[Report 1961] / Medical Officer of Health, Bury County Borough.

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COUNTY BOROUGH OF BURY

EDUCATION COMMITTEE

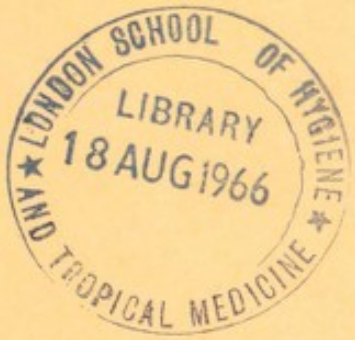
ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1961



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 (Counc. P. MANNERS, J.P.)
Alderman SHAW, M.A., J.P. (Chairman),
Councillor J. LORD (Deputy Chairman),
Alderman LORD,
Councillor ADCOCK, M.B.E.,
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,, BERRY,
,, Mrs. BUTLER, J.P.
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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.:—
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.)

Psychiatrist:—
*L. Grimshaw, D.F.C., M.B., D.P.M. (from 18.5.61.)

Paediatrician:—
*Vacant.

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

School Dental Officer:—
Vacant.

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

Speech Therapist:—
Mrs. K. Newton (to 31.5.61).

Orthoptist:—
*Mrs. K. M. Rogerson.

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

Chiropodist:—
C. K. Brown (to 30.11.61.)

Superintendent School Nurse:—
Miss K. Yates.

Deputy Superintendent School Nurse:—
Mrs. B. Dunleavy

School Nurses:—
Mrs. N. Wain.
Mrs. W. Stansfield
Mrs. R. Bullock (from Sept., 1961.)

Nursing Assistant:—
Miss M. E. McGuinness.

Senior School Medical Clerk:—
Miss N. Hargreaves,

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

Dental Attendant:—
Miss B. Bretherton
* Part Time.

ANNUAL REPORT FOR 1961

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.

We can again present to you a report of increased and satisfactory work, with the exception of Speech Therapy and Chiropody, where staff resignations brought these sections to a halt.

The re-arrangement of the medical inspections commenced in the previous year has provided time for concentration on more profitable spheres of activity. We think that we are now getting a more widespread cover of surveillance and a more profitable use of the school doctor's time.

Infectious disease has not been a serious problem and the extension of immunisation schemes, in association with the Child Welfare Department, is giving a wider and more intensive protection against infectious disease. It is to be expected that the introduction of a quadrivalent immunising material will reduce the total number of injections required. Development in protection against measles is likely to be with us soon and protection against this disease will prevent the loss of a large number of school days by the children.

The extension of Child Guidance facilities are helping with many of the problem cases. This service is occupying a growing amount of the Staff's time.

The time of all the Staff is now more than fully occupied and any further extensions in services cannot be undertaken without an increase in Staff.

The Dental Service is still under-staffed and we have been unable to obtain either a Dental Hygienist or additional Dental Officer.

Once again we must thank the Medical Practitioners of the town and the Hospital Staff for their assistance in dealing with cases; there is close co-operation and pleasant relationship which greatly assists the work.

I would like to thank the Staff for their help during the year in enabling me to present such a satisfactory report.

To the Chairman and Members of the Committee I would express my thanks for their assistance.

I am,

Your obedient Servant,

K. K. Wood.

Principal School Medical Officer.

18th May, 1962.

STATISTICS.

Area of Bury in acres	7,434
Population (R.G. Estimate for 1961)	59,984

Number of children on registers of maintained schools at the end of 1961:—

Infants	1,866
Juniors	3,103
Seniors	3,737
	8,706

The number of children attending Direct Grant Schools is 1,945.

SCHOOLS IN THE BOROUGH.

Primary Schools or Departments:

County	9
Controlled	9
Aided	11

Secondary Schools:

County	5
Aided	1
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:—

East Ward County Infant School.
St. John's Junior School.
St. Joseph's Infant School (excluding prefabricated classroom).
Elton County Secondary School (part).
St. Gabriel's R.C. Secondary School (part).

External decoration was carried out at the following schools:—

Alderman Smith County Infant School.
East Ward County Junior School.
East Ward County Infant School.
Fishpool County Infant School.
Brandlesholme Boundary Railings.

St. Paul's (Bell) Secondary School was closed on 31st August, 1961. Seedfield County Secondary School was opened on 1st September, 1961.

St. Paul's (Huntley) Junior and Infant Schools were reorganised as a Primary School on 1st September, 1961.

MEDICAL INSPECTIONS

The following are the arrangements which are at present being carried out.

1. Routine medical inspections are carried out in the case of all Entrants and Leavers.

2. All cases requiring reinspection are noted on the card and the period within which the case is to be reinspected is noted on the card. In practice little coloured metal tags are attached to the top of the card so that the records can be readily removed from the file when required. The periods for reinspection are in thirds of a year (i.e. 4, 8 or 12 months). These periods fit in with the terms of the school.

The above system is used for defects found both at routine and special inspections.

At each visit to schools by a school medical officer the appropriate bunch of tagged cards is taken along. These cases are seen at the end of a routine medical inspection or at other visits specially made.

3. Periodically (at least once a term) the school nurse visits the schools and she

(i) carries out a vision test with test type cards, and

(ii) sees any cases referred by the teacher and makes appropriate arrangements for the child to be seen by a school medical officer if necessary. If the number is small these can be seen at the daily School Medical Officer's Inspection Clinic at the Central Clinic, or the child referred to his own General Medical Practitioner, and this is followed up later to ascertain as to whether the child was attended by his own doctor.

During visits to school by the School Medical Officer and nurse a discussion is always held with the head teacher at the end of each session. Any cases referred by the head teacher are seen or special arrangements made.

The Junior Schools are all within the same curtilage or in close proximity to an Infant School so that these are visited for rapid surveys and examination of referred cases on the same occasions as the routine visits are made to the Infant departments. The school nurse visits each term the Junior School for spot checks and arranges for medical examination of cases referred.

Questionnaires are used to send out to parents before all routine examinations and these are to be modified for completion of all children attending at Junior Schools.

In addition separate visits are made by a special school nurse (a S.E.A.N.) for cleanliness surveys. She would also make arrangements for any case that was brought before her.

It will be seen that there is ample and frequent contact between the school and the School Health Department.

The degree of efficiency obtained is helped in those schools where there is a keen and observant teacher to assist in bringing forward cases.

The number of entrants examined was 920. The number of school leavers examined was 758. In addition 98 children in other groups were examined, giving a total of 1,773.

There were 565 other periodic inspections made, these were at the Bury Grammar Schools (450) and the Convent Grammar School (115).

In addition School Medical Officers made 3,391 special inspections and reinspections, carried out either at the schools or at the clinics. All these examinations were carried out by the Authority's whole-time 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 only 0.1% 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 121 were found to require treatment and 81 observation and during Special inspection 343 required treatment.

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 more trained staff is gradually becoming 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 7 occasions by the School Nurses for the purpose of cleanliness inspections. The number of examinations of children for this purpose was 16,495. As a result of these inspections 9.1% of the children were found to be infested, either with nits or lice. In 1 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 Mount Clinic to assist in bad cases and also for the treatment of Scabies. The sale of special metal combs for nit treatment 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 reinspections have been carried out both at the School clinics and also at the Schools. Last year the figure was 1,596, whilst this year it was 1,782. 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.

We now try to reinspect at Schools all defects previously found or to inspect any special case referred to the Medical Officer.

WORK OF SCHOOL NURSES.

During the year the School Nurses have carried out the following visits.

Home Visiting by Nurses:—

Homes of Ophthalmic Cases	2
,, Throat Cases	0
,, Minor Ailments	16
,, Infectious Disease	29
,, re Cleanliness	57
Other visits	155
Total	259

Visits to Schools with Medical Officers	156
Other visits to Schools by Nurses—	
(a) For cleanliness	236
(b) Other visits	159
Children examined re cleanliness	16,495
Number of above unclean	1,506

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.	The Wylde Clinic	As required.
Orthopædic Clinic (Exercises).	The Wylde Clinic.	Tuesday—9a.m. to 12 noon 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.
Audiometric Clinic	The Wylde Clinic	By Appointment
Orthoptic	Huntley Mount Clinic.	Tuesday—9 a.m.to 12 noon 2 p.m. to 4 p.m.
Speech Therapy		By Appointment,
Psychologist	The Wylde Clinic	Tuesday & Thursday Mornings By Appointment
Psychiatrist	The Wylde Clinic	Alternate Thursdays By Appointment

MINOR AILMENTS CLINICS.

	The Wylde	Huntley Mount
No. of Children attending from 1960	20	—
,, ,, discharged during 1961	678	103
,, ,, still attending at end of 1961	18	—
,, fresh children who attended during 1961	676	103
,, attendances	1,806	454
Clinic open	302 days	201 days
Average attendance per child	2.6	4.4
Average daily attendance	6	2.3

In addition to the above, 329 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 1,152 attendances, which are not included in the total attendances in the previous table.

Altogether 463 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	5
Impetigo	50
Other skin diseases	287
Minor Eye defects—External and other (but excluding defective vision and squint)	59
Minor Ear defects	32
Miscellaneous	152

COMMUNICABLE DISEASES

There was no large outbreak of infectious disease. There were 299 cases of measles, 9 of whooping cough and 8 of Sonne dysentery notified in children of compulsory school age. Of the more serious diseases only one of non-paralytic poliomyelitis and one of meningitis was notified. There were no cases of diphtheria or tuberculosis. Cases such as measles now rarely have any sequelae but they are wasters of useful school time. There occur a number of mild cases also which are not notified as the children are not taken to their doctor.

We have pressed forward with our campaign for immunisation against certain diseases; the details of the amount done is given in the next paragraph. Full facilities are available and parents are urged to use these provisions and so help to raise the percentage of children protected in the town.

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

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

1. Number skin tested	553
2. Number found positive	78
3. Number found negative	467
4. Number vaccinated	456

Arrangements are made to vaccinate school children of 13 years of age aginst 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 carired 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 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 IMMUNISATION

	Children Born in Years :							Total
	1961	1960	1959	1958	1957	1952-1956	1947-1951	
A. Number of children who completed a full course of Primary Immunisation in the Authority's area (including temporary residents) during the 12 months ended 31st December, 1961	282	386	58	52	38	130	15	961
B. Number of children who received a secondary (reinforcing) injection (i.e. subsequently to primary immunisation at an earlier age) during the 12 months ended 31st December, 1961	—	—	4	1	4	387	37	433

POLIOMYELITIS VACCINATION

The number of children and Young persons born in years 1943-1961 at 31.12.61.

Who had been vaccinated with two injections was ... 10,904

Who had been vaccinated with three injection was ... 7,947

Who had been vaccinated with four injections was ... 2,666

SCABIES.

During the year five cases of Scabies were discovered and treated at the Clinic.

No large number of cases has occurred since 1948.

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 142 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
17	5	11	—	109	—

Assistance is available in dealing with many of these cases from the Hospital Service, where electrocardiograms and specialist advice is 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, two have been admitted as in-patients during the year.

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. Thirteen children made 34 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 ...	102
,, ,, electrical treatments	70
,, ,, treatments given	720
Average number of attendances per child	7
No. of cases attending for U.V.L.	8
No. of treatments given	118
Average attendance per child	15

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.

329 cases were seen at the Ophthalmic Clinic at the Wylde, and in 201 cases glasses were prescribed. In addition to these figures we know that 438 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 1961 the number of Bury school-children treated was 158. Of these 23 were new cases, 7 girls and 16 boys, referred to the Clinic from either the Wylde School Clinic or the Eye Department at Bury General Hospital.

Mr. Maclenachan, the Ophthalmic Surgeon, operated on 10 Bury school-children at Birch Hill Hospital, Rochdale. All these operations were successful, and none of these children will require further surgery at a later date.

The treatment of squint and particularly of amblyopia is becoming easier as children are referred to the Clinic at a younger age than was once the case. The parents are more insistent that "something must be done" and the Nurse and Doctors who see these young patients (usually under 4 years) seem to refer them much more readily for Specialist advice than previously.

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.

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

The Consultant Surgeon paid 20 visits to the School Clinic during the year.

Attendances were as follows:—

First consultation with Surgeon	51
Second or subsequent consultations with Surgeon	55
Total	106

Analysis of new cases:

Enlarged tonsils and/or adenoids	18
Otorrhoea	4
Otitis Media	4
Partial deafness	11
Colds	2
Mouth breathing	1
Otalgia	2
Asthma	1
Epistaxis	1
Sinusitis	1
Other conditions	6
Total	51

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 1,673 children were examined at school. In addition 78 pure tone tests were carried out at the Wylde Clinic in cases referred by the Medical Officers.

SPEECH THERAPY.

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

In the five months covered by this report, 49 children received treatment for speech defects. Only 12 of these children were girls.

Their defects may be classified thus:—

Stammer	12	cases
Dyslalia	15	,,
Sigmatism	9	,,
Dysarthria	2	,,
Dysarthria and Stammer	2	,,
Dysphonia	2	,,
Dyspraxia	3	,,
Cleft Palate	1	,,
Retarded Speech	3	,,
Total	49	cases

These patients received a total of 398 treatments, a number which would have been higher, but for the absence due to illness of the Speech Therapist for the last 5 weeks of the Spring term.

10 children were discharged, 8 having been cured, and 2, unfortunately, because of non-attendance.

At the end of May there were 61 children on the waiting list, in addition to the 39 remaining on the register in need of further treatment.

SPECIAL SCHOOLS (RESIDENTIAL).

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

Blind	1
Partially Blind	-
Deaf Pupils	2
Partially deaf pupils	2
Delicate pupils	12
Epileptic pupils	-
Physically handicapped	7
Maladjusted	3
Educationally sub-normal	4

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

	During the Calendar year ended 31st December, 1961.	1. Blind 2. Partially sighted (1)	(2)	3. Deaf 4. Partially deaf (3)	(4)	5. Physically Handicapped 6. Delicate (5)	(6)	7. Maladjusted 8. E.S.N. (7)	(8)	9. Epileptic 10. Speech Defects (9)	(10)	TOTAL cols. 1—10 (11)
A	How many handicapped pupils were newly assessed as needing special educational treatment at special schools or in boarding homes?	—	—	—	1	—	1	1	1	—	—	4
	(i) of the children included at A, how many were newly placed in special schools (other than hospital special schools) or boarding homes?	—	—	—	—	—	—	1	1	—	—	2
B	(ii) of the children assessed prior to 1st January, 1961, how many were newly placed in special schools (other than hospital special schools) or boarding homes:	—	—	—	—	3	1	—	5	—	—	9
	TOTAL (B(i) and B(ii))	—	—	—	1	3	2	2	7	—	—	15
On or about 20th January, 1962, how many handicapped pupils from the Authority's area—												
	(i) were requiring places in special schools — TOTAL— (a) day	—	—	—	—	—	—	—	3	—	—	3
	(b) boarding	—	—	—	1	—	1	—	—	—	—	2
	(ii) included at (i) had not reached the age of 5 and were waiting (a) day places	—	—	—	—	—	—	—	—	—	—	—
C	(b) boarding places	—	—	—	—	—	—	—	—	—	—	—
	(iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting— (a) day places	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—	—	—	—	—	—
	(i) were on the registers of (1) maintained special schools as— (a) day pupils	—	—	—	—	—	—	—	66	—	—	66
	(b) boarding pupils	—	—	—	1	—	—	3	—	—	—	4
	(2) non-maintained special schools as— (a) day pupils	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding pupils	1	—	1	1	5	—	—	3	—	—	11
D	TOTAL	1	—	1	2	5	—	3	69	—	—	81
	(ii) were on the registers of independent schools under arrangements made by the Authority	—	—	—	—	—	—	—	—	—	—	—
	TOTAL (D(i) and D(ii))	1	—	1	2	5	—	3	69	—	—	81
	(iii) were boarded in homes and not already included under (i) and (ii) above	—	—	—	—	—	—	—	—	—	—	—
	TOTAL (D(i), (ii) and (iii))	1	—	1	2	5	—	3	69	—	—	81
	On or about 20th January, 1962, how many handicapped pupils (irrespective of the areas to which they belong) were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944.											
E	(i) in hospitals	—	—	—	—	—	—	—	—	—	—	—
	(ii) in other groups (e.g. units for spastics, convalescent homes)	—	—	—	—	—	—	—	—	—	—	—
	(iii) at home	1	—	—	—	—	1	—	—	—	—	2

Children found Unsuitable for Education at School

During the calendar year ended 31st December, 1961,

(i) how many children were the subject of new decisions recorded under Section 57(4) of the Education Act, 1944 3

(ii) how many decisions were cancelled under Section 57A(2) of the Education Act, 1944. -

CHILD GUIDANCE

I am indebted to Dr. L. Grimshaw for the following report.

A Child Guidance Clinic was set up in May at the Wylde Clinic for the diagnosis and treatment of behaviour problems in children. Sessions are held every other Thursday afternoon with Dr. L. Grimshaw, Consultant Psychiatrist, and Mrs. J. Shepherd, Educational Psychologist, in attendance. The service has been handicapped by the lack of a Social Worker, who is so essential in the Child Guidance Team. This vacancy will be filled in 1962.

One new child for examination and two follow-up cases for treatment are seen. Parents are interviewed in every case. Each child has his intelligence level determined by the Psychologist. School reports from the Headmasters are available.

The following cases were seen at the Clinic.

1. New Cases.

Referred by School Medical Officers	12
Referred by Juvenile Court	2
Total	14

2. Total number of attendances for treatment ... 36

An important finding has been the frequency of emotional disorders induced or aggravated by difficulties with isolated subjects, such as reading, writing, spelling etc. These lead to feelings of inferiority in the children concerned with consequent behaviour difficulties at home or at school. The provision of remedial teaching for such children in the school, or home teaching, may prevent many of these disturbances.

PSYCHOLOGIST'S REPORT

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

During the year, 42 new cases have been seen. 35 of these children were referred on account of educational backwardness, and 7 for behaviour difficulties.

Range of ability:

I.Q. below 50—(Severely sub-normal) 3

2 were recommended for the Training Centre. One decision deferred, owing to the immaturity of the child, who seems likely to need custodial care at some time in the future.

I.Q. 50-70 11

10 were recommended for Brunswick E.S.N. School. 1 was recommended for a residential E.S.N. School. This child was known to be both backward and difficult from his Day Nursery onwards, and it is unforunate that he was not referred for examination until he appeared before the Juvenile Court admitting to a serious offence.

I.Q. 70-75—(Border line children) 6

The decision to admit them to Brunswick, or to leave them in the ordinary schools, depends on their social maturity and stability, and on conditions and possibilities within the normal schools. 3 were thought suitable to remain at present schools. 2—decisions were deferred until summer 1962. 1—recommended for Brunswick E.S.N. School.

I.Q. 75-90—(Slow learning children). Likely to need special help in mastering the basic subjects, within the normal schools 7

I.Q. 90-110—(Children of average ability) 13

I.Q. 110—(Above average ability) 2

Age Range:

Under 5 3
5-7 years 17
7-11 years 14
11-15 years 8

Behaviour Difficulties:

Of the 7 cases referred for behaviour difficulties, 3 were referred to the Consultant Psychiatrist, 3 were dealt with on the basis of advice and supervision by Psychologist. One is improving under treatment by the Psychologist.

It is with great pleasure that we report the first case of Remedial Teaching in co-operation with the Education Department. A boy of 11 was found to have a specific reading disability, which in spite of his average ability and good home background was proving a barrier to any educational progress. Dr. Levell was able to arrange through the Education Authority for this boy to receive remedial teaching 3 times a week from Mrs. Smith, the Home Teacher, who teaches him at his own school. Advice as to method and suitable material was given by the Psychologist. Teaching was started in mid-November, and the boy was seen at the Clinic again early in February. He was found to have made most encouraging progress; from being unable to read any continuous material, he has progressed to reading quite fluently books demanding a reading age of 7 years. He has a long way to go before his reading reaches an acceptable level, but this is a very good start. His parents report a marked improvement in his happiness and general attitude, since the lessons began, and have expressed much gratitude to the Authority.

It would be excellent if it were possible at a later date to extend this sort of help to groups of backward readers in the Junior Schools. If the problem could be tackled early, perhaps between 7-9 years, both children and teachers would be saved much anxiety and discouragement.

MEDICAL REPORTS ON COURT CASES.

We have been asked by the Magistrates of the Children's Court on 130 occasions to submit reports on 116 children. It is of interest to note that in 98 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 32 cases we were able to submit relevant information from our existing records. Six 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"	89.8%
"Leavers"	8.7%

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 460 at the Wylde, and 3 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 1961

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 eight.

The circumstances of children in thirty-seven 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	3
,,	Teachers' Association Representative	1

One new case was brought forward during 1961 and eighteen family cases previously reported made a total of nineteen considered during the year. The number of children involved is 62, of which 50 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.

754,411 dinners were supplied in 1961, from 1 Central Kitchen and 7 Kitchen/Dining Rooms to 22 Dining Centres. In November, an additional Kitchen/Dining Room opened and one Dining Centre closed.

1,423,721 ⅓ pint bottles of milk were supplied.

SCHOOL CAMP

During the first week in July another school camp was organised at Kessingland for 56 junior and 128 senior children from maintained schools. All children were given a medical examination by the School Medical Officer before attending.

HOME TUITION.

At the beginning of the year one child was receiving tuition at home; in April home tuition was being provided for two children unable to attend school and in addition to these another child was receiving special tuition at school from the peripatetic teacher as from 1st November.

NURSERY SCHOOL

Elton Nursery School continued with an average number on roll of 40 children aged 2-5 years.

SWIMMING BATHS

Water Samples:

The following numbers of samples of swimming bath water have been taken during the year and submitted for Bacteriological examination. All are reported by the Pathologist to be SATISFACTORY.

Bury Grammar School	2
Bury Technical College	2
Bury Corporation Baths, St. Mary's Place	10
Total	14

Attendances:

Number of attendances at the Technical College Bath 20,853

Number of attendances at the Corporation Bath ... 16,884

REPORT OF THE ORGANISER OF PHYSICAL EDUCATION.

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

Primary Schools.

An important development in the Junior Schools Physical Education programme has been the introduction of swimming for boys and girls in their last year at Junior School. Besides the obvious physical advantages which swimming affords, the children are taught good habits of cleanliness. This branch of physical education has proved to be popular with both children and staff. The girls attend for instruction at the Corporation Baths and the boys at the Technical College Baths; in most cases the children are transported to and from places of instruction by special omnibus, thus saving valuable educational time.

Since its introduction last September, nearly 700 children receive weekly instruction from qualified instructors and after the first five months approximately 480 youngsters are able to swim. It is hoped that at the end of the first twelve months over ninety percent of children who attend regularly are able to look after themselves in water, i.e. swim at least one breadth of the bath.

All parents, especially those who tend to pamper their children, are assured that every effort is made by the Authority's staff to minimise the possibility of their children catching colds, by the provision of good facilities, correct water and air temperature and the supervision and instruction in the need to dry oneself correctly. Earlier reports have mentioned the need for a change of clothing for physical activity and maybe the introduction of swimming when the child must change his clothes will help in this respect.

Most of the Junior Schools are now supplied with physical education apparatus to help in the mental and physical development of the child but, unfortunately, owing to lack of storage space and a suitable playground area, some schools have not been supplied with this valuable apparatus. When Junior departments are supplied with challenging and climbing apparatus, the Infant departments will then be provided with apparatus of a similar kind to help in the development of a healthy and mentally alert child.

Secondary Schools.

This year has seen the opening of the new Seedfield County Secondary Modern School, with the addition of another fully equipped gymnasium, to the seven at the other Secondary schools, where the pupils are trained on apparatus designed to develop their physical needs. Much has been done to cater for these needs, but still more is needed before a good continuity in the Physical Education time-table is achieved.

In this respect more could be done in the construction of good, well-drained playing fields where young people can regularly enjoy the major winter and summer games.

DENTAL SERVICES.

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

It now seems possible to detect a steady improvement in the teeth of school-children in the Infant and Junior age groups in the past two or three years. Recently there has been a greatly increased volume of dental propaganda and instruction undertaken by various bodies such as the British Dental Council, the B.M.A., the Ministry of Health and even commercial bodies such as the Apple and Pear Publicity Council etc. in the form of leaflets, posters etc. The results are apparent in the greater interest shown and more frequent enquiries made by the parents, and more understanding of the importance of oral hygiene.

The Bury Education Committee has signified its willingness to appoint, for a start, one Dental Auxiliary. There has been some opposition in the Dental profession to the training and use of these auxiliaries, but I am very enthusiastic, and I am sure that experience will show that they will be of great benefit both to the children and to dentistry generally.

During 1961 dental inspection and treatment was carried out in 22 schools.

Additional work not shown in Table V.

Treatment of fractured teeth by stainless steel cappings	10
Root fillings	2
Home visits for treatment	2
Obturator for closure of cleft palate	1
Denture repairs	2

MEDICAL INSPECTION AND TREATMENT RETURN FOR THE YEAR ENDED 31st DECEMBER, 1961.

Number of pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1962, as in Form 7, 7M and 7N schools 8,713

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)
1957 and later	33	33	100	—	—
1956	795	795	100	—	—
1955	92	92	100	—	—
1954	35	35	100	—	—
1953	17	16	94.1	1	5.9
1952	20	20	100	—	—
1951	12	12	100	—	—
1950	6	6	100	—	—
1949	5	4	80	1	2.0
1948	—	—	—	—	—
1947	5	5	100	—	—
1946 and earlier....	753	753	100	—	—
Total	1,773	1,771	99.9	2	0.1

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)
1957 and later	—	11	9
1956....	11	216	199
1955....	1	23	15
1954....	—	10	9
1953....	—	4	4
1952....	6	5	10
1951....	1	1	2
1950....	—	2	2
1949....	—	—	—
1948....	—	—	—
1947....	1	—	1
1946 and earlier	120	142	250
Total	140	414	501

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	1,609
Number of re-inspections	1,782
Total	3,391

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	16,495
(b) Total number of individual pupils found to be infested	535
(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	44	47	73	29	4	5	121	81
5	Eyes—a. Vision	12	8	121	37	7	2	140	47
	b. Squint	19	9	—	2	3	1	22	12
	c. Other	3	7	—	—	—	—	3	7
6	Ears—a. Hearing	7	92	4	14	—	5	11	111
	b. Otitis Media	6	8	1	8	—	—	7	16
	c. Other	5	40	3	13	—	1	8	54
7	Nose and Throat	39	125	7	14	2	9	48	148
8	Speech	9	14	2	2	2	1	13	17
9	Lymphatic Glands	2	28	—	5	—	4	2	37
10	Heart	—	13	1	5	—	1	1	19
11	Lungs	17	67	3	19	2	7	22	93
12	Developmental—								
	a. Hernia	3	7	—	2	—	—	3	9
	b. Other	—	6	—	3	—	—	—	9
13	Orthopaedic—								
	a. Posture	2	4	5	7	—	1	7	12
	b. Feet	74	49	8	38	5	7	87	94
	c. Other	6	8	13	31	—	1	19	40
14	Nervous System—								
	a. Epilepsy	2	5	—	—	1	1	3	6
	b. Other	1	1	1	5	—	—	2	6
15	Psychological—								
	a. Development	2	4	—	—	1	2	3	6
	b. Stability	3	13	—	2	—	1	3	16
16	Abdomen	—	9	5	17	—	3	5	29
17	Other	6	21	16	21	2	4	24	46

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	343	—
5	Eyes— a. Vision	168	112
	b. Squint	33	16
	c. Other	59	1
6	Ears— a. Hearing	5	1
	b. Otitis Media	4	—
	c. Other	23	—
7	Nose and Throat	18	1
8	Speech	6	2
9	Lymphatic Glands	2	—
10	Heart	2	1
11	Lungs	3	1
12	Developmental—		
	a. Hernia	—	—
	b. Other	—	—
13	Orthopaedic—		
	a. Posture	3	—
	b. Feet	33	1
	c. Other	3	1
14	Nervous system—		
	a. Epilepsy	—	—
	b. Other	11	—
15	Psychological—		
	a. Development	11	—
	b. Stability	—	4
16	Abdomen	—	—
17	Other	152	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	59
Errors of refraction (including squint)	767
TOTAL	826
Number of pupils for whom spectacles were prescribed	639

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	15
(b) for adenoids and chronic tonsillitis	161
(c) for other nose and throat conditions	8
Received other forms of treatment	55
TOTAL	239
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1961	5
(b) in previous years	3

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	92
(b) Pupils treated at school for postural defects	—
Total	92

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	5
Impetigo	50
Other skin diseases	287
Total	342

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Number of pupils treated at Child Guidance Clinics	14

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Number of pupils treated by Speech Therapists	49

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	152
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	456
(d) Other than (a), (b) and (c) above (specify)	
1. U.V.L.	8
2. Physiotherapy	102
3. Diphtheria Immunization	569
4. Polio Vaccination	2,883
5. Orthoptic	158
6. Chiropody	58
Total (a) - (d)	4,386

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	3,872
(b) As Specials	1,194
Total (1)	5,066
(2) Number found to require treatment	3,029
(3) Number offered treatment	2,849
(4) Number actually treated	2,200
(5) Number of attendances made by pupils for treatment, **including** those recorded at heading 11(h) below	3,360
(6) Half days devoted to	
Periodic (School) Inspection	35
Treatment	401
Total (6)	436
(7) Fillings—	
Permanent Teeth	699
Temporary Teeth	159
Total (7)	858
(8) Number of teeth filled—	
Permanent Teeth	602
Temporary Teeth	148
Total (8)	750
(9) Extractions—	
Permanent Teeth	651
Temporary Teeth	2,418
Total (9)	3,069
(10) Administration of general anaesthetics for extraction	135

(11) Orthodontics—	
(a) Cases commenced during the year	3
(b) Cases carried forward from previous year	5
(c) Cases completed during the year	4
(d) Cases discontinued during the year	—
(e) Pupils treated with appliances	2
(f) Removable appliances fitted	2
(g) Fixed appliances fitted	—
(h) Total attendances	30
(12) Number of pupils supplied with artificial dentures	11

(13) Other operations—	
Permanent Teeth	703
Temporary Teeth	251
Total (13)	954

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