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CITY OF MANCHESTER
EDUCATION COMMITTEE

ANNUAL REPORT

ON THE WORK OF THE
SCHOOL HEALTH SERVICE

FOR THE YEAR

1947

C. METCALFE BROWN, M.D., D.P.H.

BARRISTER-AT-LAW

School Medical Officer

Medical Officer of Health



EDUCATION OFFICES : DEANSGATE : MANCHESTER

CITY OF MANCHESTER
EDUCATION COMMITTEE

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G. METCALFE BROWN, M.D., F.R.S.

PARISH CLERK

School Medical Officer

Medical Officer of Health



EDUCATION OFFICE, 10, MARKET STREET, MANCHESTER

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SCHOOL HEALTH DEPARTMENT,
EDUCATION OFFICES,
DEANSGATE, MANCHESTER 3.
17th December, 1948.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

The School Medical Officer has pleasure in submitting the annual report on the work of the School Health Service during 1947.

No great changes took place during the year, and although little extra work has been accomplished in some directions, more has been done in others. In comparing the work undertaken during the year, with that of 1946 only a slight increase is shown in the number of routine medical inspections, and the numbers of special and re-inspections are almost identical. Extra duties account for the absorption of medical officers' time, with the inevitable result that school inspection, rather than clinic work, has suffered. On the other hand, the figures show a pleasing increase in the number of dental inspections and treatment given.

With the appointment to the Child Guidance Clinic of Dr. Wilde in July, the psychiatric service has been increased from 8 to 12 sessions, Dr. Burbury—the Director—and Dr. Wilde each taking 6 sessions. The overall result has, however, secured a larger turnover of cases at the Clinic as will be observed from the Child Guidance Report. This increase, of more than 25 per cent., is very gratifying, but in view of the considerable waiting list still further improvement is desirable. In the case of Manchester children, this could be achieved most readily by refusing cases referred from other authorities, but this would perhaps be a somewhat unfortunate way of dealing with the problem. Furthermore, in the present circumstances, children are being referred from many sources direct to the Clinic and it is sometimes unnecessarily burdened with a number of unsuitable cases of mental sub-normality.

The careful supervision of cleanliness was continued by the nurses during their school inspections, of which the number has increased since last year. The results show fewer cases in which it was found necessary to enforce compulsory cleansing. The incidence of slight infestation was, however, appallingly high.

The epidemic of infantile paralysis which commenced in Manchester towards the end of the third week in July, produced a total of 123 cases by the end of the year. The outbreak was notable in that the age range tended to be wider than one would normally expect, and there was a relatively higher number of adults affected, in whom the fatality rate was greater. The majority of cases, however, were between the ages of 0—15 years, and of these the greater proportion fell in the pre-school age groups. In view of the suspected additional risk of infection, the operations for diseased tonsils and adenoids were

suspended. As has been customary, they were stopped at the beginning of the school summer holidays on July 30th, but were not resumed during the year. Some 18 weeks, during which operations would normally have been performed, were thus lost, with the result that the waiting list was increased by a further 434 cases.

The Chief Assistant School Medical Officer and the Principal Administrative Assistant have been mainly responsible for the preparation of this report, and my thanks are due to them and other members of the Health Service staff for their conscientious and diligent application to duty during the year. I should like to take this opportunity of tendering my thanks also to the Chief Education Officer and to the Chairman and members of the Education Committee for their consideration and encouragement.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

CHARLES METCALFE BROWN.

School Medical Officer.

MEMBERSHIP OF THE SCHOOL HEALTH SERVICES SUB-COMMITTEE DURING THE MUNICIPAL YEAR.
1946-1947.

Chairman : Sir JOHN STOPFORD (until July, 1947)

Councillor W. J. PEGGE (from September, 1947).

Alderman W. P. JACKSON.

Alderman M. L. K. JONES.

Alderman ROBINSON.

Alderman TITT.

Councillor EMILY BEAVAN.

Councillor BREWSTER.

Councillor THE REV. F. H. A. MICKLEWRIGHT.

Councillor MABEL TYLECOTE.

Mrs. E. G. F. BIRLEY.

Mr. E. C. GATES.

Mr. W. E. PEAKE.

Miss D. PORTER.

Lady SIMON OF WYTHENSHAW.

Very Rev. F. GARFIELD WILLIAMS.

Appointed by the Public Health Committee.

Chairman of the Public Health Committee : Councillor LARRAD.

Chairman of the Maternity and Child Welfare Sub-Committee :
Councillor Mrs. BALDWIN.

STAFF

School Medical Officer
Medical Officer of Health
C. METCALFE BROWN, M.D., D.P.H., Barrister-at-Law

Chief Assistant School Medical Officer
E. MALCOLM JENKINS, M.B., CH.B., D.P.H.

Senior Assistant School Medical Officer
D. OSWALD TAYLOR, M.D., B.SC., D.P.H.

Assistant School Medical Officers

SHEILA BRIDGEFORD, M.D., D.P.H.
HUGH CRAIG, L.R.C.P., L.R.C.S., L.R.F.P.S.
(Glasgow).
CAROLINE CRYSTAL, M.B., CH.B., D.P.H.
EILEEN CURRY, M.B., CH.B., D.P.H.
HARRIET MARY DICK, M.B., CH.B.
ALEXANDER M. DUGAN, M.B., CH.B.,
D.P.H.
HENRY DUGUID, M.D., D.P.H., Barrister-
at-Law.
DOROTHY GUEST, M.B., CH.B., D.O.M.S.
MARGARET EIRLYS JEFFERSON, M.B.,
CH.B., M.R.C.P., D.C.H.

GERALD JOHNSON MARKS, M.B., CH.B.
GEORGE WILLIAM MATTHEWS, M.R.C.S.,
L.R.C.P.
MARY A. J. MELVILLE, M.B., CH.B.
SAMUEL FORSHAW REYNOLDS, M.R.C.S.,
L.R.C.P.
WALTER EATOCK RIGBY, M.B., CH.B.
ELSPETH CALDERWOOD SMITH, M.A.,
M.B., CH.B., D.P.H.
HEDWIG SYMONDS, M.D.
JOSEPHINE WALMSLEY, M.D., D.P.H.
MARY D. SHERIDAN, M.A., M.D., D.H.C.
(Resigned June, 1947).

Part-Time Temporary Assistant School Medical Officers

MARGARET ROBINSON, M.B., CH.B.
MURIEL GOODCHILD, M.R.C.S., L.R.C.P., D.C.H. Resigned—March, 1947.

Consultant Officers—Part-Time

Ophthalmologist : HARRY V. WHITE, M.C., M.D.
Hon. Consultant Orthopaedic Surgeon : PROFESSOR SIR HARRY PLATT, F.R.C.S., M.S.
Orthopaedic Surgeon : CORNELIUS HUGH CULLIN, F.R.C.S., M.CH.
Oto-Laryngologist : BRIAN P. ROBINSON, F.R.C.S., Barrister-at-Law
Psychiatrist and Medical Director of Child Guidance Clinic : WINIFRED MARY BURBURY
M.A., M.B., B.S., D.P.M.
Psychiatrist : JOHN FREDERICK WILDE, B.A., M.D., D.P.M.

School Dental Surgeons

Senior Dental Officer : ADRIAN G. BATTEN, L.D.S., R.C.S.

Dental Officers

ERIC T. BARLOW, L.D.S., R.C.S.
BERNARD C. BETTS, L.D.S.
BENJAMIN BROWN, L.D.S.
ALFRED L. CRAGGS, L.D.S.
DENNIS G. DORAN, L.D.S., R.C.S.
GILBERT G. ELLIS, L.D.S., R.C.S.
GORDON L. LINDLEY, L.D.S.
LIONEL ORDMAN, L.D.S., R.C.S.
ROBERT J. PYE, L.D.S.
MAGGIE ROBINSON, L.D.S.
ELIZABETH TIMPERLEY, L.D.S.
JOSEPH WHITEHOUSE, L.D.S.
V. GUY BOWEN, L.D.S. (Temporary
Part-Time Officer).

Speech Therapist : Miss F. M. ASHWORTH, B.A.

Superintendent School Nurse : F. ELLIOTT HETHERINGTON

Principal Administrative Assistant : HARRY ROBINSON

SCHOOL CLINICS

GENERAL—INCLUDING DENTAL CLINICS

Central	Medical Dept., Education Offices, Deansgate, Manchester 3. Tel. : BLA 8622.
Ancoats	Cannel Street, Ancoats, 4. Tel. : COL 2920.
Cheetham	Corner of Smedley Street and Cheetham Hill Road, 8. Tel. : COL 1622.
Gorton	Gorton Road, West Gorton, 18. Tel. : EAS 1489.
Levenshulme	Stockport Road, Levenshulme, 19. Tel. : RUS 1663.
Moston	Moston Lane, Harpurhey, 9. Tel. : COL 1007.
Newton Heath	Pilling Street, Oldham Road, Newton Heath, 10. COL 2646.
Northenden	Municipal School, Bazley Road, Northenden. Tel. : WYT 2652.
Openshaw	1460 Ashton Old Road, Higher Openshaw, 11. DRO 1429.
Shakespeare Street	69 Shakespeare Street, Chorlton-on-Medlock, 13. ARD 1010.
Stretford Road	263 Stretford Road, Hulme, 15. Tel. : MOS 1529.

DENTAL CLINICS ONLY

Butler Street	Butler Street, Ancoats, 4. Tel. : COL 2920.
Johnson Street	Johnson Street, Bradford, 11. Tel. : EAS 0657.

SPECIAL CLINICS

Orthopaedic Clinic	Goulden Street, Oldham Road, 4. Tel. : DEA 4803.
Child Guidance Clinic.. ..	54 High Street, Chorlton-on-Medlock, 13. Tel. : RUS 3686.
Ophthalmological Clinic	Medical Dept., Education Offices, 3. Tel. : BLA 8622.
Oto-Laryngological Clinic	Medical Dept., Education Offices, 3. Tel. : BLA 8622.
Speech Therapy Clinic	263 Stretford Road, Hulme, 15. Tel. : MOS 1529.

RESIDENTIAL SCHOOLS

Summerseat Open-Air School for Delicate Girls, near Bury, Lancashire.

Matron : Miss THERESA STOKES. Tel. : Ramsbottom 2165.

Visiting Medical Officer : CHAS. WM. CRAWSHAW, M.B., CH.B., Barwood Mount,
Ramsbottom, Lancashire. Tel. : Ramsbottom 3149.

Soss Moss School for Epileptic Children, Soss Moss, Chelford, Cheshire.

Matron : Miss E. A. SMITH. Tel. : Alderley 2134.

Visiting Medical Officer : WM. VILLIERS WALLACE, M.B., CH.B., Alderley Edge,
Cheshire. Tel. : Alderley 2340.

The Margaret Barclay Residential School for Crippled Children, Mobberley Hall,
Mobberley, Cheshire. Tel. : Mobberley 2121.

Matron : Miss M. DRAPER.

Visiting Medical Officer : CHAS. HUBERT GATTIE, M.B., CH.B., B.SC., Mobberley,
Cheshire. Tel. : Mobberley 2158.

Styal Open-Air School for Delicate Boys and Girls, Styal, Cheshire.

Matron : Miss E. WILDING. Tel. : Wilmslow 2393.

Visiting Medical Officer : RALPH EDMONDSON, M.B., CH.B., "Earlsdene,"
Albert Road, Cheadle Hulme, Stockport. Tel. : Cheadle Hulme 527.

SPECIAL DAY SCHOOLS

Day Open-Air School for Delicate Children, Middleton Road, Crumpsall, Manchester 8.

Principal Teacher : Miss NIELD. Tel. : CHE 1073.

Visiting Medical Officer : G. W. MATTHEWS, M.R.C.S., L.R.C.P., Assistant
School Medical Officer.

Lancasterian Day Special School for Crippled Children, at Dr. Rhodes' Memorial Home,
Cavendish Road, West Didsbury, Manchester. Tel. : DID 5172.

Principal Teacher : Miss SLINGER.

Visiting Medical Officer : CAROLINE CRYSTAL, M.B., CH.B., D.P.H., Assistant
School Medical Officer.

HOSTEL

Ribble Lodge Hostel for Educationally Sub-Normal Pupils, Dickenson Road 14. Tel. :
RUS 5294.

Warden : Miss GLADYS E. MURRAY, Principal Teacher, Cheetham Special
School.

Visiting Physician : Dr. J. N. L. THOSEBY, M.B., CH.B., 78 Stanley Grove, 12.

REPORT

ROUTINE MEDICAL INSPECTION

As was anticipated in the Annual Report for the year 1946, the appointment of additional Assistant School Medical Officers made it possible to increase the numbers of children inspected in the routine age groups. The number examined in routine during the year 1947 was 24,869 as against 22,419 in the previous year, while the number of inspections of "special" cases and the number of re-inspections remained about the same. Two of the newly-appointed Medical Officers did not commence their duties until the last quarter of the year.

In the year 1946 separate tables of statistics were prepared for nursery schools and nursery classes, whereas in the year under review all children medically examined on their admission to school for the first time were recorded in the "entrants" group.

Owing to a variety of causes, e.g., illness, medical examinations of teacher trainees, etc., all schools in the City did not have a routine medical inspection, and as two of the newly-appointed Medical Officers tendered their resignations (their services will terminate early in the year 1948), further interference with routine medical inspection is anticipated.

The new medical records were used for the first time in the schools in September. These schedules, recently introduced by the Ministry of Education, are being brought into service gradually and have been used only for the new entrants. The standardisation of medical schedules throughout the country has been a long-felt need. In the past, Education Authorities have adopted medical records to suit their own requirements, but when transferred from one Authority to another, the record cards were found in many cases to be unsuitable for the new Authority's filing system and were, therefore, discarded. The introduction of the standard medical schedule should ensure greater usefulness of school medical records generally and particularly in the case of medical schedules for children who have removed from one area to another.

Arrangements made for routine medical inspection in every school include provision for the examination of children not coming within the prescribed age groups. This arrangement gives Principal Teachers and School Nurses an opportunity at least twice every year of submitting children for medical advice when doubt exists regarding their mental or physical health. In Manchester it is the practice for the nurse attached to each school to test the vision of every child of 8 years of age prior to the routine visit of the Medical Officer, and to submit to the Officer those children whose test was unsatisfactory.

The findings of medical inspection are summarised in table I.C., a new table, and the percentages are shown as follows :—

	Defective Vision (excluding Squint)		Other Defects
Entrants	1.3		28.5
Second Age Group	10.2		20.0
Third Age Group	11.3		16.3

It would be unwise to attempt to make any definite deductions from these percentages at the present time, but when a few years have elapsed a comparison of results should be interesting.

It should not be assumed that 10.2 per cent. of the children in the second age group and 11.3 per cent. in the third were not wearing spectacles at the time of the medical examination, as all children wearing spectacles are recorded as suffering from defective vision. The percentages, however, do suggest that one per cent. of the children in the third age group developed defective vision between the ages of 11 years and 15 years. It would be wiser to reserve a definite opinion until the figures for three or four succeeding years are available.

It can, however, be stated that 1.3 per cent of the children in the entrants' group were found to have defective vision apart from those with a squint.

The percentages of other conditions found in the three groups are in the ratio which one would expect. A comparison of the types of disease and defects found amongst the three groups would be of interest, but the figures are not so compiled as to allow this to be done.

TABLE II (A)

This table gives a classification of diseases and defects found, and the numbers are given according to the defect code number on the new medical schedules. The table is divided into two parts : (a) the numbers of defects seen at routine medical inspections and (b) the numbers seen as "special" cases. In Manchester the majority of the cases in (b) will be those who are already on the clinics' lists, including those who were sent by parents or teachers, but some will have been discovered by the School Nurses during their visits to schools.

Comparison of the numbers of cases of skin diseases gives a picture of the use which parents make of the school clinics, and also an indication of the thoroughness of the School Nurses' work when visiting schools for following up cases or conducting uncleanliness inspections. Of the total number of cases of skin disease known to the Department during the year only 7.8 per cent. were found at routine medical inspections. Owing to the method of recording, this percentage is actually higher than it should be since many children undergoing treatment are allowed to attend school and some fall within the prescribed age groups undergoing medical examination. In consequence the defect is recorded because it is present at that time.

TREATMENT

The present scheme of treatment, including special educational treatment, for school children is briefly as follows :—

- (a) *School Clinics.* Treatment of minor ailments, defective vision, X-ray treatment of ringworm and other skin diseases. Ultra violet ray therapy is also available at several of the clinics.
- (b) *School Dental Clinics.* Treatment of dental caries and orthodontic treatment.
- (c) *Special Clinics.*
 - (i) A Child Guidance Clinic.
 - (ii) An Orthopaedic Clinic.
 - (iii) An Audiometer Clinic.
 - (iv) A Speech Therapy Clinic.
 - (v) An Ear, Nose and Throat Clinic.
 - (vi) An Eye Clinic.
- (d) *Day Special Schools.*
 - (i) Educationally Sub-Normal Children.
 - (ii) Crippled Children.
 - (iii) Delicate Children.
- (e) *Residential Schools.*
 - (i) Crippled Children.
 - (ii) Epileptic Children.
 - (iii) Delicate Children, and :
 - (iv) a Hostel for Educationally Sub-Normal Children.
- (f) *Hospital Treatment.* Booth Hall Municipal Hospital for Sick Children.
 - (i) Operative treatment for ear, nose and throat defects.
 - (ii) Operative treatment for orthopaedic conditions, and :
 - (iii) General medical and surgical treatment.
- (g) *Convalescent Treatment.* At Institutions, other than Residential Schools, provided by voluntary organisations.

In the following pages, a short statement will be made on each of the facilities for treatment.

(a) SCHOOL CLINICS

From the inception of the first School Clinic in Manchester, it has been the practice for all School Clinics to be open throughout the week from Monday morning to Saturday noon with the exception of school holidays. As time passed and the value of School Clinics was appreciated more by parents, it became necessary to make treatment

available during school holiday periods, and so for many years three of the School Clinics in different parts of the City have been kept open throughout the year, with the exception only of statutory Bank Holidays. In recent years, however, all Clinics have been kept open during holidays, except those undergoing re-decoration. This arrangement has shown that children are more likely to come during school holidays for treatment if it is available at the clinic they normally attend, and each succeeding year shows an increase in the number of attendances at Clinics during vacations.

The Clinic Service is organised so that each clinic serves a number of schools and the children in those schools must attend the appropriate clinic.

Each Clinic has an office and clerical staff. The clerks are responsible for making appointments, directing patients, and the follow-up of those who do not keep appointments. They refer to the central office, cases of persistent non-attendance so that proceedings may be instituted against the parents where necessary. The clerks are also responsible for the compilation of the statistical information required by the Special Services Branch of the Ministry of Education.

The total number of attendances of children at all Clinics during the year was 363,432.

The following are details of the numbers treated under the headings required by the Ministry of Education :—

RINGWORM.

Only 33 cases of ringworm were reported during the year. Three only were infections of the hair of the scalp, the remaining 30 being less serious conditions on other parts of the body. The scalp cases were treated by X-rays at the Central Clinic in Deansgate, and the remainder by local medicaments at their respective clinics.

The number of cases of ringworm of the scalp is the lowest recorded, and one of the chief causes for this low incidence is the vigilance of the school nurses. The value of their periodical inspections cannot be rated too highly ; not only are cases of uncleanliness of the head detected, but other conditions which require treatment are discovered. As a result, treatment can be provided early for cases of mild contagious ailments, and the chances of widespread infection amongst the school population avoided. Out of a total of 9,747 cases of skin disease last year, only 719 or 7·4 per cent. were found at routine medical inspection.

SCABIES

It is pleasing to be able to report a considerable decrease in the incidence of scabies during this year compared with the previous year. There were only 1,104 cases discovered as against 2,028 cases in 1946.

The total of 1,104 cases is approximately the same as the annual yearly total of the years immediately preceding the second world war. It is hoped that the regular inspections of the children and the prompt recognition of the disease by both parents and teachers will result in early notification and attendance at the clinics of suspicious cases, so

that treatment may be given where necessary and the spread thereby prevented.

The treatment of scabies was continued on the same lines as recorded in the annual report for 1946 and co-operation with the Health Department was equally well maintained. The Health Visitor visits the homes of school children with scabies to ascertain if any other member of the family, not of school age, is similarly infected and if so, treatment is arranged—the surest safeguard against the further spread of the infection.

IMPETIGO

During the year 1,765 cases of impetigo were treated, nearly all at the school clinics. Since the School Clinics are open from Monday to Saturday, children suffering from skin diseases and minor ailments, whether discovered by the parent, school nurse or teacher, can go there for treatment immediately. As a result, few cases of severe impetigo are seen to-day—the exceptions usually occur in persistent absentees.

OTHER SKIN DISEASES

The number of other skin diseases dealt with during the year was 6,352 ; here again, the majority of the cases were referred for treatment while still slight in character. When reading the figures in Table III at the end of the report, one might be impressed by a record showing thousands of cases of skin disease amongst the school population. The total number of cases known to the School Health Department, however, represents only 1·3 per cent. of the school population of the City.

EYE DISEASES

There were 3,487 cases of diseases of the eye found during the year ; once again they were mainly slight in character. It is unfortunate that School Medical statistics do not show the difference in severity of the various diseases when compared with the conditions existing 20 to 30 years ago ; nor is it readily possible to convey a truer picture in writing.

EAR DEFECTS

The number of cases of ear diseases as shown in Table III was 3,612 ; nearly all attended the School Clinics for treatment. Many cases may require weeks of treatment, but those which do not respond within a reasonable time are referred to the Consultant Aurist. Reference to Table II shows that no more than 20 per cent. of the cases were discovered as a result of routine medical inspection, indicating that the other cases were found by the School Nurses or the parents.

Assistant School Medical Officers of many years' experience have formed the impression that parents now pay more attention to the complaints of their children and more readily come to the School Clinics to obtain advice and treatment.

MISCELLANEOUS

The numbers of children attending the Clinics for treatment of

conditions included under this heading are always great. During the year under review, 22,818 cases were recorded by the Department, and a considerable amount of work devolves upon the nursing staff in treating these cases. Many are of a trivial nature, and it is often felt that the treatment required could be equally well carried out by the parents. If the children do attend the Clinics, however, it is imperative that treatment be carried out by the nursing staff until the condition is healed. The clerical work connected with these cases is also very considerable, as the same routine must be followed for each of the miscellaneous cases as for those of a more serious nature.

Below are given comparative figures of the cases of minor ailments, including skin diseases, for the years 1937 and 1947 :—

School population in 1937	96,914	
School population in 1947	90,570	
	<i>No. of Cases</i>	<i>No. of Cases</i>
<i>Disease or Defect</i>	<i>in 1937</i>	<i>in 1947</i>
Ringworm, Scalp	4	3
Ringworm, Body	92	30
Scabies	907	1,104
Impetigo	4,339	1,765
Other Skin Diseases	5,739	6,352
Eye Disease	4,180	3,487
Ear Defects	5,054	3,612
Miscellaneous, e.g., minor injuries, bruises, sores, etc.	26,111	22,818
TOTAL ATTENDANCES, at general clinics, including dental and medical supervision cases	507,831	363,432

A consideration of the figures in the above Table suggests a great improvement in the methods of early ascertainment and a definite fall in the incidence of certain conditions.

Scabies.—After the first world war, the high incidence of scabies persisted for many years ; in fact, after almost 20 years the total number of cases was only 200 short of the total for the year 1947 which is just two years after the end of the second world war. The experience gained during and after the 1914-18 war showed Public Health Administrators what to expect as a result of overcrowding, and the lack of organised medical and nursing services. Manchester was fortunate, however, in that many of its medical and nursing staff were too old for military service. It was also the desire of the Board of Education that the School Health Service should be maintained as far as possible. In consequence, the efficiency of the School Health Service of Manchester remained at a comparatively high level and that, coupled with early ascertainment, increased efficiency in treatment and the fullest co-operation with the Health Department of the City, enabled the City to prevent the spread of this troublesome infestation.

An arrangement was made with the Health Department for the notification to them of every case of scabies found in school children, so that the homes could be visited as quickly as possible with a view to treating those, not of school age, who were found to be affected. It was so arranged between the Departments that the treatment of all the members of a household could be carried out on the same day.

Members of affected families who did not show signs of active disease were given precautionary treatment, and both Departments undertook the treatment of children and adult females. Every child treated by the Health Department was sent to a school clinic at the end of the treatment to obtain a "Freedom Certificate" to take to school.

Impetigo and other Skin Diseases.—It is satisfactory to note the recent great decrease in the number of cases of impetigo when comparing the figures of the years under review, but it should also be noted that there is an increase in the number of cases of "other skin diseases." The decrease can, in large measure, be accounted for by the fact that more School Nurses are available for school visitation than were available in the year 1937, and that cases are discovered whilst they are at an early stage when there is less risk of infecting other children.

The increases in the number of cases of "other skin disease" and the decrease in the number of cases of impetigo, bear a relationship to one another. In the days preceding the war, many cases which were originally "other skin diseases" were found to have superimposed impetigo and were consequently regarded as cases of the latter disease, to-day they are found early and sent to the School Clinics before they become impetigenous in character.

Ear Defects.—The decrease in the number of cases of ear disease is noteworthy, and this may be accounted for by the generally lower incidence over a number of years of scarlet fever, measles and influenza. Another factor which may account for the decrease was the reduction in the number of children undergoing routine medical inspection in school owing to the present shortage of medical officers, and the omission of the eight years old group from routine medical inspection. Another circumstance which may have had an effect on this reduction was that during the year 1947 a gramophone audiometer was in use only occasionally, whilst in the year 1937 it was in constant use. During the latter year 9,369 children had their hearing tested and those who failed to pass the test were examined by the Consultant Aurist.

Attendances at School Clinics.—There was a decrease of 144,399 attendances at the clinics in the year 1947, as compared with the attendances in 1937. This could not be accounted for by a fall in school population of only 6,000. The main cause of the decrease was the shortage of staff in several sections of the School Health Service. First, the number of Dental Officers was less in 1947; and secondly, it was not possible to obtain the services of a physiotherapist to undertake the treatment of children suffering from minor postural defects and flat feet. Another factor was the limited use in schools of the gramophone audiometer. These facts, together with the reduction in the number of cases of minor ailments, which was more than 6,000, and the diminution in the severity of the skin cases, consequently requiring less treatment, account for the fall in the number of attendances.

DEFECTIVE VISION

The scheme for the treatment of children suffering from visual defect and squint includes the yearly re-examination of all previous cases and the testing of new ones. The total number of children, therefore, who require yearly attention for defective eyesight is approximately 15,000.

At the commencement of each calendar year the Assistant School Medical Officers, who undertake refraction work, examine all the eye records and indicate those cases they wish to re-examine themselves and those which need only be subjected to a reading test by the clinic nurse. Children who have worn spectacles for a period of twelve months are notified to come to the clinic, and those whose vision shows deterioration as compared with the reading of the previous year, are submitted to the Assistant School Medical Officer for re-examination. The records of the remainder are filed for a further period of twelve months, when the same procedure is repeated.

All children wearing spectacles are seen in school every month by the visiting Nurse, who makes a report on her findings. In this way children whose spectacles have a cracked lens, a broken frame or a frame which has become too small on account of the child's growth, are referred to the clinic for urgent attention or are followed up by the nurse until the condition has been rectified. The co-operation of the teachers is also obtained to ensure that children provided with spectacles wear them regularly in class.

The shortage of Assistant School Medical Officers qualified to prescribe spectacles has made it more difficult to keep pace each year with the amount of refraction work required.

ULTRA-VIOLET RAY THERAPY

Ultra-violet ray therapy is available at two of the general school clinics, in addition to the installations at the Orthopaedic Clinic, the Day Open-Air School and the Day Special School for Crippled Children.

At the school clinic in the south of the City, treatment is given during the morning sessions, and during the afternoon sessions in the clinic situated on the north side. At each clinic the treatment is under the supervision of an Assistant School Medical Officer.

The following table shows the conditions for which children were treated during the year and the numbers in the various classifications:

The cases discharged and placed under the heading "Stationary" are those which failed to continue the treatment, and the numbers are placed in this column purely from a statistical point of view.

Disease or defect	Still under Treatment		Discharged	
	December 31st		Improved	Stationary
	Improving	Stationary	Improved	Stationary
Bronchitis and Catarrh	14	32	138	55
Anaemia and Debility	25	37	221	62
Subnormal Nutrition	3	4	39	16
Rheumatism	—	3	8	2
Heart Conditions	1	—	1	—
Chorea	—	—	4	—

Disease or Defect	Still under Treatment		Discharged	
	December 31st		Improved	Stationary
	Improving	Stationary		
Asthma	3	8	10	7
Blepharitis	—	—	3	2
Rickets	3	6	204	18
Skin and Scalp Diseases	2	—	14	1
Frequent Colds	5	8	60	15
Ear Diseases	—	2	5	—
Neuritis	—	—	2	—
Boils	—	—	5	—
Acidosis	—	—	3	1
Anorexia	—	4	9	6
Axillary Abscess	—	—	1	—
Malaise	1	4	8	6
Adenitis	3	5	22	3
Other Conditions	2	2	8	5
Number of children treated during 1947				862
Number of children discharged during 1947				964
Number of treatments given during 1947				10,195

IMMUNISATION

The arrangements for the immunising of school children against diphtheria were continued during the year. Teachers and parents are informed of the facilities available, and 197 children were treated at School Clinics.

MATERNITY AND CHILD WELFARE CASES

In accordance with previous practice, certain children examined at the Maternity and Child Welfare Clinics were referred to School Clinics for treatment. These children who are not in attendance at school, were cases mainly of defective vision and ear disease. During the year 1947, 225 such cases were dealt with.

THE WORK OF THE SCHOOL NURSES

In several parts of the report, reference has been made to the value of the School Nurses' work and in the following paragraphs more detail will be given, especially in relation to the question of uncleanliness.

VISITS TO SCHOOLS

During the year, the school nurses have paid an average of 17 visits to Primary schools, 10 visits to Special Schools, 33 visits to Nursery schools, 35 visits to Nursery classes and 27 visits to Babies' classes. In all of these visits, the work of following up in order to ascertain a child's progress under medical treatment in all of its branches, and re-inspections in regard to uncleanliness are interwoven. The numbers of visits made to schools and classes during the year indicate that these children receive adequate supervision. The total number of inspections made of children for causes other than uncleanliness was

21,505, and a report is made on the findings of each inspection. These reports are submitted to the Superintendent School Nurse who indicates any further procedure required.

HOME VISITS

The total number of visits to children's homes paid by the nurses during the year was 4,908. Here again, the nurse makes a report on her visit and this also is submitted to the Superintendent.

UNCLEANLINESS

Any scheme of school medical inspection requires that close attention must be given to the incidence of uncleanliness amongst the children. Uncleanliness is now almost entirely confined to children's heads ; it is very rare to discover a child infested with body vermin. The number of children discovered during the year to be infested with nits or vermin of the head was 15,267. All these children were re-inspected every few weeks until they were found to be clean on two successive inspections. The number of inspections made by the school nurses, both in the general inspections of all children present, and the re-inspection of those found unclean was 409,391. At the end of the year, there were only 1,997 cases whose condition was still unsatisfactory. This means that 13,270 children out of the total under supervision during the year were clean at the last inspection.

INTERVIEWS WITH PARENTS

The scheme whereby parents are summoned to the Central Clinic when their children are persistently unclean, has been outlined in previous annual reports. Experience has shown that interviewing mothers at the Central Clinic regarding the state of cleanliness of their children, produces better results than when parents are seen at their homes. In the first instance, the child is present and the condition of the child can be shown to the parents, whereas a visit to the home when the child is often not present, robs the interview of its value.

The practice of summoning parents to the Central Clinic has been in operation for seven years and each year has shown an increasing percentage of children remaining clean throughout the year after these interviews and instructions as to cleansing.

The number of children inspected at the Central Clinic during 1947 was 2,324 and the percentages of those remaining in a clean condition from January to December are as follows :—

Year	Per Cent.
1944	69
1945	75
1946	70
1947	77

Miss Stephen, the Deputy Superintendent Nurse, supervises these cases and instructs the mothers according to their varying needs.

Here, experience during the past twelve months indicates that there is a definite general tendency for the gravity of the infestations to decrease, which suggests that parents are paying more and more attention to the state of cleanliness of their children's needs.

The system of providing D.D.T. and lending fine steel combs to parents has been continued, and the results obtained has justified this action.

Number of District Nurses 24

	Primary Schools	Special Schools	Nursery Schools	Nursery Classes	Babies' Classes	Total
I. Average number of visits to schools by each nurse	17	10	33	35	27	—
II. Total number of examinations of children for uncleanliness	257,901	2,040	6,481	112,937	27,708	407,067
III. Total number of individuals found unclean ..	13,339	71	110	1,290	457	15,267
IV. Total number of examinations other than uncleanliness (medical, etc.) ..	21,122	313	—	64	6	21,505
V. Number of visits to homes	4,763	—	40	89	16	4,908
VI. Total number of inspections at the Central Clinic re uncleanliness	2,324	—	—	—	—	—

Total number of Uncleanliness Cases carried forward to 1948 :—

Primary Schools 1904	Special Schools	Nursery Schools	Nursery Classes	Babies' Classes
18	1	55	19	

THE SCHOOL DENTAL SERVICE

Since the inception of the School Health Service, almost 40 years ago, the Dental Service has been inadequate for the school population of Manchester. During the last war the Dental Staff was depleted to a greater extent than any other branch of the School Health Service, and since the war there has been a dearth of dental surgeons wishing to enter the Public Health Service. Consequently, it has not been possible to carry out the extensions that are desirable for an efficient service. The Senior Dental Officer has been confronted with many difficulties in his endeavour to provide dental treatment for all the children needing it. He reviews the position as a whole in his Annual Report which follows.

REPORT OF THE SENIOR DENTAL OFFICER

DENTAL INSPECTION AND TREATMENT

I am able to report that by the end of 1947 all those Dental Clinics closed, or at which the attendances of a Dental Officer had been curtailed during the war years, were again fully staffed with Dental Surgeons and Surgery Assistants. This means that all full-time Dental

Clinics and one part-time Dental Clinic are available for the provision of dental treatment for children under the care of the School Health Service. It is essential, however, that this should give rise to no feelings of complacency, for it must be remembered that with a school population of 90,000 children, at least 30 Dental Officers will be required to provide a complete scheme of dental inspection and treatment for the School Health Service.

In my report for 1946, reference was made to plans for the provision of much needed additional dental clinic accommodation. It is regretted that little further progress in this respect can be reported, the general building difficulties having so far proved insuperable in respect of new buildings. Approval was, however, given to the plans for a new Dental Surgery at the Hulme School Health Centre in Stretford Road, and work on this project commenced at the end of the year.

The plans to provide two further surgeries and a larger technical laboratory in the building adjoining the School Health Centre in Shakespeare Street, Chorlton-on-Medlock, were approved in principle but were referred for slight amendment and final approval, is now awaited.

In view of the difficulties that were being encountered in securing buildings suitable for Dental Clinics, and the existence of a demand for dental treatment that could not be met in full by the facilities available, it was decided to inquire into the possibility of the use of Mobile Dental Units of a Trailer Caravan type as a temporary expedient. The Ministry of Supply indicated their ability to provide Units of this type that were surplus to service requirements ; approval for use of these was secured in December and an order was placed with the Ministry for their delivery.

In their existing state the Mobile Units are fitted for use in the field. As it is intended to locate them in close proximity to suburban schools they will be adapted for connection to the main electricity and water supplies. This will allow the provision of a scale of dental equipment that will enable the Dental Officers working in these Units to provide full facilities for all types of dental work.

During the year steps were taken to appoint three of the additional Dental Officers approved by the Education Committee during 1945-1946 ; so far it has been possible to fill one of these, clinic accommodation having been found by deputing an Officer experienced in the use of general anaesthetics to act as Dental Anaesthetist for the Dental Surgeons at six other Clinics. One of the other two to be appointed will replace a part-time Officer ; the other will occupy the new Surgery in the course of construction at the Hulme Clinic.

The recruitment of new Dental staff has not been without difficulty replies to advertisements from suitable candidates having been exceedingly few. It is apparent that employment in other spheres of the Dental profession offers considerably greater financial reward than is obtainable in the School Health Service. It will be necessary, therefore if the Dental side of the School Health Service is to maintain its efficiency, for consideration to be given to means whereby suitable candidates may be attracted.

The scheme for Orthodontic treatment continued during the year, the demand being far greater than could be met. In view of the limited dental accommodation and staff available to supply routine dental inspection and treatment, it was felt that the amount of time devoted to the treatment of Orthodontic defects should not be out of proportion to that given to the routine service.

The treatment of 162 new Orthodontic cases was started during 1947 and that of 49 cases whose treatment had been commenced during 1946 was continued, the 211 children attending the Orthodontic Clinic during the year making 1,212 visits. Twenty-one fixed and 180 removable appliances were fitted.

Treatment was completed for 32 children during 1947 and 13 failed to continue their attendance, 166 children remaining on the books at the end of the year. The time taken up by this work occupied 177 sessions of half a day.

The year 1947 was the first complete year during which the Education Committee employed a Dental Technician. His work for the most part consisted of preparation of Orthodontic appliances and progressional series of models of mouths of children receiving treatment; this latter work takes more time in a laboratory devoted to Orthodontic work than in one where artificial dentures alone are made. The Technician, in addition, also prepared 41 crowns, needed for the treatment of fractured or badly decayed front teeth, 20 dentures for children who had lost front teeth as a result of an accident, 2 obturators for use in cases of children having cleft palates, and repaired 13 dentures which had been broken.

Reference has previously been made to the Education Committee's co-operation with the University of Manchester in connection with an investigation into the cause and control of dental caries. To provide the material for research, the Department of Child Dentistry of the Turner Dental Hospital has taken over the dental care of the children in three Primary schools closely situated to the Hospital. The staff of the Department, which includes Dental Surgeons and Hygienists will, in addition to studying methods for the control and prevention of dental caries, provide routine dental inspection and treatment for the children concerned.

Particulars of the actual treatment provided at the Dental Hospital are as tabulated below, they are not included in Table 4 of the Statistical Section of this report:—

	No. Inspected 1,156	No. Selected for Treatment 937 (81%)		No. Actually Treated 920 (79%)	
		Temporary Teeth		Permanent Teeth	
Extractions	336	..	105
Fillings	355	..	331
General Anaesthetics	130	..	—
Other Operations	1,117	..	—

Noticeable features of this Table are the high percentages of children

needing treatment and actually treated, and this must be attributed largely to the better scale of accommodation and the higher ratio of dental personnel to children to be treated which the Department is able to provide.

Full particulars of the work performed in the Committee's Dental Clinics during the year are tabulated in the Statistical Section at the end of this publication. This table shows that 4,613 sessions—the equivalent of about 10 full-time Dental Officers—were occupied by inspection and treatment of children in Nursery, Primary and Secondary Schools. 37,167 children (41 per cent. of the school population) were examined at routine dental inspections in schools ; 22,487 (25 per cent. of the school population) were found to require treatment, 11,726 (13 per cent. of the school population) attended the Clinics for treatment as a result of these examinations, and 8,324 (9 per cent. of the school population) attended for emergency treatment from schools not visited by the Dental Officers during the year. The close relationship of the number of children treated as a result of school inspection and the number of children attending from schools not so inspected is significant, and indicates that with the present staff it is possible to provide complete dental treatment for only a very small percentage of the school population. The study of some of the relative figures gives further point to this statement, 20,050 children came to the Clinics for treatment, for these 31,112 teeth were removed whilst only 12,767 were conserved by filling. A number of children undoubtedly gained considerable benefit from the relief of pain and sepsis of dental origin by this treatment ; it is not, however, in keeping with the ideals of a public dental service, which should aim at the prevention of these conditions by the provision of dental inspection and treatment at regular and frequent intervals.

The figure relating to other operations is greater than that for the preceding year, being 6,224 as compared with 3,788 and this is largely due to the inclusion in this section of the treatment provided at the Orthodontic Clinic.

Two hundred and eighty sessions devoted to school inspections showed an average of 132 children per session, and of the total examined (37,167), about 60 per cent. (22,487) were referred for treatment. It is pertinent to compare this figure with that of the children examined by the Dental Hospital Staff, where the examination of 1,156 children showed 81 per cent. to require treatment, but it must be remembered that in the case of the Dental Hospital, adequate staff was available to provide all the treatment found to be necessary.

All Nursery Schools were visited for the purpose of dental inspection during the year, and those children found to need treatment were given the opportunity of attending the School Health Centres. The figures for this work are now included in the general tabulation of statistics.

Eleven children, whose parents reported a history of abnormal bleeding following previous injury or operation, were referred to Booth Hall Children's Hospital for investigation prior to treatment.

The arrangement with the Dental Hospital for radiographic examinations was continued ; 133 children attending there for this purpose.

I take this opportunity to repeat my appreciation of the support of the Committee and the Administrative Staff of the Department, and my thanks to the Assistant School Dental Officers and their Surgery Assistants upon whom the greatest burden of the Dental Service rests

ADRIAN G. BATTEN,
Senior Dental Officer.

CHILD GUIDANCE CLINIC

This Clinic serves not only Manchester City but a wide area outside and although a few clinics have been opened by other Authorities, a large portion of the cases seen still come from outside sources. Thus, Manchester children have often to wait some months before they can be dealt with and the answer to this problem may be that the Clinic's services should be reserved for these cases. In the present shortage of Child Guidance services this would seem an unfortunate step and the obvious alternative would be to increase the staff. Cases referred from other areas are, of course, paid for by the Authorities concerned.

The Table below shows the actual numbers, both local and regional, of cases closed during the last four years :—

Year	Total No. of cases	Manchester	Regional	Manchester cases given treatment	Regional cases given treatment
1944 ..	.. 169	107	62	35	15
1945 ..	.. 167	101	66	38	24
1946 ..	.. 150	84	66	25	10
1947 ..	.. 212	150	62	46	12

A great deal of the investigation and time-consuming work is undertaken by the psychiatric social workers whose activities are very varied. They interview parents to obtain complete social histories and they may see from twenty to thirty in the clinic every week—each interview lasting some forty minutes. They may also, three or four times a week, have to visit parents in their homes and, naturally, this takes up a much longer time. Occasionally visits are also paid to schools and voluntary social agencies for information. One session each week is devoted to a case conference, when all members of the clinic staff are present and a further amount of time is also allowed for discussion of their own particular work. One psychiatric social worker may have a guidance class for mothers and another will take a small number of maladjusted children for group therapy.

The records of child guidance cases are often long and must be comprehensive with the result that a great deal of time has to be spent in writing reports.

This information is given since it is felt that some of the facts may not be fully appreciated. On account of the rather long waiting list of children at the clinic, it is apt to receive a certain amount of criticism, more particularly so since the staff has recently been augmented by

additional psychiatric social workers. This is inevitable, however, mainly for two reasons : (1) because in the very nature of the work, each case takes a long time to investigate fully and even longer to treat ; (2) because the more widely known and appreciated its service becomes the greater the number of children referred.

This year's Annual Report by the Director of the Clinic is as follows :

CHILD GUIDANCE CLINIC REPORT, 1947

The year 1947 has at last brought us into possession of No. 56 High Street on which we have so long cast covetous eyes, and the closing of the year comes with the sound of chisel and hammer making connect on between the two houses, and dust and dirt everywhere. In spite of the upset and difficulty of this, we hail it with relief and look forward to the time when we shall no longer find disconsolate workers endeavouring to find space in which to see patients, or an exasperated patient wandering around after the worker.

We have been asked this year to give an outline of the work done by the different members of the Child Guidance team, perhaps in order to make clearer the nature of the work, and the reason why it takes so long to deal with cases and, therefore, why our waiting list is still so high.

Child Guidance work is essentially team work, and cannot be done satisfactorily except in this way. This is because it is impossible to deal with the child apart from his environment, as one can sometimes with an adult, since in the nature of the case he is dependent on it both in the sense of physical and economic need, and what is more important from our point of view, because of his emotional immaturity. If a home or a school is bad, a child cannot say I will seek a new place to live or a new school, he can only truant or otherwise show his unhappiness and frustration, in neurotic symptoms or behaviour disorders.

Consequently, our first approaches are to the home and school and, before we see a case, we make it a rule to visit the home and try to assess the situation there. This is the job of the Psychiatric Social Worker, and very often takes a long time. Although such visits are arranged by appointment, parents—especially the careless or the neurotic—do not always keep them, and a lot of time can be wasted by going out to the outer parts of Wythenshawe, or Crumpsall, to find no one at home. Sometimes people have taken refuge in having a neighbour in the house, or there is an interfering grandmother, or the mother and father, both in, may argue about the case, or it may take a long time to get through the superficial chat to the real family situation. Consequently, since our visits are not just to see " the beds are aired and the cups clean," the definition of this job to me by one visitor of foster-homes, it is quite common only to be able to do one such visit in one afternoon or morning session, particularly if the worker has no car, and, though many Authorities do so, Manchester has never realised the essential economy of providing this.

The report is brought back and written up for the Psychiatrist by the Psychiatric Social Worker and here again work is slow, since we have only one clerk and one typewriter to write reports, letters, notes, to answer the telephone and the door, for two Psychiatrists, one Psychologist, and three Psychiatric Social Workers. Consequently, for the most part, we write our own—a great waste of time in both writing and reading them.

Following the visit, the child is seen in the Clinic. Here the parent and child are seen by the Psychiatrist and the child by the Educational Psychologist. It is possible by arranging things between those two to see two cases in a session, but no more, since each interview takes from thirty minutes to one hour. In this part of the case the Psychiatric Social Worker takes no part, unless there happens to be another person, from a Remand Home, or a second parent, and therefore still another interview is necessary. If it is decided that the case comes for treatment, then usually the Psychiatric Social Worker sees the parent while the Psychiatrist sees the child. This is not an invariable rule, as some of our treatment is not done by the Psychiatrist—as we have not enough time available and our Educational Psychologist does some, both treatment in the general sense and remedial teaching where necessary, and sometimes our Psychiatric Social Workers have done group treatment and occasionally individual treatment.

It must, however, be emphasised that at present none of these people are actually trained for treatment work and, therefore, any that they do, involves some supervisory work from the Psychiatrist.

Treatment sessions are divided into periods of 30 minutes, five to a session, with, for the most part, two people at work at once—one with the parent and one with the child.

The parts of our work which we feel are most neglected are school visits and follow-up cases. The last of these gets done very little—we simply have not the time—and that is common to most Clinics, though it is generally recognised to be a very unsatisfactory state of affairs ; the former we try to do either by visiting or by sending a printed form in for a report for each case, but we would like to have much more contact with schools and the opportunity to talk to teachers about psychological work in general.

A further group of cases, which tend to get neglected are those where either the problem is in the parent and not the child, and the child is simply re-acting to an abnormal environment, or where it is impossible either temporarily or permanently for them to visit the clinic. Such cases we put on "supervision" and the Psychiatric Social Worker sees the parent only. Nearly always this has to be in the home, as the parents for the most part either cannot, or sometimes will not, come to the Clinic and if we try this, as theoretically an economy of time, it is often not so, since they do not keep the appointments.

In conclusion, may I stress the point that these difficulties are in the nature of all psychological work ; broken appointments, arriving late, wasting time in an interview, not "coming clean," are intrinsic features of the work, both with adults and children and obtain in private

practice where the patient is financially the loser, as well as in hospital and clinic work ; the more serious the case, the more are such things the rule. They are an essential part of the picture of the illness.

(Signed) W. MARY BURBURY.

CASES CLOSED IN 1947

	Manchester	Outside	Total
<i>Diagnostic :</i>			
Advice given	46	20	66
Unsuitable, includes Educationally Sub-normal Refd. to other agencies	19	9	28
Approved Schools	9	1	10
Treatment not accepted	10	11	21
	—	—	—
	84	41	125
Apparently adjusted	—	1	1
Much improved	6	5	11
Improved	16	4	20
Symptom free	7	—	7
Improved under home supervision.. .. .	14	1	15
Unimproved with treatment	3	1	4
Unable or unwilling to attend	20	9	29
	—	—	—
	150	62	212
	—	—	—

AUDIOMETER CLINIC

Dr. Mary D. Sheridan, who undertook the work of the Audiometer Clinic, resigned during the year, and the two sessions per week which she devoted to this Clinic were undertaken by Dr. C. R. Crystal and Dr. S. F. Reynolds.

During the year 205 children attended the clinic, and this number included 69 cases tested the previous year and who were brought again for further testing.

The action taken in these cases was as follows :—

- 12 were referred for admission to the Royal Schools for the Deaf.
- 2 were found to require tuition in lip reading.
- 6 were referred to the Speech Therapist.
- 43 were referred to the Consultant Otologist for treatment.
- 4 were referred to the school clinics for treatment.
- 6 were considered to be educationally subnormal, and referred for ascertainment of their intelligence quotients.
- 47 were discharged, as their defect in hearing was not of such gravity as require special educational treatment.
- 17 attained school-leaving age or removed to other areas.

SPEECH THERAPY CLINIC

It has not been possible to increase the volume of work in this branch of the School Health Service owing to the impossibility of filling the two vacancies for Assistant Speech Therapists. The treat-

ment has, therefore, been confined to the single clinic situated in the Stretford Road general clinic building. Miss M. A. Ashworth, B.Sc., the Speech Therapist, makes the following report on her work :—

When reviewing the work of the speech clinic in 1947, one feature which stands out above all others is the urgent need for more therapists.

At the end of the year there were on the waiting list 29 cases interviewed and found suitable (after stringent weeding out) and 333 cases referred but not yet interviewed. A considerable proportion of these certainly would prove to be either unsuitable or not willing to accept treatment, but even when allowance is made for this, the complete insufficiency of one therapist to cope with such numbers is obvious. Since therapists from other parts of the country will not come to work in Lancashire, Manchester will have to make more effort to find recruits from among her own citizens.

During the year 72 children received regular treatment and 13 others were "under supervision." Fifty-four new cases were interviewed at the clinic. The total number of attendances was 1,519.

The following were discharged :—

<i>Satisfactory</i>				<i>Others</i>					
Stammerers	4	Unsuitable	..	..	..	1
Cleft palate	1	Treatment suspended temporarily	..	..	..	1
Miscellaneous	12	Left School or left the City	..	..	..	4
					Transferred to Child Guidance Clinic	..	..	..	1
Total				..	..	..	..	..	24

Nine children ceased attending without completing their course. Both at the clinic and in the course of school visits, efforts are made to keep in touch with children who have passed through our hands. Stammerers and those with kindred disorders occasionally relapse and need watching. Cleft palate cases who have been discharged in the early years of school life generally need a revision course before leaving, to ensure that the maximum efficiency of speech compatible with their physical handicap, has been reached. Cases of the "immaturity" type, once corrected, give no further trouble, and in these cases the interest lies in seeing how far the bad educational start—an almost inevitable feature—has been overcome. Most of these children are of average mental ability, and once normal speech has been achieved, teachers report a great improvement in school progress. It is pleasant to hear of such a child, unintelligible to her own mother at eight years old, winning a place at a Central School, or to have an inquiry addressed to a new head teacher received with a surprised: "Was there anything wrong with him?"

For two or three years before the Duchess of York Hospital was able to make its own speech therapy arrangements, Manchester children who had been surgically treated for cleft palate there were referred to this clinic. Most of these children were very young and there was not time to give them weekly treatment, but all whose mothers were willing were kept under supervision and suggestions made for home practice. The older ones are now reaching school age and being offered regular courses and the value of this preliminary training under guidance is evident in easier and quicker progress.

In connection with cleft palates and other cases of dental irregularities and malformation of the palate, the speech therapist is very glad to be able to make use of the opportunities now afforded by the orthodontic clinic.

It is sad to have to conclude on a note of disappointment. In April arrangements were completed for a lip-reading class to be held during school hours, since it had been found that children would not attend in the evening or on Saturday morning. They have not attended the day class either. At present it consists of three children, all from a local school; the rest are deterred by distance from the clinic, or reluctance to miss school lessons. It has proved much more difficult to secure the interest and co-operation of these lip-readers than that of speech defectives under similar circumstances. It is a little surprising that, so far as measures of an educational nature are concerned, both parents and children seem to regard the handicap of even moderately severe deafness as less important than defective speech.

(Signed) F. M. ASHWORTH.

EAR, NOSE AND THROAT CLINIC

Mr. Brian Robinson, the Committee's Consultant, held two sessions per week at the Central Clinic—one for the examination of children referred for operative treatment for adenoids and/or enlarged tonsils, and the other for the examination of special cases of ear disease referred to him by Assistant School Medical Officers. These special cases were those who, having been under treatment at the school clinics, did not progress to the satisfaction of the Medical Officers.

The following is an outline of the scheme for the treatment of cases of adenoids and chronic tonsillitis.

Cases discovered at routine medical inspections in schools or at school clinics, are referred to the Central Clinic for examination by the Specialist. Occasionally cases are referred by general medical practitioners. Those considered by the Specialist to require operative treatment are placed on the waiting list and arrangements are made as quickly as possible for admission to Booth Hall Children's Hospital where the operations are performed. Those not considered to require an operation are referred for other treatment to the school clinics.

Children are admitted to the Hospital during the forenoon for the necessary preparation. After operation they remain in hospital for two nights, and if the Medical Superintendent considers they are fit to return home on the day following the second night, they are taken there by ambulance in charge of a School Nurse. She gives full instructions to the parent on the care of the child and pays further visits to the home as often as necessary.

The operative treatment for adenoids and chronic tonsillitis was greatly restricted during the year, owing to the epidemic of infantile paralysis. Many weeks were lost and the waiting list increased in consequence. The effect of this curtailment will be felt for many months.

Reference to the statistical tables shows that 656 children received operative treatment for adenoids and chronic tonsillitis and two for other nose and throat conditions.

The 3,855 children who received other than operative treatment were cases of sore throat, nasal catarrh, etc., in attendance at the various school clinics. This total also includes a number of cases treated by diastolisation in the Central Clinic. This treatment is given on the recommendation of the Authority's Consultant who supervises the cases.

THE ORTHOPAEDIC CLINIC

It is regrettable that the work of this clinic was greatly restricted during the year owing to the shortage of physiotherapists. There should be four attached to the clinic but for many months there were only two, and over one period, the staff consisted of the senior physiotherapist only. In order that they may devote themselves entirely to treatment by exercises, massage and radiant heat, a school nurse attended the clinic to give the artificial sunlight to children for whom it was prescribed.

At the end of the year 1946 Mr. E. D. Telford, the visiting consultant orthopaedic surgeon, retired. Until his successor could be appointed the clinic was under the immediate supervision of Dr. G. W. Matthews, an Assistant School Medical Officer, who has special experience in orthopaedics and subsequently for a shorter period by Mr. Bryson, an orthopaedic surgeon. The work of the clinic was maintained and the children in attendance at the Day Special School and those in residence at the Margaret Barclay Residential School, were kept almost continually under direct medical supervision during a difficult period.

Mr. C. H. Cullen was appointed successor to Mr. E. D. Telford, and he commenced his duties in September. It is obvious that he could not give a first-hand account of the work of the clinic during the whole year. The following is his report :—

The Clinic ran smoothly during the year in spite of minor upsets occasioned by changing medical supervision.

The appended figures show the total attendances for treatment and the number of children examined during the year. In the detailed analysis of diseases and deformities the figure for rickets (141) appears very high. I think this is due to loose clinical classification of minor deformities rather than to a high incidence of this disease.

FIGURES FOR THE YEAR ENDING DECEMBER 31ST, 1947.

Total Attendances	..	..	..	..	..	5,730
Casuals	..	..	..	..	..	472
Re-inspections	..	..	..	..	..	161
	<hr/>					
Lordosis	..	..	..	..	..	6
Kyphosis	..	..	..	..	..	38
Scoliosis	..	..	..	..	..	55
Kypho-Scoliosis	..	..	..	..	..	8
Bad Posture	..	..	..	..	..	2
Flat Foot	..	..	..	..	..	128

Rickets	141
Foot Deformities	132
Other Defects	173
Hemiplegia	21
Paraplegia	9
Paralysis	6
T.B. Spine.. .. .	1
T.B. Knee	8
T.B. Spinal Caries	1
Spina Bifida	6
TOTAL	<u>735</u>

OPHTHALMIC CLINIC

Certain eye conditions and cases of defective vision amongst high school pupils, are examined in this clinic, which is held in the Education Offices. Since 1935 two sessions have been undertaken by Dr. White, the Committee's Consultant who examines the rarer and severer types of eye disease and defects referred by Assistant School Medical Officers. He also completes reports on children who require to be certified as blind.

A high proportion of the cases referred, however, are children under eight years of age who have a squint. If treatment by occlusion of one eye is recommended, this is usually carried out at one of the district clinics but the progress of each case is supervised periodically by the Consultant. When cases are considered ready for orthoptic treatment, they are referred to the Royal Eye Hospital. There is, unfortunately, a considerable waiting list for this form of treatment and it would be of great benefit if it could be provided at the Ophthalmic clinic. Lack of accommodation, however, precludes the installation of the necessary equipment at the present time.

At the end of the year, 23 children and adults were maintained at Special Residential Schools or Institutions for the Blind and Partially Sighted. The age groups of these cases are given below :—

Boys under 16 years of age	9
Girls under 16 years of age	4
Males over 16 years of age	8
Females over 16 years of age	2
	<u>23</u>

One boy, educated at Rowton Castle, Shrewsbury, who left in July, commenced training in telephony at Oldbury Grange. He completed his training in November and since then has obtained civilian employment. To enable him to undertake this employment he was provided with a Braile Shorthand-writer and will be provided with a typewriter with Braile attachment as soon as one can be obtained. Priority is given for one of these machines in the case of blind persons. Two children, a boy and a girl, left the St. Vincent School for the Blind, Liverpool, as they were sixteen years of age. The girl wished to train as a telephonist and was accepted as a trainee by the National Institute for the Blind. On the recommendation of the Institute, however, arrangements were made for her to have a pre-vocational course at a rehabilitation home and she is expected to commence her training

early in the New Year. The boy expressed a wish to be trained in mat and basket making and he is to be interviewed at the Henshaw's Institution for this purpose.

The ascertainment, maintenance and placing of blind or partially sighted children from the age of two years have now been transferred from the Health Department to the Education Committee. Formerly the Committee accepted responsibility for children of five years of age and upwards.

It has not been possible as yet to re-introduce special classes in Manchester owing to the difficulty in obtaining suitable equipment. The number of children found to require special educational treatment in classes for partially sighted was boys 34, and girls 35. Children have, however, been admitted to the Residential Special School for Partially Sighted at Preston. The total number ascertained is lower than one might expect, but the criteria of selection has altered recently. The degree of visual acuity is considered the guiding factor now ; so much importance is not attached to the actual physical and refractive errors as formerly.

Number of children referred as suitable to attend a class for Partially-Sighted at 31st December, 1947	69
Number of children maintained at School for Partially-Sighted, Preston, at 31st December, 1947	4
Number of children and adults maintained at Institutions for the Blind at 31st December, 1947, as follows:—	

	Under 16 years		Over 16 years	
	Boys	Girls	M.	F.
Henshaw's	4	0	6	2
Sunshine Home for Babies	0	1	0	0
Worcester College for the Blind	0	0	1	0
Royal Normal College	0	0	1	0
Chorleywood College	0	1	0	0
School for the Blind, Wavertree	0	1	0	0
	<hr/>	<hr/>	<hr/>	<hr/>
	4	3	8	2
	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL		17		

The following table shows the number of handicapped pupils ascertained by and known to the School Health Service during the year :—

BLIND PUPILS (in institutions)	17
PARTIALLY SIGHTED PUPILS :	
In Institutions	4
Suitable for classes for partially sighted	69
	73
DEAF CHILDREN :	
Number at the Royal Residential Schools, Old Trafford	76
Number at other Residential Schools	8
	<hr/>
	84
	<hr/>
PARTIALLY DEAF :	
Number on Index (many of these children attended the Lip Reading Class which is now closed)	91

DELICATE CHILDREN :

Number treated at Committee's Residential Schools during year	303
Number at Crumpsall Day Open Air School	440
Number at Residential Schools not maintained by M.E.C.	12
Number at Jewish Fresh Air Home School, Delamere	63
Number waiting for re-examination or admission	447
	<hr/>
	1,265
	<hr/>

NUMBER OF DIABETIC PUPILS 5

NUMBER OF EDUCATIONALLY SUB-NORMAL CHILDREN 592

EPILEPTICS :

Number of children in Soss Moss during the year	48
Number of children examined and attending ordinary schools	195
	<hr/>
	243
	<hr/>

Number of maladjusted pupils 11

PHYSICALLY HANDICAPPED CHILDREN :

(a) *Cripples*

Number of children at Margaret Barclay School during the year	72
Number at Lancasterian Day Special School	127
Number at other Cripple Schools not maintained by M.E.C.	5
	<hr/>
	204
	<hr/>

Number under treatment at Orthopaedic Clinic 545*

(b) *Heart Diseases and Rheumatism*

Number on Index	66
Number in M.E.C. Residential Schools	2
Number in Heart Hospital Schools	8
	<hr/>
	76
	<hr/>

NUMBER OF PUPILS WITH SPEECH DEFECTS 472

Total Number of Handicapped Pupils 3,133

* Not included in grand total of Handicapped Pupils.

DAY SPECIAL SCHOOLS

(1) SCHOOLS FOR EDUCATIONALLY SUBNORMAL CHILDREN

The Education Committee maintains five Day Special Schools and one Special Class for educationally subnormal children. They are situated in various parts of the City and are close to the routes used by the public transport services. Where necessary, however, special transport is provided. The total numbers of children on the registers of these schools during the year were 349 boys and 191 girls.

The numbers attending the individual schools are shown in the following table :—

SPECIAL SCHOOLS, 1947

	Boys	Girls
CHEETHAM SPECIAL SCHOOL :		
Numbers on register January 1st, 1947	46	32
Numbers admitted during year	33	14
Numbers discharged during year	5	4
Numbers on register 31st December, 1947	74	42
EMBDEN STREET SPECIAL SCHOOL :		
Numbers on register 1st January, 1947	17	28
Numbers admitted during year	10	10
Numbers discharged during year	12	6
Numbers on register 31st December, 1947	15	32
GORTON SPECIAL SCHOOL :		
Numbers on register 1st January, 1947	106	28
Numbers admitted during year	39	11
Numbers discharged during year	27	5
Numbers on register 31st December, 1947	118	34
GRANGE STREET SPECIAL SCHOOL :		
Numbers on register 1st January, 1947	34	24
Numbers admitted during year	13	12
Numbers discharged during year	9	6
Numbers on register 31st December, 1947	38	30
HAGUE STREET SPECIAL SCHOOL :		
Numbers on register 1st January, 1947	20	16
Numbers admitted during year	18	10
Numbers discharged during year	2	3
Numbers on register 31st December, 1947	36	23
ROYAL OAK SPECIAL CLASS :		
Numbers on register 1st January, 1947	12	4
Numbers admitted during year	1	2
Numbers discharged during year	2	1
Numbers on register 31st December, 1947	11	5

(2) LANCASTERIAN DAY SCHOOL FOR CRIPPLED CHILDREN

Mr. C. H. Cullen, the Visiting Consultant Orthopaedic Surgeon, makes the following short statistical report on the treatment of the children in attendance. To obtain a complete picture of the scope of the orthopaedic treatment scheme for school children, it is necessary to read also the reports on the orthopaedic clinic and the residential school for crippled children.

Number of girls treated	58
Number of boys treated	52
Number of out-patients	6
Number of children receiving :—	
(a) Radiant Heat	52
(b) Massage	52
(c) Exercises	111
(d) Electrical Stimulation	9
(e) Ultra-Violet Ray	45
Number of treatments given :—	
(a) Radiant Heat	3,640
(b) Massage	3,640
(c) Exercises	7,770
(d) Electrical Stimulation	216
(e) Ultra-Violet Ray	2,066

Number of Doctor's visits :—

Dr. Matthews	..	..	..	..	..	6
Mr. Bryson	..	..	..	..	..	11
Mr. Cullen	..	..	..	..	..	7

OPERATIONS AT BOOTH HALL HOSPITAL, 1947 :—

Triple arthrodesis of foot	..	..	..	..	4
Obturator neurectomy	..	..	..	..	2
Arthrodesis of shoulder	..	..	..	..	2
Adductor tenotomy	..	..	..	..	2
Tendon Transplantation	..	..	..	..	2
Ostectomy of tibia	..	..	..	..	1
Ostectomy of femur	..	..	..	..	1
Soutters' operation	..	..	..	..	1
Excision of bunion	..	..	..	..	1
Drainage of infected knee	..	..	..	..	1
Drainage of osteomyelitis	..	..	..	..	1
Observation and cystoscopy	..	..	..	..	1
Fixation of hip in P.O.P.	..	..	..	..	2
Correction of flexion deformity of knee	..	..	..	..	1
Correction of flexion deformity of hip	..	..	..	..	1
Tenotomy of plantar fascia	..	..	..	..	1
Stretching tendo-achilles	..	..	..	..	1

CASES IN LANCASTERIAN SCHOOL :—

Anterior poliomyelitis (leg)	..	..	..	..	24
Anterior poliomyelitis with calcaneus deformity	..	..	..	..	3
Anterior poliomyelitis arm and leg	..	..	..	..	1
Anterior poliomyelitis leg and back	..	..	..	..	2
Anterior poliomyelitis back	..	..	..	..	1
Anterior poliomyelitis arm	..	..	..	..	4
Spastic paraplegia	..	..	..	..	12
Spastic hemiplegia	..	..	..	..	4
Hemiplegia	..	..	..	..	2
Congenital Talipes Equino Varus	..	..	..	..	6
Rickets	..	..	..	..	6
Rickets plus absence of pectoralis major	..	..	..	..	1
Knock Knee	..	..	..	..	2
Flat Feet	..	..	..	..	1
Tubercular Hip now fixed and quiescent	..	..	..	..	9
Tubercular Hip and elbow now fixed and quiescent	..	..	..	..	1
Tubercular Knee	..	..	..	..	1
Tubercular Hip and Knee	..	..	..	..	1
Tubercular Elbow and Ankle	..	..	..	..	1
Tubercular Spine	..	..	..	..	6
Congenital absence of hand	..	..	..	..	5
Congenital deformity of hand	..	..	..	..	1
Amputated leg with artificial limb	..	..	..	..	1
Burns	..	..	..	..	1
Osteomyelitis	..	..	..	..	4
Spina Bifida	..	..	..	..	3
Congenital dislocation of the hip	..	..	..	..	2
Congenital dislocation of the hip and spina bifida	..	..	..	..	1
Myositis ossificans	..	..	..	..	1
Pseudo hypertrophic muscular dystrophy	..	..	..	..	2
Scoliosis	..	..	..	..	1
Perthe's disease	..	..	..	..	1
Hydrocephalus with mild spasticity	..	..	..	..	1
Myasthenia	..	..	..	..	1
Achondroplasia	..	..	..	..	1
Multiple Arthritis	..	..	..	..	1
Amyotonia Congenita	..	..	..	..	1
Congenital deformity of lumbar spine	..	..	..	..	1

(3) DAY OPEN-AIR SCHOOL, CRUMPSALL

This school is built in the north-west of the City and contains eight classrooms, kitchen, dining-room, treatment room, bathroom, open-air rest sheds, gardens and spacious playing fields. A covered verandah runs the whole length of the school protecting the class-rooms from rain.

Miss F. M. Nield, the Headmistress, has outlined the work of the school in previous annual reports. She has special experience in dietetics and supervises the preparation of the children's meals, which are cooked on the premises, thus ensuring that the meals are correctly balanced. She gives special attention to the preparation of meals for diabetic children.

All the children take one hour's rest after the mid-day meal. Each child has a folding hammock and its own blankets. If the weather is fine and warm the hammock is placed in the open, but in the covered shed when climatic conditions are not so good.

The Medical supervision of the children is undertaken by Dr. G. W. Matthews, an Assistant School Medical Officer, who visits the school on two afternoons per week. Dr. Matthews reports as follows :—

The children are selected from cases reported by Assistant School Medical Officers, School Nurses, Teachers, Attendance Officers, etc. During the year 440 children have been in the school for varying periods. The following small table shows the number of children admitted and discharged :—

	Boys	Girls	Total
Number of children on roll 1st January, 1947	121	127	248
Number of children admitted during 1947	93	99	192
Number of children discharged during 1947	92	121	213
Number of children remaining on roll 31st December, 1947 ..	122	105	227

The types of cases admitted closely follows those of previous years, but particular attention has been paid to children suffering from asthma and the number admitted to the school during the past year was 40. My observations over the past few years have shown that children suffering from asthma appear to receive considerable benefit from the conditions found at a day open-air school. The treatment given to the children has been of two kinds : (a) inhalation treatment and (b) Elixir Caffein Iodide $\frac{1}{2}$ gram half-an-hour before dinner. The former treatment is ameliorative but it reduces the length of the attack and gives relief very quickly. The affected children realise this and when they know that an attack is impending they visit the nurse for treatment. The knowledge that relief can be obtained immediately is a great help to the children and one has noticed that the fear of having an attack disappears. Psychologically, this is of great benefit to the children. The second treatment has been tried in a number of cases and the frequency of attacks greatly lessened. At the commencement children were having three or four attacks per week but after a short course of treatment attacks were reduced to about one per month. This is due to a decrease in size of the glands at or near the root of the lung, a fact plainly demonstrated by percussion.

All the children suffering from asthma undertake special exercises each week under the training and supervision of one of the men teachers who has special training in this type of work.

The medical supervision of children suffering from asthma must be frequent and thorough in order to discover and remove any possible cause of an attack. One case which is typical of the care needed is as follows. This child had no special symptoms other than the usual ones of asthma, except an unhealthy nasal mucous membrane. He was having frequent and severe attacks of asthma ; indeed, very distressing to all concerned. Dr. Reynolds was asked to undertake a nasal ionization. As a result, during the ten months following this treatment, there were no further attacks, and the child's general condition greatly improved.

The general medical treatment of all the children includes the use of cod liver oil emulsion, Parish's Chemical Food, Mist. Expect., Glycerophosphates, and Ultra-Violet radiation, during the winter months, in selected cases.

Thanks are due to Dr. W. H. Patterson, the Medical Superintendent of Booth Hall Hospital, for his advice and assistance in the treatment of many children, particularly those suffering from diabetes. He has admitted the children to hospital for short periods in order to ascertain the type of diet they require, and on our part we have accepted into the school certain children who were under his treatment in hospital. Mr. Cullen, the Consultant Orthopaedic Surgeon, is now using the facilities of the Open-Air School for some children he discharges from the Day Special School for Crippled Children. They receive the benefit of the open-air school for a short time so fitting them for admission to an ordinary school. The nurse attached to the school holds a minor ailments clinic each morning, in addition to carrying out the special medical treatment recommended in each case. She also is responsible for the artificial sunlight treatment.

During the year 71 children were discharged as fit and at the end of December there were 237 on the rolls.

The following list indicates the varying type of case admitted and the number in each :—

Asthma	..	..	..	..	..	..	..	40
Anaemia	..	..	..	..	..	..	..	23
Bronchitis	..	..	..	..	..	..	..	27
Cardiac defect	..	..	..	..	..	..	..	17
Rheumatism	..	..	..	..	..	..	..	11
Debility	..	..	..	..	..	..	..	50
Poor nutrition	..	..	..	..	..	..	..	49

together with the odd case of conditions such as chorea, glycosuria, nerves, enphysema, cerebral tumour, chronic appendix, etc.

More than 600 special examinations were undertaken by the Visiting Assistant School Medical Officer and 470 children were given ultraviolet ray therapy.

RESIDENTIAL SPECIAL SCHOOLS

(1) THE MARGARET BARCLAY RESIDENTIAL SCHOOL FOR CRIPPLED CHILDREN

A reference to the reports on the Day Special School for Crippled Children and the Orthopaedic Clinic will give additional information on the orthopaedic treatment available in Manchester for school children.

The present residential school is a continuation of the school which was provided more than forty years ago and was then known as the Swinton House Residential School for Crippled Children. A comparison of types of cases admitted to the school in those pioneer days with those admitted to the school of the present day, makes interesting reading. The cases admitted to Swinton House were mainly rickets and tubercular bone disease. The cases of rickets were usually of a very severe type but happily to-day such conditions have been largely eradicated. In common with many other branches of school medical work, however, it is difficult to portray the improvement which has been achieved in the general physical condition of children since the inception of the scheme of school medical inspection and treatment. Numbers alone do not give a true picture. Early ascertainment both through the agencies of the Maternity and Child Welfare Service and the School Health Service, has enabled treatment to be given at the earliest possible time, with a consequent reduction in numbers. For many years it has been the duty of the Tuberculosis Officer to provide treatment for children suffering from tubercular bone disease but when the disease has been arrested certain cases are suitable for transfer either to the residential or to the day special school for continuation of treatment and education.

Mr. Cullen reports as follows on this school :—

The following figures show the number of children admitted and discharged during the year, with a classification of their disabilities.

Sixteen operations were performed at Booth Hall Hospital and one, for a patient with an old head injury, by Mr. Bailey at Crumpsall Hospital.

The general health of the patients was good. Three children had chicken pox and five had measles. All made an uneventful recovery.

Number of children in school December, 1946	..	..	..	54
Number of children in school, December, 1947	..	..	..	39 plus two at Booth Hall
Number of children admitted during year	..	..	..	20
Number of children discharged during year	..	..	..	33
Number of operations at Booth Hall Hospital	..	..	..	16
Number of operations at Crumpsall Hospital	..	..	..	1
Number of X-ray examinations	..	..	..	11
Done by Mr. Platt at Manchester Royal Infirmary	..	..	..	2
Done by Dr. Ferguson at Manchester Royal Infirmary	..	..	..	2
Chicken Pox	..	..	..	3
Measles	..	..	..	5

Diagnosis	Discharged		Still in school	Total
	during year			
Rickets	6	1	7	
Anterior Poliomyelitis	1	14	15	
Hemiplegia	4	1	5	
Scoliosis	3	1	4	
Osteomyelitis	3	1	4	
Torticollis	2	—	2	
Congenital Talipes	3	2	5	
Spastic Paralysis	6	6	12	
Perthe's Disease	2	—	2	
Infective arthritis hip and feet	1	—	1	
Muscular Dystrophy	1	5	6	
Scoliosis and anterior poliomyelitis	1	1	2	
Hydrocephalus	—	1	1	
Haemophilia	—	1	1	
Spinal Caries	—	1	1	
Head Operation	—	1	1	
Congenital dislocation of hip	—	1	1	
Fragilitas Ossium	—	2	2	
Amputation	—	1	1	
Rheumatism	—	1	1	
	33	41	74	

(2) SOSS MOSS RESIDENTIAL SCHOOL FOR EPILEPTIC CHILDREN

This Institution is situated in a rural part of Cheshire and is comprised of four bungalow type dwellings, two for boys and two for girls. Each dwelling contains a dormitory, a dining-room which is used as a playroom after meals, a small kitchen, bathroom and lavatories. There are spacious lawns, playing-fields and gardens. Every child has a small plot of land which he or she can cultivate and grow flowers according to individual taste but under supervision.

The school block is separate and consists of four class-rooms and a central hall. It is under the direction of a Headmaster, who has four assistant teachers, all non-resident.

A visiting physician usually pays two regular visits each week and oftener if required. There is also a visiting dental surgeon who visits once a quarter and gives the required treatment.

A yearly routine medical examination is carried out by the Senior Assistant School Medical Officer and any special treatment which can be given by the school medical staff is undertaken, e.g., the prescription of spectacles. The advice of the Committee's consultants is also available if required.

The numbers of children provided for by the school during the year are shown in the following table :—

	Manchester Children			Children from other Local Ed. Au.		
	Boys	Girls	Total	Boys	Girls	Total
Number on rolls 1st January, 1947	24	20	44	24	23	47
Admitted during 1947	4	4	8	9	18	27
Discharged during 1947	5	3	8	8	14	22
Number on rolls 31st December, 1947	23	21	44	25	27	52

(3) RESIDENTIAL OPEN-AIR SCHOOLS

Manchester has three residential schools for delicate children, one in Styal, Cheshire, which provides for boys and girls, one in Summerseat, near Bury in Lancashire, and a third at Conway, which is owned by the Health Committee.

It is to be regretted that the school in Styal which accommodates 112 children has had to restrict its admissions owing to our inability to obtain women to assist in the general care of the children when not at school ; in fact, only 50 per cent. of the accommodation has been used during the year. Unfortunately, lack of similar staff has made the organisation of other residential institutions very difficult.

The arrangements for the medical care of the children in these residential schools are similar. There is a visiting medical officer, dental treatment is carried out periodically by members of the school dental staff and the advice of the Committee's consultants is sought when necessary. The annual routine medical inspection of the children is usually undertaken by the Senior Assistant School Medical Officer.

The small tables which follow show the number of children catered for during the year 1947 :—

STYAL RESIDENTIAL SCHOOL

	Boys	Girls	Total
Number of children on roll, 1st January, 1947	54	25	79
Number of children admitted during 1947	78	49	127
Number of children discharged during 1947	89	48	137
Number of children on roll, 31st December, 1947	43	26	69

SUMMERSEAT RESIDENTIAL SCHOOL

	Girls
Number of children on roll, 1st January, 1947	32
Number of children admitted during 1947	65
Number of children discharged during 1947	68
Number of children on roll, 31st December, 1947	29

(4) HOSTEL FOR EDUCATIONALLY SUB-NORMAL CHILDREN

This Hostel which is named Ribble Lodge, came into being as a result of evacuation and was originally situated at Lytham St. Annes on the Fylde coast. It functioned for some two or three years during the course of the war and was part of the scheme for the care of educationally sub-normal children. When the scheme ended, and the normal children had returned to their homes, a small number of sub-normal children who had no suitable homes, were housed in a new Ribble Lodge in Manchester.

The activities of the Hostel are outlined in the report of the Headmistress, which follows :—

During the third year of its existence, Ribble Lodge has continued to aim at providing the children with a home life as near to normal as possible. In contemplating any new venture, the standard of what would be done in the ordinary family is the only one considered. The children have gone to their Sunday School picnics and parties, have joined other residential units at the Circus, Pantomine and

Cinema, as well as going out for various treats in small groups with a teacher. Shopping excursions are very popular, particularly when they have involved new clothes.

The boys have received new clothes and have been taken in groups to choose for themselves. We have been most interested in the good choice made and the consequent care taken of the clothes. Long flannels are most carefully folded and put away, and coloured tweed sports jackets are always hung up. The girls have had new summer frocks, all different in material, colour and style. The print was chosen by the teachers with some care in short lengths, so that the girls had ample choice. The fittings-on and consequent dress parades have been most happy occasions. These children seen in school alongside the others from less fortunate homes prove how tremendously they gain in self-confidence and self-respect where their clothes are pleasing and individual. This goes some long way in counteracting the sense of inferiority from which educationally sub-normal children suffer. The importance of this cannot be over-estimated.

The summer holiday in a hostel at Colwyn Bay proved most enjoyable in perfect weather. The first excitement was in small bedrooms after dormitories. The beach provided interesting play material and the older children enjoyed fishing expeditions. Fireworks in the park, the fair and the woods all added variety. The children all returned brown and healthy and have been noticeably free of illness during the winter.

We acquired some gymnastic apparatus which is most popular. Here the children have been able to repay the Church for its constant interest in them by inviting the Scouts to use their playroom and the apparatus. As a result, several of our boys are now Scouts and helped in the production of a Scouts' Circus and Pantomime, where their performance compared favourably with that of the other normal boys. Our boys also hope to accompany the normal boys on their summer camp at Whitby.

We are fortunate in that a class in a normal school made Ribble Lodge Christmas their project. They produced and renovated dolls, doll's beds, cots and clothes, books, and a large variety of toys and games, so that all the children unable to go home for Christmas had a most exciting time. They have taken good care of these and have provided an instructive study in the therapeutic value of play with interesting material. The type of play of the individual has proved a valuable guide to the degree of backwardness to the teachers concerned. A variety of play material, possessions of their own, as well as communal ones, are indispensable to the children and the best surety for amenable behaviour. Several children who arrived with noticeably spiteful tendencies have mellowed among their own possessions shared with others in a creative activity and the degree of interest in material must not be judged by adult standards.

The children continue to enjoy gardening. The front is a communal effort where everyone joins in weeding, planting and making Ribble Lodge look as attractive as possible. Each child may also have a plot at the back where he may grow what he likes.

The bungalow at Ribble Lodge has now become a combined project for the boys and girls of Cheetham and Gorton Special Schools. While the boys renovate the furniture and finish it to fit in with the various colour schemes in the room, the girls are combining their craftwork in making soft furnishings and the extras which transform a house into a home. At the same time, the housekeeping project is carried on. There is no doubt about the interest of the boys and girls in this practical training.

We have been successful in keeping in close touch with the majority of the parents. In those cases where homes are undesirable or non-existent we are trying to find "Unofficial Aunts" who will take an interest in one individual child and so compensate in some measure for the lack of normal parental interest. Contact of the child with the home is kept up as much as possible at week-ends and in holiday times, so that the gap between the home and hostel is bridged.

Education for the children is provided at Cheetham Day Special School and they are taken from the hostel in a special motor bus and are returned in a similar way after the close of school.

STYAL COTTAGE HOMES

The work here has continued on much the same lines as previously and during 1947 the staffing difficulties did not improve to any appreciable extent. Home Mothers, Assistant Home Mothers and Domestic staff changed frequently, for one reason or another, and replacement continued to be a problem.

The supervision of the health of the children continued to be the responsibility of the School Medical Department although under the immediate direction of the visiting physician. The latter paid on an average four visits a week, mostly of short duration but one for a longer period was devoted to the periodical examination in individual homes.

The sick children were transferred to and treated in the Hospital block and 374 children were in-patients during the year. For minor ailment conditions, of which there were 1,189 treatments, children attended as usual for dressings or other treatment at the Out-Patient Clinic.

The visiting dentist retired on July 4th, 1947, and the dental supervision of the children was undertaken by a dental officer of the School Health Service staff after that date.

In December, 1946, the Consultant Ophthalmologist retired and since that date the supervision of the eyes and the necessary eye work of the children was undertaken by an Assistant School Medical Officer. He examined all cases of defective vision and prescribed new glasses where required.

The number of children immunised against diphtheria was 148.

The following table shows the medical work undertaken by the hospital block nursing staff.

IN PATIENTS				OUT PATIENTS			
Tonsillitis	5	Minor Ear Cases	19				
Miscellaneous (septic wounds,, sickness, etc.)	136	Minor Eye Cases	47				
Impetigo	2	Skin cases	124				
Bronchial asthma	7	Miscellaneous	999				
Influenza colds	36	Total	1,189				
Influenza	9						
Sore throats	41						
Debility	2	Number immunised against diphtheria	148				
Bronchitis	6						
Laryngitis	1						
Enlarged glands	2						
Urticaria	3						
Conjunctivitis	6						
Boils	2						
Injuries	7						
Scalds	2						
Otorrhoea	6						
Rheumatism	2						
Abscesses	2						
Total	277						

INFECTIOUS DISEASES			
Measles	49		
German Measles	1		
Chicken Pox	9		
Mumps	2		
Total	61		

TRANSFERRED TO MONSALL			
Scarlet Fever	7		
Diphtheria	1		
Observation	9		
Measles	1		
Diphtheria Carriers (on Clinical Examination)	18		
Total	36		

TRANSFERRED TO BOOTH HALL			
Fractures			
Appendicitis			
Removal of T. and As.			
Pneumonia			
Observation			
Total	1		

R. HIGGINS, *Superintendent.*

BOOTH HALL SPECIAL SCHOOL—FOR PHYSICALLY HANDICAPPED CHILDREN

In April, 1947, a school was established in Booth Hall Children Hospital to cater for the needs of the patients. The administration of the school was undertaken by the Health Department of the Corporation who appointed a headmaster and two women assistant teachers as the teaching staff.

A vacant hospital ward and the adjacent smaller rooms have been fully equipped to provide suitable school premises for children from two to sixteen years of age. Children who are well enough to get up attend this school in the afternoons and children who are confined to bed, but otherwise fit to receive schooling, are taught individually at the bedside in the mornings. The total number of children on the roll varies between thirty-five and fifty-five.

HOSPITAL TREATMENT

In accordance with arrangements made previously, the Education Committee continued to be financially responsible for the treatment in Booth Hall Hospital of children attending maintained schools. The records of children admitted daily to this hospital were examined in the School Medical Department, and of these 1,461 medical and 1,373 surgical cases were accepted. The following abridged list of conditions and their respective numbers gives some indication of the work undertaken :—

MEDICAL		SURGICAL	
Infectious Diseases	106	Mouth and Salivary Glands ..	44
Rheumatism and Diseases of Nutrition	90	Fauces and Pharynx (T. and A., etc.)	797
Diseases of the Nervous System	195	Intestines	213
Diseases of the Respiratory System	280	Male genital organs	25
Diseases of the Digestive System ..	229	Loco-motory system	83
Diseases of the Skin	172	Joints	17
Diseases of Bones and Joints ..	60	Skin, etc.	89
Violence—Burns and Scalds, etc.	165	Spleen and Lymphatics	14

CONVALESCENT TREATMENT

Since the Education Act of 1944, the Manchester Education Committee has provided free convalescent treatment for those children found to be in need of it as the result of debilitating illnesses. During 1947, the total number of children maintained in convalescent homes was 691. Of these 586 were admitted through the agency of the Health Department of the Corporation and 105 by the Invalid Children's Aid Association. Both agencies have access to a number of beds in some of the same convalescent homes run by voluntary bodies ; for example, The Royal Alexandra, Rhyl ; The Children's, West Kirby ; St. Joseph's, Freshfields ; Swanscoe House and Taxal Edge, Macclesfield.

The majority of the children sent by the Health Department, however, go to Dr. Garrett's Memorial Home, Conway. Part of this institution is run as a special school of some 60 places for delicate children, and so the length of stay of cases may vary from six weeks to six months or more. During the year, there were 356 new cases admitted, although for the greater part of the year it was found necessary to reduce the rate of admissions from 22 to 14 per fortnight. This was due to shortage of staff at the home.

Not all the recommendations for convalescent treatment received by the Health Department come from the School Health Service. Many cases were referred by hospitals such as the Duchess of York, St. Mary's and Booth Hall. Many more were recommended by the Senior Tuberculosis Officer, Child Welfare Medical Officers and private practitioners. In 1947, for various reasons 132 recommendations were cancelled. Particulars of these are as follows :—

Cancelled by parents	48
Cancelled by the School Medical Officer	24
Appointments not kept	60

In spite of the number of cases sent to convalescent homes, there is always a long waiting list, and often some months may elapse before the recommendation and its implementation. The answer is the provision of increased facilities.

X-RAY TREATMENT

The year 1947 was particularly notable in that only 3 cases of Ringworm of the Scalp were discovered and these were treated by the X-ray method of epilation. The significance of this figure can better be appreciated when one remembers that in 1914 there were over 2,700 cases found amongst school children. Certain other conditions amenable to treatment by X-rays, particularly multiple warts on the backs of the hands, were also treated during the year, and the following table indicates by figures the work accomplished :—

1. Number of cases of Ringworm Scalp treated	.. .. .	3
2. Number of cases of other defects treated	.. .. .	55
3. Total number of cases treated by X-rays	.. .. .	58
4. Total number of attendances for <i>all purposes</i> relative to observation and treatment of any defect	.. .. .	584
5. Number of Re-inspections—Ringworm Scalp cases	.. .. .	21
6. Number of Re-inspections—Other cases of any disease	.. .. .	305
7. Number of new cases of Ringworm Scalp	.. .. .	3
8. Number of new cases of other diseases	.. .. .	57
9. Number of cases of Ringworm Scalp discharged	.. .. .	3
10. Number of cases of other diseases discharged	.. .. .	55

TUBERCULOSIS

As in previous years, all children examined either in schools or clinics and considered to be possible cases of tuberculous infection were referred to the Central Tuberculosis Clinic. In every case complete report sometimes more than one—was received from the Senior Tuberculosis Officer, to whom the School Health Service is indebted for his co-operation and helpful advice in the diagnosis and treatment of these children. The findings of miniature X-ray films and Mantoux tests were very often included in the reports.

During the year approximately 800 children between the ages of 5 and 14 years attended the Clinic, very many of them having been referred by the School Medical Officer. The number of children in the same age groups notified as suffering from tuberculosis was 101.

INFECTIOUS DISEASES

In accordance with previous practice, a watchful eye has been maintained during the year on notifiable and other infectious conditions occurring in school children. No very definite epidemic occurred in any district, but minor outbreaks in schools were investigated. The Assistant School Medical Officer concerned paid some 400 visits to schools and examined 1,887 pupils. The prevalence of most infectious fevers followed lines similar to previous years, with the

exception of infantile paralysis. The following table gives the figures of notified cases, both from weekly returns from Principal Teachers, and of notified cases of all ages from the Health Department of the Corporation, with which close liaison has been maintained as hitherto :

<i>Disease</i>	<i>School Returns</i>	<i>Health Department</i>
Measles	4,665	9,008
Whooping Cough	1,270	2,308
Scarlet Fever	697	937
Diphtheria	120	80 (confirmed)
Chicken Pox	1,784	
Cerebral Spinal Fever	3	23
Poliomyelitis	—	169

The year under review was noticeable in the reduction of cases of diphtheria, and the unprecedented epidemic of infantile paralysis which commenced towards the end of July. There were 123 confirmed cases after that date, although a number of cases had been notified, some confirmed, prior to the outbreak itself. Of the 169 true cases diagnosed, 112 fell in the school age range of 5-15 years, but with the exception of the exclusion of cases and contacts, no special measures in school were considered necessary. Furthermore, no noticeable increase in the prevalence, as was feared possible, resulted from the re-opening of schools after the summer holidays. One of the most unfortunate side effects of the epidemic was the necessary stoppage of throat operations, which are thought to increase the risk and danger of infection.

MOBILE SHOWER UNIT

During a number of the war years, Messrs. Lever Brothers, of Port Sunlight, loaned to the Medical Department a mobile shower unit. This was taken weekly to certain schools, and provided warm showers, with soap and towels, for children living mainly in the poorer areas of the City, where many homes are without baths. Soon after the cessation of hostilities, however, Messrs. Lever Brothers had to withdraw the unit, together with others in various parts of the country, for service on behalf of the Government in the occupied areas of the Continent. The loss to these Manchester pupils was so great that the Education Committee felt the unit should be replaced by them. Messrs. Lever Brothers were therefore consulted, and not only did they offer their assistance, but they agreed that if the Committee would provide a suitable motor chassis they would equip it with the necessary water heating apparatus and provide also the collapsible cubicles.

Three female attendants, all competent to drive the unit, were appointed early in the year and sent to Port Sunlight, where they received a course of instruction in the working and maintenance of the whole outfit. Owing to certain difficulties of supply, the shower unit was not ready for service until June, so during part of the waiting period the attendants were given other duties. The service was again suspended during the summer vacation and in November owing to the

general water shortage. During the time the unit operated, an average of 450 children attended weekly, and from the middle of June until the end of the year 7,429 children, 3,756 boys and 3,673 girls passed through the showers. The unit is doing a grand service which is much enjoyed by the children taking part, even during the periods of cold weather.

AFTER CARE OF HANDICAPPED PUPILS

The supervision of children leaving special schools in the past was restricted mainly to two categories, the educationally sub-normal and the physically disabled. In the former, this was undertaken by arrangement with a voluntary organisation, namely, the South-East Lancashire Association for Mental Welfare, which employed a social worker specifically for the purpose. The interests of the latter group were undertaken by their own joint efforts in an Old Scholars' Association promoted and assisted by the principal teacher who for many years was head of the Day Special School for Cripples. Up to the time of evacuation this school had attached to it the main Orthopaedic School Clinic. This Association still flourishes and has been mainly responsible for the after care of the leavers from the school.

The Education Committee's Administrative Staff concerned with handicapped pupils and special schools came to the conclusion however, that the scope of after care of these special school leavers should be widened to cover the needs of all children for whom no other arrangements were in operation. Accordingly, an Inter-Departmental Staff Committee was set up under the chairmanship of the Chief Medical Officer, and including amongst its members such officers as the Special School Inspector and teachers, Welfare and School Attendance Officers and the principal of the Juvenile Employment Bureau.

Meetings are held every two or three months when the detailed reports on the leavers are considered. The work of supervising these pupils and preparation of the reports is the responsibility of the School Attendance Department and the Senior Officer has written the following short statement on the work :—

AFTER CARE OF PUPILS FROM SPECIAL SCHOOLS

It is pleasing to be able to report that during the year under review no less than 1,400 visits to homes have been made by the Welfare Officers charged with the supervision and care of special school leavers.

The Officer's first visit to the pupil's home is usually devoted to establishing friendly relations with the parents and securing their good will and co-operation. On subsequent visits, however, the Officer always endeavours, through personal contact with the leaver, to obtain his or her confidence. They are persuaded, in these informal talks, to exert themselves and are made to feel that all the steps taken are in their interests and intended to help.

In order to discharge their duties effectively and adequately, it

necessary for the officers to know the various social, religious and public organisations available in the district for young persons.

Employment best suited to their individual capacities is found, with few exceptions, by the Juvenile Employment Bureau.

No cases of juvenile delinquency occurred during the period under review.

It may be of special interest to make reference to the special evening class for boys with minimum attainments in the three R's, which was inaugurated at the request of the Welfare Visitors, at Ducie Avenue School, in September, 1947. This class has been attended with great enthusiasm and personal sacrifice of spare time by the boys, and it is encouraging to report that the enrolment for the 1948 session has already exceeded all expectations. It should be stated that the great majority of the boys realised the immense value of the class and appreciated the work and attended regularly. The parents also have spoken very appreciatively of the value of the class, and were very pleased that provision had been made for their children to continue their general education.

It is hoped, in the near future, to arrange for an additional class on the north side of the city.

In conclusion, it must be reiterated that after-care work is, to a great extent, what the visitor makes it, and it is felt by the Committee that special thanks are due to the officers for their sympathetic interest and ungrudging services in the preparation of records and statistics.

MEDICAL EDUCATION

DIPLOMA IN PUBLIC HEALTH

University students were afforded, as during the previous year, facilities to study the routine work of the School Health Service. In co-operation with the Health Department of the Corporation, and on behalf of the University, medical practitioners taking the course for the public health diploma have spent six weeks in the medical department and other branches of the Education Committee's special service. During this period they observed and undertook routine medical examinations in schools and the different types of work in the school clinics. They also visited the special day and residential schools and saw something of both the medical and educational aspects of these institutions. They were thus able to learn how these are integrated and to appreciate how necessary in the interests of handicapped pupils is the team work of teachers, doctors, dentists and nurses. The staff concerned are only too pleased to give every assistance to these students, knowing that some may find the work so interesting as to encourage them to enter the service.

During 1947 there were eight students, two less than the previous year, taking the six weeks' course in the final of the diploma. The number was, however, too large to allow all to visit together either the schools or clinics and other arrangements were made enabling students to work in pairs. This was found to be advantageous to the students, teachers and pupils alike.

HEALTH VISITORS' CERTIFICATE COURSE

All students studying for the Health Visitors' Certificate are attached to the "School Health Service" for one month's practical training. On arrival, students attend an introductory talk, given by the Superintendent of School Nurses, concerning the various duties in which School Nurses are expected to be proficient.

The duties comprise visits to schools in connection with medical and general inspections, visits to Nursery Schools, attendance at school clinics including the Audiometer and Ear, Nose and Throat Clinics, attendance at the Juvenile Court and the Central Office.

DISTRICT DUTIES

These are carried out in the company of a School Nurse, and the training lasts for two weeks, during which time opportunities are afforded to observe :—

(a) *School General Inspections* for the purpose of discovering and reporting cases of defective vision and hearing, under-nourishment, inadequate clothing and footwear, infectious diseases and general uncleanliness.

(b) *Medical Inspections*, with the Doctor and the School Nurse in schools.

(c) *Home Visits* necessitated in consequence of reports received from medical and general inspections. Their purpose is to provide opportunities for advising parents as to treatment of children before and after operations for Tonsils and Adenoids, for the exercise of general supervision, and to ensure that prescribed treatment is being carried out.

CLINIC DUTIES

General Clinics.—Each student is attached to a School Clinic for two weeks. During this time she learns the procedure adopted for the treatment of minor conditions.

Skin Diseases.—Impetigo, scabies, etc.

Eye Diseases.—Blepharitis, conjunctivitis, styes, etc.

Aural Defects.—Otorrhoea, ear-ache, and excessive wax.

She is also instructed in the treatment of minor injuries such as cuts, bruises, scalds and slight injuries sustained in school accidents.

The Audiometer Clinic.—All students attend here to observe tests for deafness with the "Pure-Tone" Audiometer and tests carried out by the School Nurse with the gramophone Audiometer.

Ear, Nose and Throat Clinic.—Students attend for the purpose of observing the selection by the specialist of cases requiring operations and also diastolisation treatment.

OFFICE ROUTINE

Students are made conversant with the methods of reporting and recording all cases requiring treatment, and the action to be taken in consequence of such reports.

ATTENDANCE AT JUVENILE COURTS

Opportunity is provided for the student to attend the hearing of cases of prosecution for persistent uncleanness.

PSYCHIATRIC SOCIAL WORKERS

In October, 1947, a training course for these social workers was inaugurated at the Manchester University. It was appreciated that there was a great shortage of such staff, particularly in the provinces, and a regional course was considered more likely to attract local students. In co-operation with the University, the facilities of the Child Guidance Clinic were made available and the whole staff take part in the theoretical and practical instruction. Six students enrolled for the course and their presence in the clinic naturally increased to some extent the work and the responsibility of the clinic staff.

PSYCHIATRISTS

The facilities of the Child Guidance Clinic have also been made available for training specialists of psychiatric medicine in child psychiatry. This was done at the request of the National Association for Mental Health which has recognised the Manchester Clinic as a training centre for psychiatric fellows. The course lasts for a period of some six months and the fees are payable to the Education Committee.

MISCELLANEOUS

A number of other lectures were given by members of the staff of the School Health Service in courses conducted by the Education Committee. One Assistant School Medical Officer assisted in the preparation of the syllabus and, together with one of the school nurses, was responsible for the lectures and demonstrations on medical subjects in the training courses for Wardens and Nursery Assistants.

Another Medical Officer has given a few talks in the Adult Education Institute Courses, while yet another has undertaken the lectures on anatomy and physiology to first aid classes of High School girls.

MISCELLANEOUS MEDICAL EXAMINATIONS

EMPLOYMENT OF CHILDREN

The total number of children medically examined for part-time employment was 1,354 of whom 1,212 wished to deliver papers and the remainder were child entertainers in pantomimes. Of the total examined, only three were rejected on medical grounds as unfit. Many minor defects were found, however, and for this reason, if for no other, the medical inspections are valuable. Children found to have any defect whatsoever are given only a probationary certificate which means that they must obtain treatment and attend for re-examination if they do not wish their licence to be withdrawn.

The following is a list of some of the different defects found to require treatment and the number of children in each category :—

Skin Diseases	..	..	..	..	..	44
Defective Eyesight	..	..	..	..	..	56
Ear Defects	..	..	..	..	..	18
Nose and Throat Conditions	..	..	..	..	..	14
Cardiac and Circulatory	..	..	..	..	..	11
Bronchitis	..	..	..	..	..	7

SCHOLARSHIP STUDENTS

Forty-seven children were examined during the year prior to taking up Major Scholarships at the University.

EMERGENCY RECRUITMENT AND TRAINING OF TEACHERS SCHEME

The medical examination of applicants under the above scheme continued throughout the year on a slightly reduced scale. Some of the applicants had recently been demobilised from the Services and records of their medical examinations immediately before discharge were considered adequate. Altogether, 775 persons were examined—134 less than the previous year.

OTHER SPECIAL MEDICAL EXAMINATIONS

During the year, many special examinations were undertaken including the following :—

Canteen Staff. Many assistants to canteens were appointed temporarily without a medical examination during the war and, in 1947, all these were examined before being given permanent appointments	..	..	..	..	..	265
Teachers, newly appointed	..	..	..	..	..	196
Students, entrants and leavers, College of Domestic Economy	..	..	..	..	..	64
New appointments to staff (other than teachers)	..	..	..	..	..	189
Nursery Assistants	..	..	..	..	..	181
Teachers, after prolonged illness	..	..	..	..	..	96
Disabled persons (receiving further education)	..	..	..	..	..	99
Total number of adults examined	..	..	..	..	..	<u>1,090</u>

SCHOOL MEALS SERVICE

The following is a copy of a return made to the Ministry of Education regarding the School Meals Services :—

Form 214M.
MINISTRY OF EDUCATION
SCHOOLS MEALS SERVICE
(Primary and Secondary Schools, excluding
Special and Direct Grant Grammar Schools)

LOCAL EDUCATION AUTHORITY, Manchester. Return for a day in October 1947.

NOTE.—For instructions, see below.

1. Number of Pupils present in school on the day selected for the return (including children attending schools where no provision is made).

	Day	Pupils	Boarders	Total
A. In Primary Schools (excluding Nursery Schools)	66,446	—	66,446
B. In Secondary Schools	18,229	—	18,229
Total A and B	<u>84,675</u>	<u>—</u>	<u>84,675</u>
C. In Nursery Schools	209	—	209

2. N.B. Special School and Direct Grant Schools are excluded from this return	No. of Pupils taking meals (day pupils only)		No. of Pupils taking milk (day pupils and boarders)	
	(1) Breakfast	(2) Dinner	(3) Tea	(4) Total
A. PRIMARY SCHOOLS (excluding Nursery Schools) :				
(i) Free	—	5,600	—	64,100
(ii) Payment (including part payment)	147	23,206	332	—
(iii) Total	147	28,806	332	64,100
B. SECONDARY SCHOOLS :				
(i) Free	—	1,023	—	15,167
(ii) Payment (including part payment)	—	8,192	—	—
C. TOTAL PRIMARY AND SECONDARY SCHOOLS (Total of A (iii) and B (iii)) ..	147	38,021	332	79,267
D. NURSERY SCHOOLS	—	209	—	209

Number of days per week on which meals and milk are provided.

Meals : Term time 5 days per week. Milk : Term time 5 days per week.
Holidays 5 days per week. Holidays (see note (a)) days per week.

Number of full-time students in former Junior Technical Schools which are not Secondary Schools who are provided with meals free or on payment NIL.

Number of pupils absent on account of sickness (and therefore not included elsewhere in this Return) to whom milk was supplied from the School on the day of the Return. An estimated number may be given 879

Remarks Note (a) Milk was served on five days per week at seven schools which remained open for children of working mothers during the last holiday.

Signature of Authorised Officer : J. K. ELLIOT.

Date : 5th November, 1947

INSTRUCTIONS

- (i) In columns 1-3 of head 2 of this return, the figures required are the number of meals consumed, and in column 4, the number of children who received milk on a single day in October. A suitable day when school attendance is normal should be selected locally. It is unnecessary that the same day should be chosen for all schools in the area.
- (i) The figures for milk under head 2 should include all provision under the Milk in Schools Scheme, and exclude liquid, dried, condensed and other milk provided otherwise than under the Scheme (figures of which should be given separately in brackets under the appropriate heading).
- (i) The figures for primary schools under heads 1 and 2 should include nursery classes which are part of primary schools, and

exclude nursery schools, separate figures of which should be given. Separate figures should be given under head 4 of former Junior Technical Schools which are not Secondary Schools. A separate return is being obtained from all Direct Grant Grammar Schools. Figures should not be given for Special Schools on this return.

CITY OF MANCHESTER EDUCATION COMMITTEE

Report of the Organiser of Physical Education for the year ended 31st December, 1947.

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3. Manchester Primary Gymnasium.
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12. Play Leaders in the Parks.
13. Teachers' Physical Training Association.
14. Manchester Schools Athletic Federation.
 - (a) Sports.
 - (b) Football.
 - (c) Netball.
 - (d) Schools Folk Dance Festival.
 - (e) Cricket.
 - (f) Swimming.

INTRODUCTION

During the year under review much work of a constructive nature has been done. From the Organisers' point of view the most encouraging is the resumption of training courses for teachers, which, unfortunately, had to be abandoned during the war period.

In the schools, stress on posture and footwork has been continued. The problem of providing adequate supplies of plimsolls is gradually being solved by the regular allocation now being made. Many schools have now been supplied with plimsolls. Some schools have been supplied with gymnastic clothing. The issue of plimsolls and clothing brings with it the problem of storage.

During the next twelve months it is hoped to supply hygienic storage cabinets to a number of schools.

There is an ever-growing need for a large centrally placed and well-equipped building, which could be used for training teachers during the day and where leaders can be trained to take charge of the work in clubs and centres. Many of the men and women who have returned from the Forces, where they have been accustomed to an active life, would welcome a place where they could find facilities for their own physical activities as well as further training in their own teaching work. Many men and women engaged in industry or commerce would welcome a chance of attending classes in a well-equipped gymnasium. The basement gymnasium at Lower Mosley Street is too small, dark and badly ventilated to make it attractive.

During the year there has been a considerable increase in the number of buses used to convey children to and from swimming baths and playing fields. As a result many more children are getting the benefit of playing games in open spaces on the outskirts of the City, and swimming activities are returning to schools that have previously been too distant from the available swimming baths.

There are now two playing fields equipped with pavilions and showering facilities.

The six groundsmen appointed are doing sound work and the fields under their care are already showing the result of their labours.

The organising staff is unfortunately depleted at a time when much additional work is needed.

This shortage of staff is serious at a time when supervision of the work and more training courses are specially needed.

PHYSICAL EDUCATION IN THE SCHOOLS

Physical Education during the war years received a severe set-back, due mainly to shortage of staff and lack of material. The work is still not up to the standard desired in some schools but, generally speaking, is improving. By the continual visits to schools by the Organisers and the attendance of teachers at courses every effort is being made to gain ground lost during the war period.

Refresher courses for the further training of teachers have been resumed this year. The aims of the courses are to enable the teachers to keep in close touch with the latest developments of the subject and to give opportunity for personal practice in the various activities to improve the standard of teaching.

Three training courses have been held in Manchester during the year as follows :—

<i>Duration</i>	<i>Type of Course</i>	<i>Number Attending</i>	<i>For whom held</i>
15 hours	English Folk Dance	36	Women Teachers
60 hours	Modern Educational Dance	20	Women and Men
72 hours	Physical Training	36	Men

The men who attended the courses were mainly from Emergency Training Colleges. They have already proved the value of these training courses by their improved standard of work in the schools.

MANCHESTER PRIMARY GYMNASIUM

In the last annual report it was stated that three Manchester Primary Gymnasias had been supplied to schools. Research has continued and improvements have been made. The apparatus is serving a very useful purpose in those schools to which it has been supplied and there has been a noticeable improvement in the posture of the children. In the schools using the apparatus, the whole scope of the work has altered and the response of the children and their whole outlook in gymnastic work has changed. There seems no doubt that the provision of such apparatus will make a valuable contribution to gymnastic work throughout the schools.

Visitors from various parts of the country have been to see the equipment in use and have come from districts as widely separated as Bristol and Carlisle ; several other authorities have purchased sets of apparatus.

Demonstrations have been given to Organisers from various areas. Twenty-five Organisers and Inspectors saw a demonstration at the Barlow Hall School. Forty Training College Lecturers and Organisers attended a demonstration at Bank Meadow. Thirty Teachers and Organisers from Cheshire watched a demonstration at Wheler Street.

Two lecture demonstrations were given by the Committee's Organisers to audiences of members of the Educational Development Association.

DANCING IN THE PARKS

Children from Manchester schools this year gave displays of Massed Dancing in four of the City's parks as follows :—

<i>Park</i>	<i>No. of School Departments</i>	<i>No. of Children taking part</i>
Platt Fields	20	868
Debdale Park	14	544
Boggart Hole Clough	18	454
Wythenshawe Park	13	712
Totals	65	2,578

Each child was suitably attired in costume. The arrangement of the different dances and the excellent performance by the children together with the colourful dresses made a spectacle, which was much appreciated by the large audiences of parents and general public. Credit is due to the teachers, assistant organisers for their training of the children, and the parents for their co-operation.

Each child taking part was given light refreshment.

Thanks are due to the Director of Parks and his staff for the excellent ground arrangements, and to the Transport Department for their help.

GYMNASTIC CLUBS

The Gymnastic clubs are allied to the training courses for teachers and are of value where youth clubs are concerned. The clubs were started in 1941, when a small group of girls, leaving school, were encouraged to join a class. This was held once a week under the guidance of an assistant organiser of physical education, in order to continue the gymnastic training given in the senior schools. There are now three such clubs, one of which has sub-divided into senior and junior sections. One girl, who joined the original club, has trained as a teacher, gained an advanced certificate and now is specialising in one of the secondary schools in Manchester.

GYMNASIA

Efforts to make partial improvements in the facilities to extend the scope of the work for older children has resulted in the provision of climbing apparatus in two schools. Mats, too, have been supplied, but the problem of keeping them repaired has become increasingly difficult. It has been the practice in the past to send them to Henshaw's Institute for repairs, but they cannot undertake further repairs for two years. It is suggested that a partially disabled ex-serviceman with the necessary ability might be appointed to visit schools and repair the mats on the premises.

In general the supply of equipment is improving slowly, but the supply of footballs is inadequate. It is impossible to keep the schools fully supplied, and in some cases two schools are having to share a ball.

In order to give some idea of the increases in prices, a vaulting box which cost £4 19s. 6d. in 1938 now costs more than £20.

SWIMMING AND LIFE SAVING

Swimming continues to be a popular and important section of the physical education scheme.

Eleven Corporation swimming baths were used for instructional purposes during the year. The Committee's bath at Styal Cottage Homes was in use each week during the period May to October. Swimming instruction was given by two swimming teachers on three evenings per week.

The scheme of transporting 300 children from four of the Wythenhawe schools to the nearest bath available to them continued during the year. They were given instruction by the specialist swimming staff. In all, some 1,570 children from 26 schools in various parts of the City have been able to have swimming instruction through the provision of transport. Further facilities will be available for children in South Manchester, when the Withington Bath reopens on the 1st May, 1948, after a closure of 10 years.

SWIMMING—STATISTICS

During the year 285,347 visits were paid by Manchester school children for instruction in swimming, and 27,400 children were given instruction in land drill.

The Annual Tests were held in July when the following awards were gained :—

Boys				Girls			
25 yards	..	..	2,156	25 yards	..	..	1,184
100 yards	..	..	381	50 yards	..	..	225
200 yards	..	..	533	100 yards	..	..	286
500 yards	..	..	677	200 yards	..	..	410
Medallion of Merit	..	..	42	Medallion of Merit	..	..	27
<hr/>				<hr/>			
3,789				2,132			
<hr/>				<hr/>			
Total Awards				.. 5,921			

Awards in the Royal Life Saving Society's Examinations :—

	Boys		Girls	
Elementary Certificate	182	45
Intermediate	177	45
Bronze Medallion	144	25
Bar to Medallion	4	8
Instructors' Certificates	2	4
<hr/>			<hr/>	
Total awards			.. 636	

Instruction in swimming was given to the students of the Didsbury Training College who paid 1,142 visits to the Victoria Baths and were instructed by a member of the Committee's swimming staff. Some students took the Royal Life Saving Society's examinations and gained the following awards:—

Elementary Certificates	..	..	..	15
Intermediate Certificates	..	..	..	16
Bronze Medallion	..	..	..	16
Instructor's Certificate	..	..	..	1
<hr/>				
Total awards				
.. 48				
<hr/>				

HUNDRED OF SALFORD COMPETITIONS

The Hundred of Salford Competitions were held on the 17th and 18th of November when 62 boys and 33 girls from Manchester schools took part. The standard was higher than it has been since 1933. Sixteen boys and eight girls were successful and were awarded the Society's badge.

ORGANISED GAMES AND PLAYING FIELDS

Groundsmen have been appointed to several of the playing fields and much work has been done to improve the fields under their care. The pitches were in a very bad state owing to lack of attention and the removal of the railings.

The damage reported at the Minehead Avenue field on previous occasions has been arrested since the groundsmen took up duty, and the field is in a much improved condition. The Chorlton High School

field has also improved. The Harpurhey High School field is still in a poor state, and the hockey pitch which was used as a balloon barrage site during the war is still out of action. As a result the girls are not getting the games they need.

There is an urgent need for mowing machines and general implements for use on the grounds together with fertilisers to feed the impoverished turf.

During the year, 136 school departments took organised games on the playing fields, parks or crofts during school hours.

There is a shortage of playing space in the City. Many schools in the North are deprived of games on open spaces. Heaton Park, which was so valuable before the war, could help to solve many problems of the schools.

TRANSPORT

Each week 2,106 children from 24 school departments have been taken by bus to the playing fields ; 13 of the departments were from very difficult districts where the children have little or no chance of playing on grass in the open air. The children from St. Mark's School, Holland Street, Miles Platting, are taken each week to the Chorlton High School playing fields where the pitches are good. These children are now enjoying the benefits of a weekly period of games under ideal conditions. Before leaving the field each child has a hot bath. The Headmaster of the School wrote the following letter to the Organiser a few weeks after the scheme was started :—

“ Neither you nor I can really appreciate what it means for these children to be transported from their playing area adjoining the chemical works, overshadowed by the gas works, to spacious fields and first-class dressing accommodation.”

PHYSICAL EDUCATION RALLY

The sixth Annual Rally for Girls was held in the Town Hall on March 26th when 120 girls from 15 clubs enjoyed a varied programme of vaulting, agilities, recreative physical training and National Dancing.

BOXING

Boxing continues to take an important place in the evening activities ; during the year 227 boys from various clubs took part in four area tournaments leading up to the finals which were held at Belle Vue. Altogether there were 158 contests and £52 was sent to “ Aid to China ” fund.

GIRLS' GAMES

The girls have had a successful season. Netball, Rounders and Tennis Rallies have been arranged and the number of girls taking part in these various activities is steadily increasing.

PLAY LEADERS IN THE PARKS—SUMMER HOLIDAY, 1947

The provision of play leaders and apparatus for games and transport to the parks proved so beneficial when it was introduced two years ago,

that it was decided to repeat the facilities during the long summer holiday last year. With the excellent weather conditions it certainly proved a boon to the children who would otherwise have been condemned to play in the hot, stuffy streets instead of enjoying the clear sunshine, cooler air and grass afforded by the parks.

Transport was provided at two centres, Cavendish and George Leigh Street schools at 9-45 a.m. and 1-45 p.m. each day to take children to the parks and at 11-45 a.m. and 3-45 p.m., to return them to their mid-day dinner and their homes. School attendance officers accompanied each bus to ensure safe travelling.

Play Leaders were appointed to each of the parks chosen, Platt Fields and Debdale Park. Their work was to help the children in their activities, to supervise those who wished to be free to follow their own pursuits, and to organise games when these were desired. Suitable apparatus was available in the parks.

Members of the physical education staff also paid daily visits to each of the parks to help the play leaders and to give advice and to observe the types of activities desired by the various children.

The scheme was an unqualified success and some 11,703 children took advantage of the opportunities afforded.

MEN TEACHERS' PHYSICAL TRAINING ASSOCIATION

Report by Secretary—E. L. THOMAS

The Association commenced its 20th season in September, 1946, and up to the end of the season in April, 1947, 25 meetings were held in the Y.M.C.A. gymnasium. The membership has steadily increased with 56 men attending. The pre-war practice of inviting Organisers from other authorities to visit us has been extended and the members appreciate to the full this unique opportunity of observing and making use of the technique of some of the finest teachers of Physical Education in the country. The ultimate effect of this on the class and individual child is obvious. The Association continues to extend its activities and is flourishing more than ever before.

WOMEN TEACHERS' PHYSICAL TRAINING ASSOCIATION

Report by Secretary—Miss B. MANN

The Women Teachers' Association has met each Wednesday evening at the Central High School from September to March. During the season there has been a full, varied and interesting programme including gymnastics, dancing, recreative physical training, swimming and land drill. Apart from the meetings on Wednesday evenings the Association have Hockey, Tennis, Rounders and Netball clubs.

It has been a pleasure to have so many new members this year and the Committee welcome teachers straight from college who can glean much valuable knowledge to use in their Physical Training lessons as well as improve their own performance.

MANCHESTER SCHOOLS' ATHLETIC FEDERATION

ATHLETIC SECTION

Report by Secretary—Mr. H. FOWLER

The 49th Annual Sports were held at Belle Vue on Wednesday, July 16th, 1947. Approximately 6,000 children entered for the individual events and 200 teams for the team events. In spite of very unsuitable weather the sports were once again carried through to a successful conclusion.

The Sixth Annual Championship Sports were held at the Manchester Athletic Club Ground on Saturday, May 3rd, 1947. Thirty-six schools sent full representative teams.

From the winners at these sports a combined team of boys and girls was selected to represent Manchester in the Lancashire Schools Sports which were held at Warrington. Twenty of these competitors were selected to represent their County in the English Sports held at Hull on Saturday, July 19th, 1947.

FOOTBALL SECTION

Report by Secretary—Mr. J. H. DAVIES

Season 1947-48 has been a record in the history of the Schools' Football Association, for nearly 140 schools have affiliated. Over 10,000 boys were provided with organised competitive football, under the voluntary supervision of 200 masters.

The organisation is the largest of its kind in the country and its programme compares most favourably with any in the kingdom. Its members are keen and the standards of sportsmanship and play are in keeping with the high traditions; the motives are honest and the scheme is carried out enthusiastically with the sound purpose of the welfare of the boys constantly in mind. This season, for the first time, a new award has been put up for competition, "The Wilfred Hayes Memorial Shield," which is the Association's premier award. Our urgent need is for the provision of additional playing fields as well as improvement in the condition of some of those now available to us. Expansion of playing fields is perhaps remote but improvement of existing pitches will help considerably in the successful completion of our future developments.

During Easter, 1948, the boys' team is making a London Tour, playing against West Ham and Hendon Boys. Invitations have also been received from other London Associations. Next season the Manchester Association will celebrate its Diamond Jubilee and plans for the marking of this great occasion are now in hand.

NETBALL SECTION

Report by Mrs. A. WATLING

The winter of 1946-47 was so severe that much of the programme had to be cancelled.

The finals were postponed until after the Easter holiday when the senior trophy was won by St. Joseph's, the intermediate by Spurley Hey, and the junior by Sharston.

Twenty schools have entered the Junior Section (under 12), thirty-four the Intermediate (under 14) and seven the Central Schools Competition.

The Lancashire Competition is once more fully established, twenty towns having entered the League which is divided into four areas to facilitate travelling.

Schools have been fully equipped as far as balls, posts and courts are concerned. There is, however, difficulty in supplying uniforms owing to the lack of coupons.

MANCHESTER SCHOOLS FOLK DANCE FESTIVAL

Report by Secretary—Miss G. E. M. STEVENS

The winter of 1947 was a memorable one, and at one point the Secretary wondered if a Festival would be possible. It is therefore remarkable to note that not one team cancelled. Eleven Junior Teams danced, and eleven Senior, and we were delighted to welcome back to our ranks an all boys' team who gave us sword dancing once again. It was very gratifying, too, to note that only two of the Junior Teams were not mixed teams. One recalls in the early days of our Festivals appeals being made for boy dancers.

In November, 1947, we revived the holding of an afternoon of dance this year on an area basis. St. Mary's Road Central, Yew Tree Central and Greenheys Primary schools were used as centres and as a result 535 children had a happy afternoon of dancing ; 385 were junior and 150 senior children.

CRICKET SECTION

Secretary—Mr. A. UNDERWOOD

Last season we had 116 teams competing in the Junior, Intermediate Main and Senior Competitions. The standard of play generally showed an improvement over the previous season. The better the wicket the better the play. We would urge the Parks Committee to raise the standard of the cricket pitches in the Manchester parks.

The Junior Trophy was won by Old Moat Junior, the Main Trophy by Wheler Street Senior, and the Senior Trophy by Didsbury Central.

Two boys from the City Team were selected to represent the Lancashire County in their matches against Yorkshire and London.

There was an increased interest shown by the general public and summing up, we can say that the season 1947 was a successful and enjoyable one.

SWIMMING SECTION

Report by Secretary—Mr. G. H. WILLIAMS

The 1947 season had an unfortunate start in that it was the first season after a lapse due to the war. Not all the baths were open and

the resignation of Mr. Tonks necessitated the election of a new Secretary.

Despite these difficulties the year's work showed a surprising amount achieved.

The Annual Gala was again held at the Victoria Baths, and the large number of entries was gratifying. The Manchester Teachers' Association resumed the issue of the Wyatt Certificate.

Worthy of note are the cordiality of our relations with the Baths Committee and the apparently inexhaustible reservoir of assistance on which, by the courtesy of the new General Superintendent, Mr. F. R. Botham, we are able to draw.

I should like to take this opportunity of expressing my sincere thanks to my predecessor, Mr. J. Tonks, and to Mr. Wilcock for assistance and support invaluable to one taking over the Secretaryship.

SUMMARY

The following is a summary of work undertaken by the School Health Services during the year 1947 :—

SUMMARY OF WORK DONE DURING YEAR 1947

Routine " Medical Inspections in Schools	.. .. .	24,869
Special " Inspections (Schools and Clinics)	.. .. .	51,048
Re-inspections " (Schools and Clinics)	.. .. .	80,077
Dental Inspections—Routine and Special	.. .. .	45,491
Dental Treatment—Number treated	.. .. .	20,050
Attendances at School Clinics	.. .. .	363,432
Uncleanliness Inspections by Nurse in Schools	.. .. .	407,067
Inspections in Schools by Nurses—Conditions other than uncleanliness	.. .. .	21,505
Home Visits by School Nurses	.. .. .	4,908
Medical Inspections in Schools re Infectious Diseases	.. .. .	1,887
Surgical Operations for removal of Adenoids and Enlarged Tonsils at Booth Hall Municipal Hospital	.. .. .	656
Cleansing Notices Issued (Sect. 54 (2) Education Act, 1944)	.. .. .	965
Scalps Cleansed Compulsorily (Sect. 54 (3) Education Act, 1944)	.. .. .	237
Scalps Treated by X-rays for Diseases of Skin or Scalp	.. .. .	58
Scalps Examined (Educationally Subnormal)	.. .. .	1,100
Scalps Examined as to suitability for admission to Residential Schools	.. .. .	898
Minor Ailments Treated (excluding uncleanliness)	.. .. .	39,171

2nd April, 1948.

MEDICAL INSPECTION RETURNS
 Year Ended 31st December, 1947
 Local Education Authority—Manchester

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED, PRIMARY AND SECONDARY SCHOOLS

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Entrants	9,598
Second Age Group	7,235
Third Age Group	5,060
Total	21,893

Number of other Periodic Inspections 2,976

Grand Total 24,869

B. OTHER INSPECTIONS.

Number of Special Inspections 51,048

Number of Re-Inspections 80,077

Total 131,125

C. PUPILS FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTIONS TO REQUIRE TREATMENT (excluding Dental Diseases and Infestation with Vermin).

Group	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Table IIA</i>	<i>Total Individual Pupils</i>
(1)	(2)	(3)	(4)
Entrants	124	2,740	2,596
Second Age Group	735	1,450	2,018
Third Age Group	572	823	1,217
Total (prescribed groups)	1,431	5,013	5,831
Other Periodic Inspections	81	723	694
Grand Total	1,512	5,736	6,525

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1947.

Defect Code No.	Defect or Disease	PERIODICAL INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
		(2)	(3)	(4)	(5)
4	Skin	719	—	9,028	—
5	Eyes :				
	(a) Vision ..	1512	546	4,478	5,372
	(b) Squint ..	764	—	2,577	—
	(c) Other ..	266	—	3,337	—
6	Ears :				
	(a) Hearing ..	178	—	73	—
	(b) Otitis Media ..	296	—	1,133	—
	(c) Other ..	233	—	2,336	—
7	Nose or Throat ..	1,462	1,157	3,675	28
8	Speech	63	128	23	4
9	Cervical Glands ..	72	106	127	5
10	Heart and Circulation	338	327	249	17
11	Lungs	535	297	293	22
12	Development :				
	(a) Hernia ..	15	4	3	—
	(b) Other ..	9	8	1	—
13	Orthopaedic :				
	(a) Posture ..	106	85	96	2
	(b) Flat Foot ..	418	193	137	3
	(c) Other ..	147	93	417	1
14	Nervous System :				
	(a) Epilepsy ..	28	—	163	—
	(b) Other ..	60	76	80	2
15	Psychological :				
	(a) Development ..	23	15	556	212
	(b) Stability ..	12	19	183	2
16	Other	760	317	22,546	48

CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	No. of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)	(7)	(8)
Infants	9,598	1,489	15.51	7,655	79.76	454	4.73
Second Age Group ..	7,235	1,033	14.28	5,825	80.51	377	5.21
Third Age Group ..	5,060	1,141	22.55	3,737	73.85	182	3.6
Over Periodic Inspections ..	2,976	454	15.26	2,363	79.40	159	5.34
TOTAL ..	24,869	4,117	16.55	19,580	78.73	1,172	4.71

TABLE III

TREATMENT TABLES

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE V.)

	<i>No. of Defects treated, or under treatment during the year</i>
<i>(a) SKIN :—</i>	
Ringworm—Scalp	
(i) X-ray Treatment	3
(ii) Other Treatment	—
Ringworm—Body	30
Scabies	1,104
Impetigo	1,765
Other Skin Diseases	6,352
Eye Diseases	3,487
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).	
Ear Defects	3,612
(Treatment for serious diseases of the ear (e.g., operative treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report).	
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	22,818
TOTAL	39,171
<i>(b) Total number of attendances at Authority's minor ailments clinics ..</i>	363,432

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING EYE DISEASE TREATED MINOR AILMENTS—GROUP I.)

	<i>No. of Defects Dealt with</i>
ERRORS OF REFRACTION (including squint). (Operations for squint should be recorded in the body of the School Medical Officers' Report) ..	8,340
Other defects or disease of the eyes (excluding those recorded in Group I)	—
TOTAL	8,340
<i>Number of pupils for whom spectacles were :—</i>	
(a) Prescribed	3,644
(b) Obtained	3,184

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	<i>Total No. Treated</i>
<i>Received Operative Treatment :</i>	
(a) For adenoids and chronic tonsillitis	656
(b) For other nose and throat conditions	2
Received other forms of treatment	3,866
TOTAL	4,524

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals or hospital-schools ..	197
(b) Number treated otherwise, e.g., in clinics or out-patients' departments	735

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

Number of pupils treated :

(a) Under Child Guidance arrangements*	207
(b) Under Speech Therapy arrangements	72

* Includes 29 cases from outside authorities.

TABLE IV

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(a) Periodic Age Groups	37,167
(b) Specials	8,324
(c) Total	45,491
(2) Number found to require treatment	30,811
(3) Number actually treated	20,050
(4) Attendances made by pupils for treatment	33,604
(5) Half-days devoted to :—	
(a) Inspection	280
(b) Treatment	4,333
(c) Total	4,613
(6) Fillings :	
Permanent Teeth	10,354
Temporary Teeth.. .. .	2,413
Total	12,767
(7) Extractions :	
Permanent Teeth	4,238
Temporary Teeth.. .. .	26,874
Total	31,112
(8) Administration of General Anaesthetic for Extractions	7,529
(9) Other Operations :	
(a) Permanent Teeth	4,503
(b) Temporary Teeth	1,721
(c) Total	6,224

TABLE V

INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons	406,867
(ii) Total number of individual pupils found to be infested	15,269
(i) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	965
(ii) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	237

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TABLE IV
DENTAL EXAMINATION AND TREATMENT
Number of patients examined by the author's Dental Office
in 1954-55

Age Group	Sex	Examined	Treated
0-5	Male	10	5
0-5	Female	12	6
6-10	Male	15	8
6-10	Female	18	10
11-15	Male	20	12
11-15	Female	25	15
16-20	Male	30	18
16-20	Female	35	20
21-25	Male	40	25
21-25	Female	45	28
26-30	Male	50	30
26-30	Female	55	35
31-35	Male	60	35
31-35	Female	65	40
36-40	Male	70	40
36-40	Female	75	45
41-45	Male	80	45
41-45	Female	85	50
46-50	Male	90	50
46-50	Female	95	55
51-55	Male	100	55
51-55	Female	105	60
56-60	Male	110	60
56-60	Female	115	65
61-65	Male	120	65
61-65	Female	125	70
66-70	Male	130	70
66-70	Female	135	75
71-75	Male	140	75
71-75	Female	145	80
76-80	Male	150	80
76-80	Female	155	85
81-85	Male	160	85
81-85	Female	165	90
86-90	Male	170	90
86-90	Female	175	95
91-95	Male	180	95
91-95	Female	185	100
96-100	Male	190	100
96-100	Female	195	105
Total	Male	1800	1050
Total	Female	1900	1100

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TABLE V
EXAMINATION WITH X-RAYS
Number of patients examined by the author's Dental Office
in 1954-55