, 26 for verrucae and 5 for other complaints, making a total of 152 attendances.

Chiropody equipment is available at both the Wylde and Huntley Mount Clinics.

REPORT OF THE ORGANISER OF PHYSICAL EDUCATION.

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

Primary Schools.

The introduction of climbing and other challenging apparatus into the Primary Schools is very popular with children, and the observer is aware of the higher standard of body control being shown by most of those who have had the opportunity to use this apparatus. I should like to mention again the reluctance on the part of some children to remove outer garments when taking part in Physical Education. Parents could exercise an influence for the better to help teachers in efforts to promote habits of cleanliness.

Arrangements are being made for swimming to be included in the Junior Schools physical education programme, so that older children in this age group, under the supervision of qualified instructors, will have the opportunity to enjoy healthy physical exercise at the Technical College and Corporation Baths. Swimming instruction for Junior Schools will commence in September, 1961.

Secondary Schools.

There is a growing interest in outdoor physical pursuits such as canoeing, rock climbing, fell walking and sailing, and it is hoped that the children of secondary school age will be given opportunities to enjoy these branches of Physical Education which along with the more accepted forms—gymnastics and games—help the physical development of children. This should encourage the young people to continue in these healthy physical pursuits when they leave full-time education.

Extra-swimming periods are now available to the children of secondary school age. Arrangements have been made for all secondary schools to use the Technical College Baths between the hours of 4-30 p.m. and 5-15 p.m. on weekdays. This will give children, who for various reasons, were unable to attend at the swimming baths for weekly instruction during their first year at secondary school, further opportunity to learn to swim and enjoy this pleasurable, healthy activity.

There is still a reluctance on the part of some children to use the shower baths provided at the gymnasia after physical activity. The co-operation of parents in giving greater encouragement to children would assist teachers in their endeavours.

SWIMMING BATHS.

There are three Swimming Baths which have been used by school children. The Technical College Swimming Bath; 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 and four from the Technical College Baths.

All but one sample were satisfactory.

Number of attendances at the Technical College Bath 15,679

Number of attendances at the Corporation Bath 16,064

DENTAL SERVICES.

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

For a number of years routine dental inspection in schools has been confined to the Infants and Junior schools, all of which are visited in turn. Complete dental maintenance is carried out for a large body of senior pupils who, initially, have attended and requested treatment. These senior pupils are inspected and treated, where necessary, about three times a year, and consequently, it is possible to keep them in a high state of dental fitness. These patients are making the best use of the School Dental Service and are to be commended, the onus of attending at the recommended intervals rests with themselves.

I wish, once more, to draw the attention of the Head Teachers of Senior Schools to this comprehensive treatment as opposed to mere emergency treatment. They could assist very much by explaining these facts to any parent who might enquire about dental treatment.

By contrast, the number of appointments which are missed is far too high among the children who are called to attend as a result of routine inspections. With the possible exception of two schools, very few parents who sign for treatment by private practitioners proceed further in the matter, and subsequent examinations show that not more than two in ten have any treatment. Most of these "refusers" seem to attend with toothache and swollen faces when it is least convenient.

The complete re-equipping of the Dental Clinic at the Wylde, mentioned in last year's report, has now been completed.

It has not been possible to fill the vacant appointment of Assistant Dental Officer. A further effort, possibly at the end of the academic year, will be made.

I wish to thank the Medical Officers, School Nurses and Clerical Staff for their willing help, and to express my appreciation of the courtesy and co-operation which the Head Teachers and Teaching Staffs always accord me in the schools.

MEDICAL INSPECTION AND TREATMENT RETURN FOR THE YEAR ENDED 31st DECEMBER, 1960.

Number of pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1961, as in Form 7, 7M and 7N schools 8,679

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)
1956 and later	4	4	100	—	—
1955	686	685	99.9	1	0.1
1954	54	54	100	—	—
1953	18	17	94.4	1	5.6
1952	10	10	100	—	—
1951	15	15	100	—	—
1950	19	18	94.7	1	5.3
1949	11	11	100	—	—
1948	7	7	100	—	—
1947	—	—	—	—	—
1946	6	6	100	—	—
1945 and earlier....	622	620	99.7	2	0.3
Total	1,452	1,447	99.6	5	0.4

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)
1956 and later	—	1	1
1955....	4	182	176
1954....	—	10	10
1953....	—	7	7
1952....	—	1	1
1951....	—	1	1
1950....	2	8	10
1949....	1	2	3
1948....	—	5	4
1947....	—	—	—
1946....	—	4	4
1945 and earlier	60	105	153
Total	67	326	370

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	1,813
Number of re-inspections	1,596
Total	3,409

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	13,074
(b) Total number of individual pupils found to be infested	513
(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	22	25	40	40	2	1	64	66
5	Eyes—a. Vision	4	15	60	57	3	8	67	80
	b. Squint	11	15	—	7	—	2	11	24
	c. Other	5	7	1	3	1	1	7	11
6	Ears—a. Hearing	8	59	4	10	1	6	13	75
	b. Otitis Media	2	20	5	6	1	2	8	28
	c. Other	3	10	3	5	—	—	6	15
7	Nose and Throat	35	135	8	16	3	5	46	156
8	Speech	13	10	4	2	2	1	19	13
9	Lymphatic Glands	3	29	—	3	1	—	4	32
10	Heart	—	13	—	17	—	1	—	31
11	Lungs	14	64	2	20	2	3	18	87
12	Developmental—								
	a. Hernia	3	6	—	2	—	—	3	8
	b. Other	—	2	—	5	—	—	—	7
13	Orthopaedic—								
	a. Posture	—	—	2	2	—	—	2	2
	b. Feet	59	56	14	57	4	5	77	118
	c. Other	2	11	8	55	1	2	11	68
14	Nervous System—								
	a. Epilepsy	—	4	1	1	—	—	1	5
	b. Other	2	5	—	3	—	1	2	9
15	Psychological—								
	a. Development	—	—	—	1	—	3	—	4
	b. Stability	—	15	—	5	—	6	—	26
16	Abdomen	2	17	4	13	3	4	9	34
17	Other	9	16	13	18	3	3	25	37

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	459	2
5	Eyes— a. Vision	177	141
	b. Squint	33	14
	c. Other	54	1
6	Ears— a. Hearing	7	—
	b. Otitis Media	4	—
	c. Other	19	3
7	Nose and Throat	20	3
8	Speech	12	1
9	Lymphatic Glands	—	—
10	Heart	—	—
11	Lungs	8	1
12	Developmental—		
	a. Hernia	—	—
	b. Other	—	—
13	Orthopaedic—		
	a. Posture	2	—
	b. Feet	33	5
	c. Other	1	—
14	Nervous system—		
	a. Epilepsy	—	—
	b. Other	5	—
15	Psychological—		
	a. Development	22	1
	b. Stability	1	1
16	Abdomen	—	—
17	Other	141	3

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	54
Errors of refraction (including squint)	622
TOTAL	676
Number of pupils for whom spectacles were prescribed	467

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	10
(b) for adenoids and chronic tonsillitis	236
(c) for other nose and throat conditions	22
Received other forms of treatment	41
TOTAL	309
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1960	2
(b) in previous years	4

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	63
(b) Pupils treated at school for postural defects	—
Total	63

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	—
Scabies	14
Impetigo	56
Other skin diseases	392
Total	462

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Number of pupils treated at Child Guidance Clinics	3

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Number of pupils treated by Speech Therapists	71

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	141
(b) Pupils who received convalescent treatment under School Health Service arrangements	--
(c) Pupils who received B.C.G. vaccination	479
(d) Other than (a), (b) and (c) above (specify)	
1. U.V.L.	19
2. Physiotherapy	84
3. Diphtheria Immunization	345
4. Polio Vaccination	1,198
5. Orthoptic	169
6. Chiropody	31
Total (a) - (d)	2,466

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	3,252
(b) As Specials	1,201
Total (1)	4,453
(2) Number found to require treatment	2,783
(3) Number offered treatment	2,647
(4) Number actually treated	2,002
(5) Number of attendances made by pupils for treatment, **including** those recorded at heading 11(h) below	3,081
(6) Half days devoted to	
Periodic (School) Inspection	27
Treatment	367
Total (6)	394
(7) Fillings—	
Permanent Teeth	719
Temporary Teeth	120
Total (7)	839
(8) Number of teeth filled—	
Permanent Teeth	630
Temporary Teeth	120
Total (8)	750
(9) Extractions—	
Permanent Teeth	605
Temporary Teeth	2,259
Total (9)	2,864
(10) Administration of general anaesthetics for extraction	159

(11) Orthodontics—

(a) Cases commenced during the year	5
(b) Cases carried forward from previous year	4
(c) Cases completed during the year	3
(d) Cases discontinued during the year	—
(e) Pupils treated with appliances	8
(f) Removable appliances fitted	8
(g) Fixed appliances fitted	4
(h) Total attendances	77

(12) Number of pupils supplied with artificial dentures — 3

(13) Other operations—

Permanent Teeth	778
Temporary Teeth	161
Total (13)	939

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