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COUNTY BOROUGH OF BURY

EDUCATION COMMITTEE

ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1964



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

Principal School Medical Officer

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Members of Education Committee.

The Mayor (Councillor W. H. ADCOCK, M.B.E., J.P.)

Alderman SHAW, M.A., J.P. (Chairman),

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„ PATERSON,

„ SPENCER, J.P.

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„ KERSHAW

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Dr. W. O. HENDERSON,

Mr. E. THOMASON,

Mr. T. WILLIAMS, B.Sc.,

Mrs. M. PARKER,

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:—

E. W. M. Shaw, M.R.C.S. (to 7.3.64).

*A. J. Maclean, L.R.C.P.I.

S. B. Diggle, M.B., M.R.C.S.

*T. K. J. Leese, M.B.

Ophthalmic Surgeon:—

*J. McLenachan, M.B., D.O.M.S.

Orthopaedic 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.D., D.P.M.

Paediatrician:—

*B. Wolman, M.D., M.R.C.P., D.C.H.

Principal School Dental Officer:—

R. B. Keighley, L.D.S. (to 30.4.65).

F. J. Heap, L.D.S. (from 3.5.65).

School Dental Officer:—

Vacant.

Dental Auxiliary:—

Miss K. M. Shaw (from 1.10.64)

Physiotherapist:—

*Mrs. J. M. Fishwick.

Speech Therapist:—

Miss S. N. Jenkins (from 1.9.64).

Orthoptist:—

*Mrs. K. M. Rogerson.

Educational Psychologist:—

*Mrs. J. Shepherd, B.A. (Cantab.)

Chiropodist:—

*H. Cocker

Superintendent School Nurse:—

Miss K. Yates.

Deputy Superintendent School Nurse:—

Mrs. B. Dunleavy

School Nurses:—

Mrs. W. Stansfield

Mrs. R. Bullock

Mrs. J. C. Brandon (to 31.12.63).

Mrs. N. Wain (from 8.1.64).

Nursing Assistant:—

Miss M. E. McGuinness.

Senior School Medical Clerk:—

Miss N. Hargreaves,

School Medical Clerks:—

Miss J. Porter

Mrs. F. Bleackley (to 21.6.64)

Miss C. Parry (from 27.6.64).

Dental Attendant:—

Mrs. A. J. Bardsley

* Part Time.

ANNUAL REPORT FOR 1964

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.

This report is one of steady progress. During the year, some of the Staff vacancies have been filled so that by the end of the year a more complete service was available. Special note should be made of the renewed provision for Speech therapy and the increased Physiotherapy sessions available.

There were no exceptional medical conditions which required to be specially noted. There has been no unusual incidence of infectious disease.

The dental services have been augmented by the appointment of a Dental Auxiliary, which is proving to be of great value. We are still unable to obtain the services of another Dental Officer. Mr. Keighley, the Principal Dental Officer, has been with us during the whole of the year, but he retired in 1965. We shall miss his services, and his kindness and patience with the children has been greatly appreciated. Everyone will wish him a happy retirement.

The Mental Health Services are continuing to expand. Help can frequently be given to teachers with reference to difficult and abnormal children. We would ask all Head Teachers to channel their requests through the Principal School Medical Officer so that the appropriate services can be made available. Some of the investigations made are very time consuming, so that a system of priorities has to be used, to make the best use of the correct professional staff available.

It is expected that much preliminary work that has been done will bear fruit and that the new Clinic at Sunny Bank will be open and increased accommodation at the Wylde Clinic available by next year.

I would again like to express my thanks to the Staff for their hard work which alone has made this report possible. The demands of the public are sometimes very heavy and they should realise that in order to keep the services going when there have been staff vacancies, those available have given more of their time and effort than could reasonably be expected. This is fully realised by me.

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

I am,

Your obedient Servant,

K. K. Wood.

Principal School Medical Officer.

27th May, 1965.

STATISTICS.

The County Borough of Bury has an acreage of 7,434. The estimate of population for 1964 was 62,080.

The school population was 8,647 for maintained schools and 1988 for Direct Grant schools in the town.

The schools in the borough are:—

Primary Schools or Departments:

County	... ..	11
Controlled	... ..	9
Aided	... ..	10

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, Bury Grammar School for Boys, Bury Grammar School for Girls and Bury Convent Grammar School for which the Bury Education Committee provide school health services.

SCHOOL BUILDINGS.

Internal decoration was undertaken at the following schools:

Primary.

Gigg.
St. John's Infant.
Alderman Smith County Infants.
Walmersley County Primary.
Sunny Bank County Primary.
Fishpool County Infant.

Secondary.

The Derby (part).

External painting was undertaken at the following schools:

Primary.

Sunny Bank County Primary.
Gigg (boundary rails).
Walmersley County Primary (boundary rails).
Unsworth St. George's.
St. Chad's Primary.

Secondary.

The Derby (boundary rails).

In September, 1964, a new primary school was opened at Parr Lane and the Church Central School moved into the new Bury Church School. At Christmas, Walmersley Primary School moved into new buildings.

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.

A Medical Officer visits each school every term. Entrants are examined the first term they enter school. As children now leave school at Easter and Summer only, arrangements are made to examine Leavers in the last year they are at school. If they stay on at school for an extra year, they have a further examination.

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 may be 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.

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 to be referred to a Medical Officer.

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 947. The number of school leavers examined was 817. In addition 135 children in other groups were examined, giving a total of 1,899.

There were 897 other periodic inspections made, these were at the Bury Grammar Schools (562) and the Convent Grammar School (335).

In addition School Medical Officers made 4,769 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.

Table A at the end of the report gives 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 one of the children examined has shown any crude physical signs of nutritional defect. Any nutritional deficiencies 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 38 were found to require treatment and 66 observation and during Special inspection 344 required treatment.

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 3,576, whilst this year it was 3,129. 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.

Occasionally cases are dealt with where there is indifference on the part of parents. Main difficulty has been with teenagers who were unwilling to wear glasses.

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

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 may lead 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. The provision of a Chiropody Service at the Clinic is of great service.

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 continue to develop rapidly and more trained staff is gradually becoming available.

Details of special services, apart from advice given by School Nurses and School Medical Officers, is indicated in the section headed "Mental Health" of this report.

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 12,773. As a result of these inspections 6.8% of the children were found to be infested, either with nits or lice. It is only by constant head inspections that the persistent source of reinfestation can be dealt with, and this nuisance kept under control.

In spite of the modern fashion for boys to wear long hair, no increase in infestation amongst boys has been noticed.

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.

WORK OF SCHOOL NURSES.

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

Home Visiting by Nurses:—

Homes of Ophthalmic Cases	9
„ Throat Cases	2
„ Minor Ailments	11
„ Infectious Disease	12
„ re Cleanliness	134
Other visits	138
Total	306

Visits to Schools with Medical Officers 242

Other visits to Schools by Nurses—

(a) For cleanliness	239
(b) Other visits	259
Children examined re cleanliness	12,773
Number of above unclean	874

SCHOOL CLINICS.

The main School Clinics are held in the Central Clinic at The Wylde. This old building is becoming increasingly overloaded for lack of space due to expanding services. Temporary relief will come when the top floor can be used for Clinic purposes. Daily minor ailment sessions, and special activities such as Speech Therapy and Orthoptics are also carried on at the Huntley Mount Clinic.

In order to cope with the increasing demands of the expanding Unsworth area, a new Clinic for School and Child Welfare purposes is at present being built at Sunny Bank. It is expected that this will be available for use next year. Accommodation for extensive services, including a Dental Clinic, is being provided.

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. (during Term)
Medical Officer's Inspection Clinic.	The Wylde Clinic.	Daily—9 a.m. to 10 a.m.
Orthopædic Clinic (Exercises).	The Wylde Clinic.	Tuesday—10 a.m. to 12-30 p.m. Thursday 10 a.m. to 12-30 p.m. 1-30 p.m. to 4-30 p.m.
	Huntley Mount Clinic	Monday 2 p.m. to 2-30 p.m. Friday 10 a.m. to 12-15 p.m. 1-30 p.m. to 4-30 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—9-30 a.m. Thursday 9-30 a.m.
Diphtheria, Poliomy- elitis & Vaccination Clinic.	The Wylde Clinic.	As required.
Ophthalmic Clinic.	The Wylde Clinic.	Tuesday—9-30 a.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	Huntley Mount Clinic	Daily. By appointment
Psychologist	The Wylde Clinic	Thursday Mornings and Afternoons. By Appointment
Psychiatrist	The Wylde Clinic	Alternate Thursdays By Appointment
Chiropodist	The Wylde Clinic	By Appointment Mon.-Thurs.—9 a.m. to 10 a.m.
	Huntley Mount Clinic	By appointment. Friday—9 a.m. to 10 a.m.

MINOR AILMENTS CLINICS.

	The Wylde	Huntley Mount
No. of Children attending from 1963	18	—
„ „ discharged during 1964	592	79
„ „ still attending at end of 1964	10	—
„ fresh children who attended during 1964	602	79
„ attendances	1,631	122
Clinic open	253 days	203 days
Average attendance per child	2.7	2.6
Average daily attendance	6.4	0.5

Altogether 500 parents were seen at the Clinics during the course of the year.

CASES ATTENDING CLINICS.

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

Ringworm, Scalp	—
Ringworm, Body	1
Scabies	7
Impetigo	70
Other skin diseases	266
Minor Eye defects—External and other (but excluding defective vision and squint)	27
Minor Ear defects	34
Miscellaneous	78

COMMUNICABLE DISEASES

There were 259 cases of measles, 10 of whooping cough, 2 of Sonne dysentery and 2 cases of Scarlet Fever notified in children of school age. Of the more serious diseases, no cases of poliomyelitis, diphtheria or tuberculosis were notified. There was one case of meningeal infection.

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	526
2. Number found positive	72
3. Number found negative	440
4. Number vaccinated	436

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 smallpox vaccination, although the reaction is slower and the resulting scar normally much smaller.

Consent forms are 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
	1964	1963	1962	1961	1960	1955-1959	1950-1954	
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, 1964	363	400	25	19	12	42	0	861
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, 1964	0	6	11	7	6	502	3	535

POLIOMYELITIS VACCINATION

The number of children and Young persons born in years 1943-1964 at 31.12.64.

Who had been vaccinated with two injections or doses was 12,555

Who had been vaccinated with three injections or doses was 12,517

Who had been vaccinated with four injections or doses was 4,996

Who had been vaccinated with five injections or doses was 34

SCABIES.

During the year 7 cases of Scabies were discovered and treated at the Clinic. Special facilities for cleansing and treatment are available at the Huntley Mount Clinic.

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 203 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	2	13	0	171	0

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.

There are 2 children on the Diabetic register at Bury General Hospital.

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 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. Eleven children made 21 attendances.

In addition to the above 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 school 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 ...	106
„ „ electrical treatments	9
„ „ treatments given	679
Average number of attendances per child	6
No. of cases attending for U.V.L.	17
No. of treatments given	195
Average attendance per child	11.5

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.

No new cases have been submitted to this Clinic during the year. In view of this fact and also that there are adequate facilities nearer either at the Bury General Hospital or the Wylde Clinic, it is doubtful if any useful function is being served by continuing to participate in the Lancashire County Council Orthopaedic Scheme.

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.

482 cases were seen at the Ophthalmic Clinic at The Wylde, and in 276 cases glasses were prescribed. In addition to these figures we know that 382 other children have received glasses. The Ophthalmic Surgeon has one session weekly at the Clinic.

In appropriate cases the Eye Specialist refers cases to the Orthoptic Clinic. Many of these cases are children with squints. 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.

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

During 1964 a total of 215 Bury children received treatment or observation for squint. Of these 45 were new cases.

The biggest proportion of these children is cured by glasses and orthoptic treatment alone, but 25 had squint surgery carried out at Birch Hill Hospital by Mr. McLenachan, the Ophthalmic Surgeon. Only two were on the waiting list for admission at the end of the year.

Attendance is very good. The vast majority of parents co-operate in carrying out home treatment or exercises which are so necessary in many of the cases. 17 children failed to attend after being sent three consecutive appointments and some of these had probably removed or been discharged from the hospital, which tends to make them think they do not need to attend the clinic either.

There is an arrangement to take cases from Bury General Hospital and Lancashire County Clinics, as well as from The Wylde School Clinic, but the only children included in the figures above are those who live in Bury.

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.

Six 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	59
Second or subsequent consultations with Surgeon	114
Total	173

Analysis of new cases:

Enlarged tonsils and/or adenoids	22
Otorrhoea	3
Epistaxis	2
Partial deafness	18
Colds	2
Mouth breathing	1
Perforated ears	2
Earache	6
Other conditions	3
Total	59

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 2,278 children were examined at school. In addition 217 pure tone tests were carried out at the Wylde Clinic in cases referred by the Medical Officers.

All children with defects discovered by Audiometry are referred to the School Medical Officer for further investigation and treatment; by the Consultant if necessary.

SPEECH THERAPY.

I am indebted to Miss S. M. Jenkins for the following report:—

September saw the re-opening of the Speech Therapy Clinic at Huntley Mount, after a period of towards three-and-a-half idle years. The waiting list at that time, including those whose treatments were unfinished in 1961, stood at 139. There was considerable difficulty in tracing all the children named on the list, as many of them had changed both schools and addresses.

The first month was spent in organising the clerical work, and in visiting schools. As a result of these visits, the waiting list quickly became shorter; many of the children had, since 1961, grown out of their speech difficulties, left school, or removed from the district. Others appeared to be sufficiently improved to be kept under observation. The purpose of these visits was primarily to check on all the children whose names were already submitted for Speech Therapy, and the teachers were extremely helpful in this, and most understanding about the somewhat alarming back-log of work. A number of new cases were, however, seen on these occasions. Altogether 38 school visits have been made, including weekly visits to Brunswick Special School since the mid-term break. This is a very satisfactory arrangement, as it allows more of these children with added difficulties to receive treatment, without devoting unwarranted time to this particular school, and with minimum upheaval for the children themselves.

Appointments have been made for 89 parents to attend for interviews, and of these, 65 kept the appointment. As a result of these interviews, 55 patients were admitted, one of these having treatment later suspended until such time as his mother can find it possible to bring him and various younger children over from Unsworth; an understandable difficulty.

There have been 51 children receiving treatment for speech defects during the term. 41 of these are boys, the small remainder being girls. The defects of these 51 children may be divided thus:—

Stammer	11 cases
Multiple Dyslalia	22 „
Sigmatism	4 „
Stammer and Multiple Dyslalia	2 „
Stammer and Sigmatism	2 „
Apraxia	1 „
Dysphonia and Dyslalia	1 „
Retarded Speech	5 „
Partial hearing-loss, contributing to Multiple Dyslalia	1 „
Rhotacism	1 „
Retarded Speech after cerebral trauma, asso- ciated with a left hemiplegia	1 „
	—
	51 cases
	—

Six Children have been discharged:—

- 2 Improved and are under observation.
- 2 because of no attendance since the initial interview.
- 1 because of very poor attendance.
- 1 left the district.

The waiting list at the end of the year stands at 61, and there is little hope of radically reducing this for some time. It is early yet to see the completion of many treatments. However, plans have been made to start a number of small groups for simple Dyslalics, who would otherwise have no chance of receiving treatment. These should start early in the New Year.

Attendance has, on the whole, been quite good, although with a considerable slackening off towards Christmas. The majority of parents have been most helpful, but there are, unfortunately, some children who receive no help at all from those at home, and this inevitably means that progress is very much slower, and the children are denied much of the natural incentive to continue their efforts.

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT 1944 OR BOARDING IN BOARDING HOMES.

		1. Blind 2. Partially sighted (1) (2)	3. Deaf 4. Partial hearing (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)
During the calendar year ended 31st December, 1964 :—							
A	How many handicapped children were newly assessed as needing special educational treatment at special schools or in boarding homes ?	—	—	1	—	1	11
		—	—	—	—	—	4
		—	—	—	—	1	10
		—	—	—	—	—	4
		—	—	2	—	—	2
B	How many children were newly placed in special schools (other than hospital special schools) or boarding homes ?	—	—	—	—	—	1
		—	—	—	—	—	12
		—	—	2	—	1	5
		—	—	—	—	—	—
		—	—	—	—	—	—
On 21st January, 1965, how many children from the Authority's area :—				1	—	—	1
	(i) were requiring places in special schools other than hospital special schools	—	—	—	—	—	—
	(a) day	—	—	—	—	—	—
	(b) boarding	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—
C	(ii) included at C(i) who had not reached the age of 5 were awaiting	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—
	(iv) included at C(i) had been awaiting admission to special schools for more than one year	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—

During the calendar year ended 31st December, 1964 :—											
On 21st January, 1965, how many children from the authority's area :—											
(i) were on the registers of :—											
D	(1) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained.	boys	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—
		boarding	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—
	(2) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated	boys	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—
		boarding	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—
	(3) Independent schools under arrangements made by the authority	boys	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—
	(ii) were boarded in homes and not already included in D(i) above		boys	—	—	—	—	—	—	—	—
			girls	—	—	—	—	—	—	—	—
TOTAL "D"											
		boys	1	—	4	1	2	38	1	—	48
		girls	1	—	2	—	—	34	1	—	39
Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—											
Total of sections C(ii) (a) and (b) and D											
		boys	1	—	5	1	2	38	1	—	49
		girls	1	—	2	—	—	34	1	—	39
On 21st January, 1965 :—											
E	How many handicapped pupils (irrespective of the area to which they belong) were being educated under arrangements made by the authority in accordance with Section 56 of the Education Act, 1944	(i) in hospitals	—	—	—	—	—	—	—	—	—
		(ii) in other groups (e.g. units for spastics convalescent homes, etc.)	—	—	—	—	—	—	—	—	—
		(iii) at home	—	—	—	—	—	—	—	—	—

Children found Unsuitable for Education at School

During the calendar year ended 31st December, 1964;

- (i) how many children were the subject of new decisions recorded under Section 57 of the Education Act, 1944? 4
- (ii) how many reviews were carried out under the provisions of Section 57A of the Education Act, 1944? 0
- (iii) how many decisions were cancelled under Section 57A (2) of the Education Act, 1944? 0

MENTAL HEALTH.

The mental health services of the Corporation have been making rapid expansion and progress. These services have been integrated with the School Health Services with benefit in dealing with Child Guidance and allied problems.

All requests for assistance in these cases should be made through the Principal School Medical Officer who will see that the appropriate Services are consulted. It is essential that all requests should be made through this route so that the maximum use may be made of the staff and services available.

In reading this Section consideration should be given to previous reports which have dealt with various aspects. In the near future it is expected that more space will be available at the Wylde Clinic for dealing with these cases. During the year we have had available the part-time services of a Psychiatrist, Psychologist and Social Worker. Preliminary work in these cases has also been done by the School Nurses.

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 continue to develop rapidly and more trained staff is gradually becoming available.

ENURESIS.

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. The Health Department Loan Section has purchased six electric buzzer sets to assist in the treatment of children suffering from this condition. These are

loaned out for use in the child's home, and the results have been very encouraging. Over 50% are completely cured and a further 25% are considerably improved. Selection of cases in order to exclude adverse factors, such as poor social conditions would improve the success rate.

I am indebted to Dr. L. Grimshaw (Consultant Psychiatrist) for the following report:—

The year has seen an increase in cases of stealing referred to the Clinic. They usually take the form of thefts of money from the home, or other relatives—only rarely from outside. In some cases it is a question of the child not appreciating the true value of money combined with parents thoughtlessly leaving money lying around the house. In these cases straightforward counselling of the parents often results in rapid recovery.

Other more serious cases come from a home atmosphere disrupted by criminality, divorce, moral degradation or simply a loose parental attitude to right and wrong. Here treatment is much more difficult; in many cases, the only hope is removal of the child from the harmful surroundings.

Individual children treated at the Clinic	49
Total number of attendances	106

New cases referred by:—

School Medical Officer	6
Probation Officer	2
Psychologist	7
General Practitioners	6
Hospital Consultants	4

Lancashire County Cases:—

Referred by General Practitioners	3
Referred by Hospital Consultants	1
	—
	29
	—

Each session one new child and about four follow-up cases are seen.

I am indebted to Mrs. J. Shepherd (Educational Psychologist) for the following report.

During the year, 47 new cases were seen.

I.Q. range:

I.Q. below 50	...	...	...	...	...	...	...	...	...	1
I.Q. 50-70	...	...	...	...	...	...	...	...	...	9
I.Q. 70-75	...	...	...	...	...	...	...	...	...	6
I.Q. 75-90	...	...	...	...	...	...	...	...	...	11
I.Q. 90-110	...	...	...	...	...	...	...	...	...	15
I.Q. 110-plus	...	...	...	...	...	...	...	...	...	5

Age range:

Pre school	...	...	...	...	...	...	...	...	...	3
Infants 5-7	...	...	...	...	...	...	...	...	...	16
Juniors 7-11	...	...	...	...	...	...	...	...	...	18
Secondary 11-16	...	...	...	...	...	...	...	...	...	10

In addition to our own Social Worker during the summer we were lent the services of a newly qualified social worker who wished to gain experience of child guidance work. He was able to do a number of follow-up visits for us which we found most useful.

In January the Department of Education and Science published a pamphlet on "Slow learners at School". This outlined the different kind of provision which can be made for slow-learning children. It stresses that many of these children must remain the responsibility of the ordinary school. "The children who are being educated in increasing numbers of special schools and classes can only be a small proportion of the slow-learning children who need to be provided for. By far the greater number will always be taught in ordinary primary and secondary schools—even today, there are teachers who assume that every backward child is a potential candidate for a special school."

Another point of interest, is the stress laid on the necessity for "the closest contact between home and school" in the case of slow learners, and the duty of headteachers to inform the parents whenever they intend to refer a child for ascertainment. "If the first information they (the parents) receive is an official request to submit a child for medical examination, this can lead to such tension and hostility as to frustrate the best efforts of any school."

We hope the pamphlet will be widely read amongst Bury's headteachers, in order to clear up any confusion that may exist about the possibilities of helping slow-learning children.

MEDICAL REPORTS ON COURT CASES.

We have been asked by the Magistrates of the Children's Court on 87 occasions to submit reports on 74 children. It is of interest to note that in 75 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 10 cases we were able to submit relevant information from our existing records. One of these children was known to be educationally subnormal.

CO-OPERATION OF PARENTS, TEACHERS, Etc.

The percentage of parents attending at routine inspections was:-

"Entrants"	90.8%
"Leavers"	6.1%

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 488 at The Wylde, and 12 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 the work of the Committee during 1964.

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 forty-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	... ..	25
„ Borough Treasurer (Housing)	.... ..	7
„ N.S.P.C.C. Officer	.... ..	5
„ Chief Area Officer, N.A.B.	.... ..	2
„ Children's Officer	... ..	3
„ Director of Education	... ..	3
„ Teachers' Association Representative	....	1
„ Probation Officer	... ..	1

Six new cases were brought forward during 1964, and eleven family cases previously reported made a total of seventeen considered during the year. The number of children involved is 66, of which 53 are of school age. The Committee has afforded opportunity for the various cases to be discussed, and in some, collective action to be taken. A meeting once every two months appears to be able to deal adequately with the cases referred.

PROVISION OF MEALS AND MILK.

961,222 dinners were supplied in 1964 from one Central Kitchen and 14 Kitchen Dining Rooms to 15 Dining Centres and 4 non-maintained establishments.

Kitchens were opened at the new Bury Church School and the Parr Lane County Primary School in September, 1964. At the same time the old Church Central Dining Centre in Walshe Street was closed.

1,354,028 x $\frac{1}{8}$ pint bottles of milk were supplied.

SCHOOL CAMP

No School Camp was held this year.

HOME TUITION.

Home tuition was provided for one boy awaiting admission to a Residential Special School from January to April and for an asthmatic child from January to July, 1964. Special tuition was also carried out at school for one child up to July, 1964.

NURSERY SCHOOL

Elton Nursery School continued with an average number on roll of 40 children aged 3-5 years.

SWIMMING BATHS

Water Samples:

	No. Taken	No. Satis- factory	No. Unsatis- factory
Bury Corporation Swimming Baths ...	13	13	—
Technical School	4	4	—
Bury Grammar School	3	3	—
Clarence Lido	4	4	—
Clarence Lido (Paddling Pool)	5	4	1

Unsatisfactory Sample:

Clarence Lido Paddling Pool. No. 23. High faecal coliform bacilli

Attendances of School Children:

Number of Attendances at the Technical College Bath—34,500.

Number of Attendances at the Corporation Bath—22,900.

REPORT OF THE ORGANISER OF PHYSICAL RECREATION.

I am indebted to Mr. F. Dawson, Director of Education, for the following report.

Primary Schools:

The Education Committee's policy to provide climbing and challenging apparatus in our Junior Schools has been extended to include the Infant Departments, so giving the children a much earlier opportunity to partake in activities to develop physical and mental co-ordination, self-control and confidence. To some children, which maybe is more important, it gives a sense of achievement which they might not otherwise enjoy. Any aspect of education which gives a child a sense of achievement is valuable.

With the introduction of apparatus of this nature, when more strenuous exercise is experienced by the child, it becomes increasingly more important for the child to remove his or her outer garments in the interest of hygiene.

Parental co-operation in this matter, in the provision of suitable footwear for the activity lesson, and the encouragement of their children to have shower baths after healthy exercise, where this is possible, should make the task of the teacher much easier and would lay the foundations of habits of cleanliness for later life.

The swimming programme in junior schools, which gives the children in their last two years at primary school an opportunity to enjoy this healthy physical educational pursuit, continues to produce some excellent results.

Last year over 1,000 certificates were awarded to children for various swimming feats and a number of young children were successful in gaining awards for survival swimming tests.

Of the many children who received swimming instruction during the last twelve months, over ninety per cent were able to swim at least 10 yards.

The provision of playing fields at junior schools has added to the time for healthy exercise.

Secondary.

The opening of the Church School has seen yet another gymnasium added to the eight already provided by the Authority at secondary schools. No doubt the Headmaster, Physical Education staff and children will welcome having their own gymnasium, thus saving valuable education time which was lost when the school used the facilities at the Technical College.

Most of our secondary schools are now equipped with trampolines which are very popular with the children. This piece of apparatus promotes excellent body control and provides an enjoyable healthy exercise which can be experienced by most of the young people in our schools.

The Physical Education programme in secondary schools is widening and such activities as canoeing, camping, rock climbing, fell walking and sailing are now part of the school life. It is hoped that with the introduction of such worthwhile physical pursuits, the school children will find a pursuit of their choice which they will continue to enjoy in after-school life.

DENTAL SERVICES.

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

In 1964 routine inspections and treatment were completed in 15 schools. In August, Miss K. M. Shaw was appointed as Dental Auxiliary and she commenced her duties in October. The dental equipment from the unused surgery at Huntley Mount Clinic was brought to The Wylde Clinic in September and a new surgery was furnished. In addition to the simple fillings and prophylaxis which the Dental Auxiliaries undertake, they are also trained to give talks on dental hygiene to the children and parents. Until the end of 1964 it was considered of more immediate importance to concentrate on reducing the number of children awaiting conservative treatment. In the new year, arrangements have been made for Miss Shaw to begin talks in the schools. Those Headteachers, already approached, have been very co-operative and the lessons should increase the interest the children take in their teeth. It has not been found possible to fill the vacant appointment of Assistant School Dental Officer. I wish once again to thank the Medical Officers, Teachers and Nurses for their help and co-operation.

**MEDICAL INSPECTION AND TREATMENT RETURN
FOR THE YEAR ENDED 31st DECEMBER, 1964.**

Number of pupils on registers of maintained schools in January, 1965, and in Direct Grant, Non-maintained and Independent schools (under arrangements made by the Authority) as in:

Form 7 Schools	... ..	8,819
Form 7M Schools	... ..	99
Form 8b Schools	... ..	1,988
Form 11 Schools	... ..	40
Total		10,946

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

TABLE A. — PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By years of birth)	No. of pupils who have received a Full Medical Inspection	Physical Condition of Pupils Inspected	
		Satisfac- tory No.	Unsatisfac- tory No.
(1)	(2)	(3)	(4)
1960 and later	46	46	—
1959	818	818	—
1958	83	83	—
1957	37	37	—
1956	15	15	—
1955	10	10	—
1954	3	2	1
1953	8	8	—
1952	34	34	—
1951	28	28	—
1950	81	81	—
1949 and earlier....	736	736	—
Total	1,899	1,898	1

**Pupils found to require treatment (excluding dental diseases and
infestation with vermin).**

Age groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (5)	For any of the other conditions recorded at Part II (6)	Total individual pupils (7)
1960 and later	0	4	2
1959.....	16	70	83
1958.....	2	8	10
1957.....	0	3	3
1956.....	0	4	4
1955.....	0	2	2
1954.....	0	0	0
1953	0	1	1
1952.....	1	4	5
1951.....	3	1	3
1950.....	5	4	7
1949 and earlier	49	85	129
Total	76	186	249

Col. (3) total as a percentage of Col. (2). Total 99.95%.

Col. (4) total as a percentage of Col. (2). Total 0.05%.

TABLE B. — 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	... ..	1,640
Number of Re-inspections	... ..	3,129

Total	... ..	4,769

TABLE C. — Infestation with Vermin.

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

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

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	12,773
(b) Total number of individual pupils found to be infested	 289
(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 PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR.

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS				Special Inspec- tions
		Entrants	Leavers	Others	Total	
4	Skin T	10	26	2	38	344
		O 38	26	2	66	—
5	Eyes—a. Vision T	18	54	4	76	221
		O 37	78	13	128	173
	b. Squint T	7	3	2	12	55
		O 24	7	2	33	33
	c. Other T	3	3	1	7	27
		O 8	6	—	14	—
6	Ears—a. Hearing T	1	6	—	7	7
		O 98	15	3	116	4
	b. Otitis Media T	2	4	1	7	1
		O 23	16	2	41	—
	c. Other T	—	3	—	3	26
		O 20	6	1	27	2
7	Nose and Throat T	20	9	—	29	15
		O 151	28	19	198	1
8	Speech.... T	8	1	—	9	2
		O 20	2	—	22	1
9	Lymphatic Glands T	—	—	—	—	1
		O 25	2	—	27	—
10	Heart T	2	4	—	6	2
		O 26	29	3	58	—
11	Lungs T	5	—	—	5	2
		O 71	20	4	95	—
12	Developmental—a. Hernia T	1	—	1	2	2
		O 8	1	—	9	—
	b. Other T	—	—	1	1	—
		O 6	—	2	8	—
13	Orthopaedic—a. Posture T	1	2	—	3	1
		O 3	1	—	4	—
	b. Feet T	13	11	5	29	20
		O 81	14	9	104	—
	c. Other T	—	12	—	12	64
		O 21	36	2	59	2
14	Nervous System—a. Epilepsy T	—	—	—	—	—
		O 3	1	—	4	—
	b. Other T	—	—	—	—	7
		O 7	7	2	16	—
15	Psychological—a. Development T	2	2	—	4	15
		O 9	1	3	13	2
	b. Stability T	—	—	—	—	—
		O 13	4	2	19	—
16	Abdomen T	1	—	1	2	—
		O 16	10	7	33	—
17	Other T	6	3	1	10	78
		O 13	9	2	24	—

PART III
TREATMENT OF PUPILS ATTENDING MAINTAINED
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	27
Errors of refraction (including squint)	968
TOTAL	995
Number of pupils for whom spectacles were prescribed	658

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	180
(c) for other nose and throat conditions	24
Received other forms of treatment	52
TOTAL	266
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1964	6
(b) in previous years	12

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	83
(b) Pupils treated at school for postural defects	—
Total	83

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

	Number of cases known to have been treated
Ringworm— (i) Scalp	—
(ii) Body	1
Scabies	7
Impetigo	70
Other skin diseases	266
Total	344

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	49

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by Speech Therapists	51

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	78
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	436
(d) Other than (a), (b) and (c) above (specify)	
1. U.V.L.	17
2. Physiotherapy	34
3. Diphtheria Immunization	547
4. Polio Vaccination	464
5. Orthoptic	215
6. Chiropody	93
Total (a) - (d)	1,884

SCREENING TESTS OF VISION AND HEARING.

1. (a) Is the vision of entrants tested? Yes.
- (b) If so, how soon after entry is this done? During the first term at school.
2. If the vision of entrants is not tested, at what age is the first vision test carried out? —
3. How frequently is vision testing repeated throughout a child's school life? Repeated at age 7-8, 10-11, and 15.
4. (a) Is colour vision testing undertaken? Yes.
- (b) If so, at what age? 15.
- (c) Are both boys and girls tested? Yes.
5. By whom is vision and colour testing carried out? Vision screening by school nurse. Referred to ophthalmic Surgeon. Colour vision tests by school nurse. Abnormals then tested by School Medical Officer.
6. (a) Is audiometric testing of entrants carried out? Yes.
- (b) If so, how soon after entry is this done? During first term.
7. If the hearing of entrants is not tested, at what age is the first audiometric test carried out? —
8. By whom is audiometric testing carried out? A school nurse specialising in the work.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

The Year ended 31st December, 1964.

a. Dental and Orthodontic work.

(1) Number of pupils inspected by the Authority's Dental Officers :—

(a) At Periodic Inspections	3,440
(b) As Specials	1,086
Total (1)	<u>4,526</u>

(2) Number found to require treatment 2,725

(3) Number offered treatment 2,521

(4) Number actually treated 1,663

b. Dental work (other than orthodontics).

(1) Number of attendances made by pupils for treatment, **excluding**
those recorded at heading (c) 1 below 2,703

(2) Half days devoted to

Periodic (School) Inspection	29
Treatment	438
Total (2)	<u>467</u>

(3) Fillings—

Permanent Teeth	715
Temporary Teeth	194
Total (3)	<u>909</u>

(4) Number of teeth filled—

Permanent Teeth	624
Temporary Teeth	182
Total (4)	<u>806</u>

(5) Extractions —

Permanent Teeth	415
Temporary Teeth	1,668
Total (5)	<u>2,083</u>

(6) 1.	Number of general anaesthetics given for extraction	....	....	96
2.	No. of half days devoted to the administration of general anaesthetics by:			
(a)	Dentists	....	....	—
(b)	Medical Practitioners			
	(1 hour session by S.M.O. as required)	....	19	Total 19
(7)	Number of pupils supplied with artificial teeth	....	....	5
(8) Other operations:	1. Crowns	....	....	—
	2. Inlays	....	....	—
	3. Other treatment	....	910	Total 910

c. Orthodontics.

i	Number of attendances made by pupils for orthodontic treatment	....	....	49
ii	Half days devoted to orthodontic treatment	....	....	—
iii	Cases commenced during the year	....	....	4
iv	Cases brought forward from the previous year	....	....	3
v	Cases completed during the year	....	....	3
vi	Cases discontinued during the year	....	....	1
vii	Number of pupils treated by means of appliances	....	....	5
viii	Number of removable appliances fitted	....	....	4
ix	Number of fixed appliances fitted			1
x	Cases referred to and treated by Hospital Orthodontics			—

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