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COUNTY BOROUGH OF OLDHAM



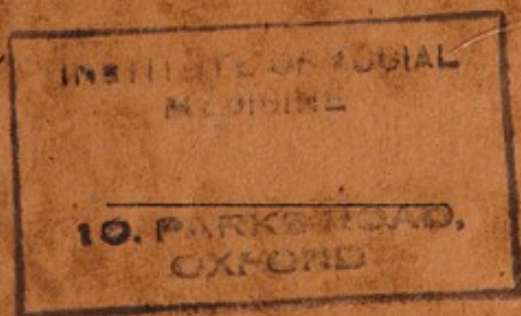
ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

J. T. CHALMERS KEDDIE

M.B., D.P.H.



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COUNTY BOROUGH OF OLDHAM



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EDUCATION COMMITTEE, 1951-1952

(as from 16th May, 1951).

Council Members.

The Mayor

(Alderman F. Lord, O.B.E., J.P.—Chairman)

Councillor J. T. Hilton (Deputy Chairman).

Alderman G. F. Holden.

Alderman A. Marshall, J.P.

Alderman S. Thornton, J.P.

Alderman F. Tweedale, J.P.

Alderman H. H. Webster, J.P.

Councillor J. Bannon, J.P.

Councillor Ellen Brierley.

Councillor J. H. Broadbent.

Councillor W. Clough, J.P.

Councillor J. Crowther, M.B.E.

Councillor W. Orrell (from 3.10.51).

Councillor J. Porter (to 7.8.51).

Councillor Ethel Rothwell (from 5.9.51).

Councillor J. Shyne.

Councillor G. A. Taylor, M.B., Ch.B. (from 1.8.51).

Councillor S. R. Walker.

Co-opted Members.

Rev. J. W. Ellis.

Very Rev. Canon M. Fitzgerald, B.A., L.S.Sc.

Rev. A. C. Lamb, M.A., B.Sc., B.D., Ph.D.

Miss A. A. Kenyon, J.P.

Miss M. Cattrall.

Mr. H. Ball.

Mr. H. Hellon.

Mr. W. Orrell (to 2.10.51).

Mr. T. Prescott (from 7.11.51).

Director.

Maurice Harrison, M.A., M.Ed., B.Sc.

Deputy Director.

H. P. Shallard, O.B.E., K.D., M.A.

School Health Department,
Town Hall,
Oldham,

June, 1952.

To the Chairman and Members
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the School Health Service for the year 1951.

During the year Dr. A. P. Curran and Dr. A. P. Buchan obtained appointments with other authorities. It was not possible to fill these vacancies during the year as the Council did not fully implement the award of the Industrial Court for Public Health Medical Officers till December, exactly twelve months after the award was announced. As a result of this delay, the British Medical Association issued instructions which prevented an advertisement appearing in the recognised medical journals. It was possible to advertise in December and in January two assistant medical officers were appointed.

No case of diphtheria occurred in the school population and no case occurred in the Borough. This is indeed a triumph for preventive medicine and should not be recorded without comment. What a contrast to the tragic years of 1934/1937, which many will remember! During these four years nearly a thousand cases of diphtheria were notified and ninety-four deaths occurred. In the past year not only has a saving in life and illness been achieved but an immeasurable amount of suffering and sadness has been prevented. From the more material aspect there has been the financial saving on hospital treatment and nursing personnel.

Details are given each year of the deaths registered among school children. The number that occur and the cause of death varies from year to year, but it is hoped that over a period of years some information will be gained which may suggest some preventive or curative measures to reduce or eliminate any causative factors. The deaths this year numbered ten, which is the same number as last year. It is distressing to record seven deaths due to accidents and two due to tuberculosis.

It is gratifying to report that there has been no further reduction in the staff of the School Dental Service and that an adequate service has been maintained, not only for school children, but also for expectant and nursing mothers. The service is now stabilised following the adoption of national salary scales and it can

be said with some degree of confidence that the worst is over. Since the "appointed day" it has been no easy task to maintain our Dental Service. The members of the Ancillary Services Sub-Committee have always appreciated the problem but it cannot be said that the Establishment Committee, which has the final word on salaries and conditions of service, has shown the same concern or urgency when dealing with resolutions bearing on this problem. The brink of the precipice was reached in May when the Establishment Committee resolved not to implement the salary scales and conditions of service recommended by the Dental Whitley Council (Local Authorities). The service might easily have disintegrated but the Council wisely and properly referred back for further consideration the resolution of the Establishment Committee, which was subsequently rescinded and the recommendations of the Whitley Council adopted.

The Hospital and Specialist Services are reviewed in the Report. The appointment of a Pædiatrician to the Oldham Hospital Group meets a long felt want and will avoid the tedious and tiring journey to Manchester Hospitals that mothers and children have made in the past. The arrangements for ear, nose and throat cases again proved unsatisfactory and no progress was made during the year to establish a special session for school children. As regards the ascertainment and education of children suffering from deafness we continue to receive the closest co-operation and advice from Professor A. W. G. Ewing of Manchester University, but there are no adequate arrangements for the supervision of these children by a Consultant Aural Surgeon. This is a need which should be met. The Manchester Regional Hospital Board have appointed Mr. James Fenton as part-time Visiting Dental Surgeon to the Oldham Hospital Group. This appointment regularises duties which Mr. Fenton has undertaken since the "appointed day." It provides the closest co-operation between the hospital authority and the School Dental Service, and secures complete continuity of treatment for the patient. It also adds professional dignity and status to the officer and affords him most valuable clinical experience and interest.

In June, Miss P. M. Distin, Matron of the Open Air School, and Miss K. Dover, her assistant, left to go to New Zealand. Miss Distin gave most unselfish service as Matron and was especially devoted to the resident pupils. The resident section of the school had to be closed as no successor could be found. This is to be regretted as a number of children, especially those who have had a long illness necessitating hospital treatment, gain considerable benefit by being resident for a period.

No service can remain stationary and achieve success, for to be static is to regress. There must always be an urge to improve and advance. In this connection I would refer you to the report of the

special investigation that is being undertaken by the Medical Research Council. This authority is co-operating fully and the large number of volunteers reflects credit on the School Health Service and the co-operation that exists between staff, teachers, and parents. It should be appreciated that this enquiry is not just a piece of research. All the school leavers taking part receive regular X-ray examination and medical supervision over a number of years and in addition many of them receive protective vaccination against Tuberculosis.

I wish to express my thanks to all members of the staff for their loyal service and response to the demands made upon them.

I am deeply grateful to the Chairman and Members of the Ancillary Services Sub-Committee for their co-operation and support. Finally I wish to record my very sincere appreciation of the help which is so freely afforded to myself and my staff by the Director of Education and the Teachers.

I am, Mr. Chairman, Ladies and Gentlemen,

Your Obedient Servant,

J. T. CHALMERS KEDDIE,

School Medical Officer.

SCHOOL HEALTH SERVICE.

School Medical Officer.

J. T. Chalmers Keddie, M.B., Ch.B., D.P.H.

Senior Assistant School Medical Officers.

John Starkie, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Alexander P. Buchan, M.B., Ch.B., D.P.H. (to 3.12.51).

Assistant School Medical Officers.

Edna Circuit, M.B., Ch.B., D.P.H.

Andrew P. Curran, B.Sc., M.B., Ch.B., D.P.H. (to 17.5.51).

Walter P. B. Stonehouse, M.R.C.S., L.R.C.P., D.P.H.

Senior Dental Officer.

James Fenton, L.D.S.

Dental Officers.

Joseph H. Woolley, L.D.S.

David J. Franks, L.D.S.

Anæsthetist.

Gordon Mason-Walshaw, B.A., M.R.C.S., L.R.C.P., D.A.(Eng.).

Child Guidance Clinic.

Medical Director.

Maria J. Dale, M.D. (Heidelberg).

Educational Psychologist.

Dorothy M. MacNair, B.A.(Psych.).

Psychiatric Social Worker.

Olivia Sutton.

Consultant Ophthalmic Surgeon.

F. Janus, B.Sc., M.D., M.R.C.S., L.R.C.P.

Ophthalmic Surgeons.

N. MacInnes, M.A., M.B., Ch.B.

L. B. Hardman, L.R.C.P., L.R.C.S., D.O.M.S.

Superintendent School Nurse.

★ Mrs. C. Houghton.

Deputy Superintendent School Nurse.

○ Miss I. Watson (to 21.10.51).

Senior School Nurse.

● Mrs. A. G. Willmott.

School Nurses.

* Miss M. Barker.	★ Mrs. M. J. Griffiths (to 28.2.51).
※ Miss M. Barnes.	★ Miss C. Poole (to 31.3.51).
※ Mrs. H. Emmott.	* Miss A. W. Moordaff (to 30.6.51).
X Mrs. E. E. Robinson.	* ☆ Miss T. Dolan (from 15.1.51).
★ Mrs. C. Smith.	* ● Miss J. Critchley (from 14.5.51).
✕ Miss M. E. Strain.	★ Mrs. M. Wells (from 18.6.51).
★ Miss E. J. Thompson.	* ☆ Mrs. A. Oldham (from 8.10.51).
□ Miss E. E. Williams.	★ Miss J. France (from 1.11.51).
★ Miss C. Williamson.	

○ S.R.N., R.S.C.N., S.C.M., H.V.Cert.

X S.R.N., Q.I.D.N., H.V.Cert.

★ S.R.N., S.C.M., H.V.Cert.

● S.R.N., S.C.M.

□ S.R.N., S.R.F.N.

※ S.R.N., S.R.F.N., H.V.Cert.

✕ S.R.N., S.R.F.N., S.C.M., H.V.Cert.

* S.R.N., H.V.Cert.

☆ S.R.N.

* Temporary.

ANNUAL REPORT

STAFF.

Dr. A. P. Curran left in May having been appointed Deputy Medical Officer of Health to the Borough of Luton, and in December, Dr. A. P. Buchan left to take up an appointment at Whittingham Hospital. It was not possible to replace either of these officers and for the latter half of the year the medical staff was seriously depleted.

Miss I. Watson, Deputy Superintendent School Nurse, resigned in October to take up a similar appointment with the Middlesex County Council.

Liaison.

All the Medical Officers employed in the School Health Service are also Assistant Medical Officers of Health and undertake duties in the Public Health Department.

The policy of achieving closer co-ordination of the duties of Health Visitor and School Nurse has been continued, and all permanent appointments have been as Health Visitor/School Nurse.

SCHOOL HYGIENE, ACCOMMODATION AND ATTENDANCE.

I am indebted to Mr. M. Harrison, Director of Education, for the following information:—

The following new schools were completed and occupied during the year:—

Counthill Grammar School	580 places.
Roundthorn Nursery School	40 places.

In September the Counthill Grammar School was opened and this was preceded by a change in the arrangements for children receiving grammar school education at the East and West Oldham High Schools situated at Greenhill and Robin Hill respectively. The staff and students of the East Oldham High School were transferred to the Counthill Grammar School and the staff and students of the West Oldham High School moved to the Greenhill premises which became known as the Greenhill Grammar School.

The premises at Robin Hill became a new secondary technical school accommodating 250 pupils and known as the Robin Hill Secondary Technical School. The pupils attending the Junior Technical School were transferred to this school.

The following additions and adaptations to existing schools were completed and occupied during the year:—

Pre-fabricated Huts.

Hollins Secondary Modern School	— 3 classrooms 2 handicraft rooms
Hollinwood Secondary Modern School	— 2 classrooms 2 handicraft rooms
Clarksfield Secondary Modern School	— 1 classroom 2 craft rooms

A block of four handicraft rooms was opened near Roundthorn School for the use of pupils from various schools.

Additions.

Alexandra Park County Junior School	— 2 classrooms
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Adaptations.

Limeside County Infant School	— 1 classroom
Limeside County Junior School	— 1 classroom

The following new schools and additions to existing schools were under construction but were not yet ready for occupation at the end of the year:—

New Schools.

Derker County Infant School.
Limehurst County Infant and Junior School (1st portion).
Fitton Hill County Junior School.
Hathershaw Secondary Technical School.
Central College of Further Education.

Additions to Existing Schools.

Alexandra Park County Infant School	— 1 classroom
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In accordance with the building programme of the Committee the following schemes should commence in 1952:—

New Schools.

Limehurst County Infant and Junior School (2nd portion).

Additions to Existing Schools.

Hollins Secondary Modern School	— Extension to Assembly Hall. New Staff room. Additional Domestic Science room.
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The average number of children on the registers in December, 1951, was 16,614, an increase of 990 compared with the previous year.

The distribution is as follows:—

	Sen. & Junior	Infants
County Primary and Secondary Modern Schools	7418	3542
Voluntary Primary and Secondary Modern Schools	2680	1492
	<hr/> 10098	<hr/> 5034
Counthill Grammar School	572	
Greenhill Grammar School	369	
Robin Hill Secondary Technical School	229	
Junior School of Art	48	
Special Schools:—		
Beever Special School	30	
Scottfield Special School	25	
Chaucer Special School:—		
Educationally Subnormal Department	78	
Physically Handicapped Department ..	28	
*Strinesdale Open Air School:—		
Resident	—	
Non-resident	103	

* In June, the Matron and her assistant resigned and went to New Zealand. Every effort was made to fill these vacancies but no suitable applications were received, so the residential accommodation was closed and remained closed throughout the rest of the year. Arrangements were made for the resident pupils to be transferred to the non-resident section of the school.

MEDICAL INSPECTION.

The periodic medical inspection of four age groups was continued at the beginning of the year. Due to the shortage of medical staff following Dr. Curran's resignation in May, it was found impossible to continue the inspection of children in the 8 and 11 year age groups during the latter part of the year. The total number of children inspected was 4,836.

The number of children inspected in the four age groups is as follows:—

Entrants	2,146
8 year olds	711
11 year olds	765
Leavers	1,214
	<hr/> 4,836

In addition the medical officers made 3,070 special inspections and 7,743 re-inspections. These inspections were made mostly at the clinics or in the schools.

Details of defects found etc. are given in Table II of the Ministry of Education Medical Inspection Returns.

FINDINGS OF MEDICAL INSPECTION.

It is common knowledge that the incidence of serious physical defect is low in our child population. A careful study of the defects found at the periodic inspections gives proof to this statement. During the year there were 4,836 children examined at these inspections and the following figures show the incidence of certain defects among these children:—

Defect or Disease	No. of children requiring treatment or observation for the Defect	Incidence of the defect per 1,000 children examined
Otitis Media	49	10.13
Nose or Throat	665	137.51
Speech	59	12.20
Cervical Glands	83	17.16
Heart and Circulation	22	4.55
Lungs	121	25.02
Hernia	43	8.89
Epilepsy	5	1.03

General Condition of Children Inspected.

An estimate of the child's physical condition at the time of inspection is now made, children being classified as follows:—

“ A ” (Good)—those better than normal or good.

“ B ” (Fair)—those normal or fair.

“ C ” (Poor)—those below normal or poor.

Under the classification “ C ” are placed those whose “ general condition ” apart from specific defects, e.g. of sight or hearing, is such that they should be kept under observation or treatment.

There were 148 children (3.06 per cent. of those examined) classified “ C.” These children can best be described as being “ below par,” a number of causes being responsible.

Uncleanliness.

The problem of head infestation continues to take up a considerable amount of the time of the Nursing Staff. The total number of head examinations was 45,959 compared with 55,520 for the previous year. The reduced number of inspections was due to the school nurses being unable to devote as many sessions to these duties as last year, owing to the shortage of staff.

There has been no marked change in the incidence of head infestation, though again there was a slight fall in the average number of children found to be infested at each inspection, the percentage being 7.47 compared with 8.11 for the previous year.

Certain schools have been found to have a persistently high incidence of infestation, while other schools have a low or almost negligible rate. During the year the latter schools have received fewer inspections and the former more visits from the school nurse, special attention being given to children who are persistent offenders.

During the year 28 notices were served on parents in accordance with Section 54 (2) of the Education Act. The notice requires the parents to cleanse the child and if at a subsequent examination the child has not been satisfactorily cleansed, the child can be compulsorily removed from school for cleansing. In 18 of these cases the nurse had to undertake compulsory cleansing. In accordance with the instructions of the Committee the parents of these children were sent a letter warning them of their liability to prosecution if the infestation recurred. In 3 cases infestation did recur and the Town Clerk was instructed to take legal proceedings. The prosecutions, which were taken after the close of the year, resulted in a fine of 20s. being imposed in each case.

The Work of the School Nurses.

During the year the school nurses have carried out the following number of visits:—

Visits to schools for periodic medical inspections	348
Visits to schools for head inspections:	
First visits	309
Re-inspections	420
Visits to Homes	326

HOSPITAL AND SPECIALIST SERVICES.

The only specialists directly employed by the Education Committee are the Medical Director of the Child Guidance Clinic and Dr. F. Janus, Consultant Ophthalmic Surgeon. In this capacity Dr. Janus is only employed in connection with the examination of blind and partially sighted children, and the supervision of the children in the Scottfield Partially Sighted School.

The provision of other specialist services is through the hospital services and with the exception of the Orthopædic Clinic at Gainsborough Avenue school children attend the ordinary hospital out-patients. In accordance with the proposals agreed with the Manchester Regional Hospital Board, it was hoped to make arrangements for the Consultant Aural Surgeon to the Oldham Hospital Group to hold an Aural Clinic at one of the School Clinics. Unfortunately this was not possible owing to staffing difficulties. Mr. R. R. Woods, F.R.C.S., the newly appointed Consultant Aural Surgeon, took up his duties in February but subsequently resigned leaving the district at the end of May. Mr. Norman Appleton, F.R.C.S., who was appointed to succeed him did not take up his duties till November.

Early in the year Dr. D. Hilson, M.R.C.P., D.C.H., was appointed Consultant Pædiatrician to the Oldham and Ashton Hospital Groups. From April a Pædiatric Out-patient clinic was held weekly at the Oldham Royal Infirmary and at Boundary Park General Hospital, and children are referred to these clinics for his opinion and advice.

There have been no facilities available at the local hospitals or at the school clinics for the full investigation and treatment of children suffering from squint, and such children have usually been referred to the Manchester Royal Eye Hospital. Attendance at this hospital involves a tedious journey by bus and may mean loss of work for the parent. These factors do not contribute towards attendance for treatment or even for the preliminary examination. Following a report stressing the need for an Orthoptic Clinic the Ancillary Services Sub-Committee approved the establishment of such a clinic and the necessary expenditure was included in the estimates for 1951/2. A room was made available at Scottfield Clinic and minor adaptations effected but owing to unavoidable delays in obtaining the necessary equipment the Clinic was not ready till the end of the year. In December Miss E. J. Kirkman was appointed Orthoptist and the clinic will open on the 1st January, 1952.

Under the National Health Service any person requiring an individual hearing aid receives this free, and children in need of such an appliance are referred to the Hearing Aid Centre, Hardman Street, Manchester. In the course of the year three children were recommended for, and provided with, individual hearing aids.

The prescribing and dispensing of glasses has continued to remain with the Local Executive Council, the children being refracted and tested at the Gower Street and Scottfield Clinics. In October Circular E.C.L. 90/51 was received from the Ministry of Health. This circular extended the facilities of the Supplementary Ophthalmic Service to cover school children between the ages of 15 and 16, and to children over the age of 16 who are in full-time attendance at school.

ARRANGEMENTS FOR TREATMENT.

Arrangements to secure the availability of comprehensive free medical treatment, other than domiciliary treatment, for all pupils for whom the authority accept responsibility included the following:—

Minor Ailments—School Clinics.

The two school clinics at Gower Street and Scottfield have been open daily during school days, and on several days in the school holiday periods, for the treatment of minor ailments and the carrying out of special examinations. During the year, 1,598 children made 11,411 attendances for treatment.

In addition to the treatment of minor ailments, special examinations of children referred by school nurses, teachers, parents, and attendance officers, are carried out by the medical officers at the school clinics.

The school nurses attend to cleansing the heads of children referred to the clinic for this purpose.

Particulars of the cases are given in Table IV.

Scabies.

The number of cases in school children totalled 10 compared with 37 for the previous year. Every effort is made to treat other members of the family who may be affected. Facilities for treatment are provided at the Gower Street Clinic and the Health Yard, the facilities at the latter premises being used for the treatment of adult males.

The total numbers treated, which includes cases referred by general practitioners, are as follows:—

Pre-school children	0
School children	10
Adults:—	
Male	5
Female	3
	— 8
	—
	18
	—

Ringworm of the Scalp.

No cases of this disease came to notice during the year.

General Hospital Treatment.

Children requiring treatment are referred to the Out-patient Department at the Oldham Royal Infirmary or Boundary Park General Hospital. If requiring In-patient treatment they are usually admitted to the Children's Wards at these hospitals. The Senior Assistant School Medical Officer has continued to visit school children in the Boundary Park General Hospital and there is close co-operation with the Almoners working at the hospitals.

Since the appointment of a Consultant Pædiatrician to the Oldham Hospital Group special cases are no longer referred to the Royal Manchester Children's Hospital.

Eye Diseases—Visual Defects.

Dr. N. MacInnes and Dr. L. B. Hardman have continued to hold regular weekly sessions at the refraction clinics.

During the year 891 children were examined (Dr. MacInnes 338, Dr. Hardman 553), and spectacles were prescribed or changed in 651 cases.

Children with extremely poor vision are referred from the clinics to Dr. F. Janus, Consultant Ophthalmic Surgeon, in order to ascertain whether they would be suitable for admission to the Partially Sighted School.

Children requiring further investigation, e.g., cases of squint, are referred to the Ophthalmic Clinic at the Oldham Royal Infirmary, or to the Manchester Royal Eye Hospital.

Following a report stressing the need for an Orthoptic Clinic the Ancillary Services Sub-Committee approved the establishment of such a clinic and the necessary equipment has been purchased and a room made available at the Scottfield Clinic. In December an Orthoptist was appointed and the clinic will open on the 1st January, 1952.

Ear, Nose and Throat Defects.

Children suffering from these defects are referred to the Aural Clinic at Boundary Park General Hospital and children requiring operative treatment are admitted as in-patients.

The number of children awaiting operative treatment and examination at the Aural Clinic continued to cause grave concern. At the beginning of the year 122 children were on the waiting list for the removal of tonsils and/or adenoids and at the end of the year the number had increased to 145.

At the beginning of the year 258 children were awaiting examination by the Aural Surgeon and a regular number of children were seen each week, but in March these arrangements ceased to operate. The Secretary of the Oldham and District Hospital Management Committee was advised of the situation and as a result of this representation regular appointments for school children were resumed. At the end of the year 183 children were awaiting examination.

During the previous year there were 275 new cases examined at the Clinic and 68 children received operative treatment. The number of new cases examined this year was 323 and again only 68 children received operative treatment.

Orthopædic Defects.

The arrangements for school-children to receive treatment at the Orthopædic Clinic, Gainsborough Avenue, have continued. Mr. J. N. Nish, the Orthopædic Surgeon, is the Consultant responsible for the clinic but a weekly session is held by Dr. M. F. Johnstone. The majority of cases require advice and exercises and only a few cases require surgical treatment.

During the year, 132 school-children were referred to the clinic for the following defects:—

Defect	No. of cases
Flat Feet	34
Inverted Feet	5
Everted Feet	2
Club Feet	1
Knock Knee	28
Hammer Toes	3
Other Deformities of Toes	25
Weak Ankles	3
Postural Defects	26
Poliomyelitis	2
Minor Injuries	3

Hospital Schools.

Where a child has a disability which requires prolonged hospital treatment this can best be provided in a hospital with special facilities for this type of case. Many of these hospitals have educational facilities and are recognised by the Ministry of Education and known as Hospital Schools.

During the year a girl aged 5 years, suffering from spastic diplegia, was admitted to the Memorial Home for Crippled Children, Rochdale. In February a girl aged 15 years, who was admitted in the previous year, was discharged from the St. Joseph's Heart Hospital School as fit to attend an ordinary school. On leaving school she obtained suitable employment.

Convalescence.

Arrangements exist for selected schoolchildren to be sent for convalescence and the cost is met by the Education Committee. These children have usually had a prolonged period of hospital treatment and are brought to the notice of the School Medical Officer by the Almoner. The need for convalescence is approved by the Senior Medical Officer before financial responsibility is accepted. The usual period of convalescence is four weeks, but this is extended in special cases.

During the year 17 children (9 boys and 8 girls) were sent to the following convalescent homes:—

West Kirby Children's Convalescent Home	11
Margaret Beaver Memorial Home, Abergele	1
Taxal Edge Convalescent Home, Whaley Bridge	3
St. Joseph's Children's Convalescent Home, Southport	1
Harewood Nursery, Prestatyn	1

CHILD GUIDANCE.

The Child Guidance Clinic continues to be the responsibility of the Education Committee. The clinic is held at 60, Gainsborough Avenue, and Dr. M. J. Dale, the Medical Director, attends for four sessions per week. I am indebted to Dr. Dale for the following report:—

The Child Guidance Clinic was fully staffed during the year and was, therefore, able to carry out its functions in accordance with the conditions and recommendations laid down by the Child Guidance Council.

The Educational Psychologist, Mrs. H. Lewinsky, M.Sc., resigned her post at the end of last year on accepting an appointment with the Lancashire County Council. I was, however, fortunate in the appointment of Mrs. D. M. MacNair, who was able to continue this work and attend the clinic for two sessions per week. Miss Olivia Sutton holds the position of full time Psychiatric Social Worker.

The annual statistics continue to show good results:

34 children attended for treatment during the year.

22 were discharged with satisfactory adjustment.

47 parents attended regularly for guidance.

29 were discharged with satisfactory adjustment.

No cases were terminated prematurely.

The initial examination is a comprehensive investigation in which the psychiatrist, the psychologist and psychiatric social worker take part. It is the practice of the clinic to conduct initial examinations in the following way: after a case has been referred to

the clinic, in preparation for the psychiatrist, the home is visited and a detailed social history is taken. A report from the school is obtained. The child then attends with his parents for examination. Whilst the educational psychologist carries out the various intelligence and performance tests with the child, the parent(s) is/are seen by the psychiatrist. The psychiatrist then examines the child, makes the diagnosis, and prepares a plan for treatment.

The treatment waiting list is still unsatisfactorily long as in other Child Guidance Clinics. This seems to have become a national feature. In selecting cases for examination, priority is given according to urgency.

In last year's report I stressed the importance of early referrals. In accordance with this aim, the clinic started an additional service for the schools. Miss Sutton has visited the schools more frequently in an advisory capacity, apart from the routine clinical visits made in connection with patients. This service enables the teachers to contact the clinic directly, in order to discuss and have advice on behaviour disorders and individual problem children. This work is usually included in the duties of a full-time educational psychologist.

It is noteworthy that the number of referring agencies has doubled. There is now more contact with general practitioners, some of whom have visited the clinic. Also the Magistrates of the Juvenile Court have availed themselves more of these psychiatric services.

In addition to the clinical work, Miss Sutton and I have given lectures to the Parent Teachers' Association, Foster Parents engaged in work in cottage homes, and to a group of teachers.

During the year arrangements were made with Manchester University for several senior and post graduate students of the Departments of Education and Psychology to visit the clinic.

In order to assess the results of Child Guidance Clinic work, we have established a follow-up service with Mr. Ord-Evans, the Youth Employment Officer, who regularly sends reports about former patients of this clinic. I am indebted to him for this enthusiastic co-operation.

The clinic was represented in London at two national conferences. Miss Sutton attended as a delegate at the Annual Conference of the National Association for Mental Health held on the 12th and 13th March. Miss Sutton and I attended as delegates of Oldham, the Inter-Clinic Conference of the Child Guidance Clinics of Great Britain, held on the 24th November.

The Oldham Child Guidance Clinic belongs to the Association of Child Guidance Clinics of the North of England and Wales which is affiliated to the National Association for Mental Health. One of the

inter-clinic meetings of this association was held in March in the Committee Rooms of the Education Offices by kind permission of Mr. Harrison, Director of Education.

I am grateful to Mr. Harrison for arranging for minor alterations to be carried out in the clinic so that we are now able to make full use of the existing premises. Four of the rooms have been redecorated, which helps to create a more pleasant and friendly atmosphere.

NUMBER OF CASES REFERRED 83

Sources of reference:—

Director of Education	28
School Medical Officer	16
General Practitioners	12
Probation Officer	16
Others	11

NUMBER OF NEW CASES INVESTIGATED 66

(a) Recommended for Treatment and Observation	49
Treatment at the Clinic	44
Observation at the Clinic	5
(b) Recommended for Environmental Adjustment	17
Advice on handling (Cases closed)	7
Advice on handling (Contact to be renewed)	3
Re-schooling on account of educational subnormalities	1
Admission to School for Maladjusted Children	3
Admission to Special Residential School and treatment at a Clinic	2
To care of Local Authority or Approved School	1

SUMMARY OF TREATMENT WAITING LIST

No. awaiting treatment at 1st January	48
No. recommended for treatment during the year	44
No. of cases started	17
No. of cases withdrawn:—	
Left the district	5
Improved after first interview	4
	9
No. awaiting treatment at 31st December	66

CASES TREATED

Cases under treatment at 1st January	17
Cases started during the year	17
Treatment concluded:—	
After satisfactory adjustment	16
After improvement	2
	— 18
Cases under treatment at 31st December	16

CASES UNDER OBSERVATION

Under observation at 1st January	7
Recommended for observation during the year	5
Observation concluded	4
Cases under observation at 31st December	8

NUMBER OF TREATMENTS HELD1769

Dr. Dale	552
Mrs. MacNair	322
Psychiatric Social Worker	895

The Psychiatric Social Worker made 349 visits:—

Home Visits	70
Visits to schools	193
Other visits	86

The Educational Psychologist held 75 psychological tests and 12 re-tests.

The Medical Director held 139 Diagnostic Interviews.

Social Histories completed	70
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AWAITING EXAMINATION at the end of the year 26

AWAITING TREATMENT at the end of the year 66

INFECTIOUS DISEASES.

The following table shows the number of cases and deaths occurring in children (resident in Oldham and attending schools under the control of the Education Committee and also Oldham children attending schools maintained by the adjacent Authorities) from certain of the infectious diseases:—

DISEASE	1951		Nursery Schools and Classes	PRIMARY SCHOOLS		SECOND- ARY SCHOOLS	ADJACENT AUTHORITIES		
	Cases	Deaths		Infant Depts.	Junior Depts.		Infant Depts.	Junior Depts.	S'c'd'y Schools
Meningococcal Infection... ..	—	—	—	—	—	—	—	—	—
Dysentery	129	—	33	48	35	10	1	—	2
Diphtheria... ..	—	—	—	—	—	—	—	—	—
Measles	526	—	51	422	31	1	19	2	—
Scarlet Fever	106	—	4	38	37	17	6	2	2
Whooping Cough	72	—	6	58	5	1	2	—	—
Poliomyelitis	1	—	—	1	—	—	—	—	—
Tuberculosis—									
(a) Pulmonary	5	1	—	4	1	—	—	—	—
(b) Other forms	5	1	—	3	1	1	—	—	—

Diphtheria.

No case occurred during the year.

Diphtheria Immunisation.

The previous arrangements for diphtheria immunisation have been continued, immunisation being carried out in schools and at the school clinics. Only a small percentage of children were immunised by private practitioners. The majority of children are now immunised prior to school entry and it cannot be stressed too strongly the importance of children being immunised in infancy.

Immunisation is still of vital importance even though diphtheria is no longer prevalent. We have still to pursue our steady and persistent campaign otherwise disaster will soon overtake us. The Head Teachers and their staffs have always rendered valuable assistance in the campaign against diphtheria. This co-operation and help is still urgently required.

The following figures indicate the number of children immunised and the number receiving "re-inforcement" injections during the year:—

Primary immunisation	271
"Re-inforcement" injections	2544

Vaccination.

There are no special arrangements for the vaccination of school-children. During the year 33 children of school age received primary vaccination, and 6 were re-vaccinated. In many cases vaccination was requested prior to proceeding overseas.

Dysentery.

During the year 129 cases of dysentery were notified. In 128 cases the Sonn  organism was isolated, and of these 33 cases occurred in children attending nursery schools and classes.

In January a small outbreak occurred at Derker Nursery School, and 6 cases were confirmed. A child was found to be suffering from diarrh a which was subsequently confirmed bacteriologically as due to the Sonn  organism. Subsequently 4 house contacts of this case were confirmed, one being a twin who was also attending the nursery. Following a visit to the nursery 4 further cases were confirmed.

In March a general practitioner notified 3 cases of diarrh a in one household. Bacteriological examination confirmed the diagnosis of Sonn  dysentery in 2 cases, one of which attended Limeside Nursery School. Investigations at the nursery school revealed a number of absentees with diarrh a. Specimens of f ces were requested from the staff, the children still in attendance, and the absentees. As a result of these investigations a total of 18 children and 5 staff were found to have Sonn  dysentery.

In May a girl attending St. Anne's Nursery School was notified by a general practitioner as suffering from Sonn  dysentery. Following a visit of a medical officer to the school, specimens of f ces were taken from absentees, members of the staff, and selected children, and 5 further cases were subsequently confirmed.

Of the remaining 3 cases 2 were isolated cases, and the third was associated with an outbreak at a day nursery.

Scarlet Fever.

There were 106 cases notified compared with 165 for the previous year. Of the total cases 81 occurred during the last three months of the year.

Whooping Cough.

The number of cases notified was 72. Of these 5 had received the full course of protective injections and were classified as follows:—

Severe 0.

Moderate 3.

Mild 2.

The six cases which occurred in nursery schools or classes had not been protected against whooping cough.

Measles.

Of the 526 cases which were notified, 438 occurred during the first four months of the year.

Acute Poliomyelitis.

One case of poliomyelitis (non-paralytic) was notified and confirmed, a boy aged 7 years. No paralysis resulted and he was fit to return to school soon after discharge from hospital.

B.C.G. Vaccination.

Under the Health Committee's proposals for the Prevention of Illness, Care and After Care, arrangements have been made for selected contacts of known tuberculosis cases to receive this form of vaccination. During the year 34 school children (15 males 19 females) who were found to be Mantoux negative received B.C.G. vaccination. Subsequent Mantoux tests were positive in each case.

Pulmonary Tuberculosis.

During the year 4 cases of pulmonary tuberculosis were notified and of these 3 were accepted as tuberculosis minus (sputum negative or absent). In addition one case was notified as tuberculous meningitis but the death was registered as pulmonary tuberculosis.

Case 1/51.

A boy aged 6 years was admitted to Boundary Park General Hospital and following a diagnosis of pulmonary tuberculosis he was transferred to the Hefferston Grange Sanatorium. He was still in Sanatorium at the end of the year.

Case 2/51.

A girl aged 6 years was examined at a routine medical inspection and referred for investigation on account of bronchitis and asthma. She was admitted to Boundary Park General Hospital where a diagnosis of adherent pericardium due to tuberculous pericarditis was made. She was in hospital for several months but on discharge she was fit to return to an ordinary school.

Case 3/51.

A girl aged 5 years was admitted to hospital where a diagnosis of tuberculous meningitis was made. She died four weeks later, the death being registered as due to tuberculous meningitis and pulmonary tuberculosis.

Case 4/51.

A girl aged 11 years was admitted to hospital with pleurisy and a diagnosis of pulmonary tuberculosis was subsequently made. She was still in hospital at the end of the year and was awaiting admission to a Sanatorium.

Case 5/51.

A boy aged 6 years was examined at the Chest Clinic as a contact, the father having been diagnosed as a case of pulmonary tuberculosis (sputum positive). A diagnosis of pulmonary tuberculosis was made and he was subsequently admitted to the Abergele Sanatorium.

Non-Pulmonary Tuberculosis.

During the year 4 cases were notified and accepted, and one posthumous notification was received. The following table shows the localisation of the disease in age groups:—

	Total	5-10 years	10-15 years
Bones and Joints	2	1	1
Abdomen	—	—	—
Meninges	—	—	—
Peripheral Glands	2	2	—
Other Organs	—	—	—
Generalised	1	1	—
Skin	—	—	—
	5	4	1

The 2 cases of tuberculous bones and joints occurred in girls. One aged 14 years had a tuberculous left ankle and was subsequently admitted to Wrightington Hospital. The other aged 7 years was diagnosed as having a tuberculous elbow after observation and treatment in the Orthopædic Hospital, Oswestry.

One death occurred from non-pulmonary tuberculosis, the death being registered as due to miliary tuberculosis. This was a girl aged 6 years who was admitted to hospital where a diagnosis of general miliary tuberculosis was made. She died eight days after admission.

DEATHS IN SCHOOL CHILDREN.

During the year 10 deaths were registered among school children (6 boys and 4 girls) aged five-sixteen years. The following are brief details of these cases:—

Case 1.—A girl aged 9. Death was due to:—

Shock following extensive burns when her nightdress accidentally set on fire whilst playing near a portable electric fire.

Case 2.—A boy aged 8. Death was due to:—

Fracture of base of skull on being knocked down by a motor car.

Case 3.—A girl aged 6. Death was due to:—

(a) Acute miliary tuberculosis.

Case 4.—A girl aged 5. Death was due to:—

(a) Meningitis T.B. and tuberculosis pulmonum.

Case 5.—A boy aged 14. Death was due to:—

Multiple injuries caused by being accidentally knocked down by a motor omnibus whilst riding a pedal cycle.

Case 6.—A boy aged 6. Death was due to:—

Shock and hæmorrhage due to multiple injuries caused by being accidentally knocked down by a motor lorry.

Case 7.—A boy aged 9. Death was due to:—

Shock and hæmorrhage due to multiple injuries received when accidentally knocked down by a motor lorry.

Case 8.—A boy aged 5. Death was due to:—

Extradural hæmorrhage and cerebral œdema following fractured base of skull sustained when he was knocked down by a motor lorry.

Case 9.—A girl aged 5. Death was due to:—

Shock following extensive burns caused by being accidentally set on fire whilst playing with a box of matches.

Case 10.—A boy aged 5. Death was due to:—

1 (a) Leukæmia.

This boy received prolonged hospital treatment and ultimately died in hospital.

PROVISION OF MEALS.

I am indebted to Mrs. B. A. Healey, School Meals Organiser, for the following report:—

This year has been a busy one in the School Meals Service. Two new school kitchen-dining rooms and a nursery kitchen have been opened.

In January, Roundthorn Nursery School, which includes a kitchen where meals for 40 children and staff are prepared and cooked on the premises, was opened. The cook at this kitchen was the first appointment from the Oldham School Meals Trainee Scheme.

The kitchen-dining rooms at Moorside Voluntary School and the Counthill Grammar School were both opened in September. The Moorside kitchen-dining room is a very pleasant building built to the

Ministry of Education specification, having a maximum cooking capacity of 250 meals and dining accommodation for 100 children at one sitting. This kitchen-dining room serves Moorside Voluntary School and transported meals are sent to the Waterhead County Infant and Waterhead Voluntary Junior Schools; all three schools were previously served from the Gower Street Central Kitchen. The opening of this new kitchen-dining room has enabled the remaining schools to be re-allocated between the two Central Kitchens, and, therefore, relieved the pressure at both kitchens.

The Counthill Grammar School kitchen produces over 500 meals which are served at two sittings in the adjacent dining room. It is the only canteen which has the family service system, i.e., the food is placed in tureens from which the children serve themselves.

As the kitchen at Watersheddings was required for classroom purposes it has been transferred to an extension recently built. The arrangements of having the nursery kitchen and school meals scullery combined are unchanged.

Equipment from the Ministry of Education pool has improved in quality. All canteens and school dining rooms have been supplied with stainless steel cutlery and plastic beakers. Sterilizing sinks have been ordered for all schools where installation is possible. They are galvanised iron sinks in which the water may be heated to boiling point and they are used for rinsing and sterilizing crockery and cutlery after washing.

Menus have been varied with the introduction of a raw vegetable salad which is in addition to the usual meal of meat and two vegetables and is put on the table for the children to serve themselves. Fish, rabbit, pork, apple sauce and stuffing and several new sweet dishes, including ice cream served with fruit, have been added to the menu.

The number of children having school dinners at the end of the year was:—

On payment	7171
Free	333
	<hr/>
	7504
	<hr/>

Milk in Schools.

The provision of free milk to all children in schools maintained by the Authority has been continued. During the year 14,775 individual children consumed 2,563,790 $\frac{1}{2}$ pints of milk.

Cod Liver Oil and Malt.

Cod Liver Oil and Malt is issued through the clinics to school children on the recommendation of the medical officers.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

At the request of the Director of Education appointments or home visits are made in cases of prolonged school absence. In almost every case there is consultation with the medical practitioner with beneficial results and, in some cases, special treatment is arranged for the case in question.

The co-operation and help of teachers, the inspector of the local branch of the N.S.P.C.C. and others connected with the welfare of children has been greatly appreciated.

The number of parents attending at the periodic medical inspections can be regarded as satisfactory apart from the leavers, where the percentage has decreased to 11.28.

	1950		1951	
Entrants	1380	91.7%	1939	90.35%
8 year old	629	79.1%	575	80.87%
11 year old	551	69.3%	468	61.18%
Leavers	185	16.3%	137	11.28%

CO-OPERATION WITH THE YOUTH EMPLOYMENT SUB-COMMITTEE.

A report on each of the 1,214 children examined as leavers was sent to the Youth Employment Officer. Types of work for which any child is, in the opinion of the Medical Officer, physically unsuited are indicated.

The list of medical contra-indications issued by the Central Youth Employment Executive has been in use throughout the year. It was considered necessary to exclude 195 children from one or more of the following categories of work:—

1	Heavy manual work	64
2	Sedentary work	2
3	Indoor Work	6
4	Work involving prolonged standing, much walking or quick movement from place to place	13
5	Exposure to bad weather	15
6	Work involving wide changes in temperature	1
7	Work in a damp atmosphere	14
8	Work in a dusty atmosphere	15
9	Work involving much stooping	1
10	Work near moving machinery or moving vehicles	20
11	Work at heights	4
12	Work requiring normally acute vision	75

13	Work requiring normal colour vision	0
14	Work requiring the normal use of hands	0
15	Work involving the handling or preparation of food	1
16	Work requiring freedom from damp hands or skin defects ...	5
17	Work requiring normal hearing	10

Copies of confidential school medical reports are also supplied on the application of a school leaver's medical practitioner.

In addition children are medically examined as regards the suitability of their entering employment outside school hours. The number examined during the year was 310, and the occupations were as follows:—

Newspaper Delivery	238
Errand Boys	50
Dancers	22

NURSERY SCHOOLS AND CLASSES.

Throughout the year the two nursery schools—Limeside and Derker—provided 40 places each for children aged 2-5 years. In January, the new nursery school at Roundthorn was completed and provides accommodation for 40 children aged 2-5 years.

The three nursery classes—St. Annes, Richmond Street, and Watersheddings—provided 30 places each for children aged 3-5 years throughout the year. The St. Peter's Nursery Class was closed at the end of the summer term so as to provide additional classrooms for the large number of new entrants to be admitted to the Infant Department in the following September. This nursery class provided 30 places for children aged 3-5 years.

As from the 1st January all the nursery classes and nursery schools observed the same hours and holidays as the ordinary schools maintained by the Authority.

The nursery schools and classes are visited regularly by the medical officers and school nurses, and the facilities of the School Health Service are available to the children attending.

HANDICAPPED PUPILS.

The early ascertainment of the handicapped pupil is one of the most important functions of the School Health Service, and the provision of special education for these children is the duty of the Education Authority. It is pleasing to report that in Oldham efficient

and comprehensive provision has been made for these children, and the facilities available are fully described in subsequent pages of the report.

Many of these pupils are found at the first periodic medical inspection, others are referred by Head Teachers for medical opinion shortly after school entrance. The more efficient is early ascertainment the fewer will be the cases found at subsequent periodic inspections. A number of pupils are brought to notice after illness or prolonged hospital treatment.

When a child is found or referred, an appointment is made for the child to be medically examined at the Health Office or at one of the clinics. Alternatively, if the child is not fit to attend, a home visit is paid by a medical officer.

Many pupils can be ascertained in early infancy, this especially applies when the cause of the defect is congenital or present at birth. These children should be kept under observation and referred to the School Health Service when they reach the age of two years. In this connection the Health Visitors and the Medical Officers at the Child Welfare Centres have an important part to perform. These officers are fully alive to their responsibilities and are bringing an increasing number of handicapped children to the notice of the School Medical Officer.

In all cases of handicap it is necessary that experienced officers, and in certain cases a Consultant, should examine the child before a final decision is made. This procedure is strictly followed and each case is most carefully reviewed before a decision is finally made.

Pupils Suspected of Deafness.

Children suspected of deafness are brought to the notice of the Medical Officers through the usual channels, but before such cases are accepted as handicapped pupils they are referred to Professor A. W. G. Ewing at the Department of Education of the Deaf, Manchester University. His help and advice is greatly appreciated. The Health Visitors and Medical Officers at the Welfare Centres are instructed to refer pre-school children suspected of deafness so that such children can be referred to him at the earliest opportunity. During the year 9 children were referred and the following recommendations received:—

- | | |
|--|---|
| (a) Admission to Special School for Partially Deaf Pupils ... | 1 |
| (b) Lessons in lip-reading and a favourable position in class | 3 |
| (c) Lessons in lip-reading, favourable position in class and provision of individual hearing aid | 4 |
| (d) For observation and further examination | 1 |

Ineducable Children.

These children should be ascertained at an early age. Many of them have such a degree of mental defect that school attendance is never considered. A few may be admitted to an infant department but they are soon discovered and referred for examination. Where there is any difficulty or doubt, they are then referred for the opinion of Dr. G. S. Robertson, the Consultant in Mental Deficiency.

During the year four children were reported to the Local Health Authority as "ineducable," three being aged 6 years or under and one aged 7 years.

The child of 7 years was reported in the previous year as ineducable having been examined by the Consultant in Mental Deficiency. Following notice of intention to issue a report under Section 57 (3) the parent made objection to the Minister. After careful consideration the Minister directed that a report should be forwarded to the Local Health Authority that the child was incapable of receiving education at school.

(a) Blind Pupils:—

"Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight."

Pupils found to be blind are admitted to special residential schools. At the beginning of the year 7 school children, 6 boys and 1 girl, were in the following schools:—

Royal Normal College for the Blind	2
Worcester College for the Blind	1
Henshaw's Institution for the Blind	2
Liverpool School for the Blind	1
St. Vincent's School for the Blind	1

There were no children admitted to special residential schools during the year. A boy was discharged from the Henshaw's Institution and is now at the Liverpool Training Centre for the Blind.

(b) Partially Sighted Pupils:—

"Pupils who by reason of defective vision cannot follow the ordinary curriculum without detriment to their sight, or to their educational development, but can be educated by special methods involving the use of sight."

	Boys	Girls	Total
Number on register, 1st January	8	10	18
(4 from other areas)			

	Boys	Girls	Total
Number admitted during the year	5	2	7
(— from other areas)			
Number discharged:—			
At age of 15 years	1	—	1
(1 from other areas)			
At age of 16 years	1	—	1
Transferred to primary school	—	1	1
Number on register, 31st December	11	11	22
(3 from other areas)			

The two boys who left during the year both started work as apprentice skip makers.

Dr. F. Janus, Consultant Ophthalmic Surgeon, visits the school at periodic intervals to examine the children, and all children considered to be suitable for admission are referred to him with a view to determining whether they would benefit from attendance at the school. Following examination by the Consultant Surgeon two pupils were admitted to the Ophthalmic Unit of the Oldham Royal Infirmary for operative treatment.

(c) Deaf Pupils:—

“Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.”

These pupils are admitted to the Beever Special School.

	Boys	Girls	Total
Number on register, 1st January	14	5	19
(6 from other areas)			
Number admitted during the year	—	1	1
(1 from other areas)			
Number discharged during the year	—	—	—
(— from other areas)			
Number on register, 31st December	14	6	20
(7 from other areas)			

Only one pupil was admitted during the year, a girl of 4 years from Moston, Manchester. This admission was arranged at the request of the Director of Education for Manchester and his authority maintain the case.

(d) Partially Deaf Pupils:—

"Pupils whose hearing is so defective that they require for their education special arrangements or facilities but not all the educational methods used for deaf pupils."

These pupils are admitted to the Beaver Special School.

	Boys	Girls	Total
Number on register, 1st January (2 from other areas)	7	1	8
Number admitted during the year (— from other areas)	3	—	3
Number discharged during the year (— from other areas)	1	—	1
Number on register, 31st December (2 from other areas)	9	1	10

There were three children admitted during the year. The first was a boy aged 8 years who had been under observation. The second, a boy aged 11 years, was transferred from the St. John's Roman Catholic Institution for the Deaf, Boston Spa, following the removal of his parents to Oldham. The third case, a boy aged 10 years had also been under observation and was admitted after receiving hospital treatment.

In November, a boy aged 10 years was discharged to the special class at the Freehold County Junior School.

In November it was possible to resume the lip reading class at the Beaver Special School. The children attending the class continue to attend their ordinary school but attend the Beaver Special School twice a week for lip reading instruction. There were no children waiting admission at the end of the year.

(e) Delicate Pupils:—

"Pupils who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal regime of an ordinary school."

The Strinesdale Open Air School provides accommodation for 30 resident and 90 non-resident pupils who fall into this category.

In June, following the resignation of the Matron and her assistant, the residential accommodation had to be closed. Every effort was made to fill the vacancies but no suitable applications were received, and this accommodation remained closed throughout the remainder of the year. The resident pupils were transferred to the non-resident section of the school.

Admissions during the year were as follows:—

	Boys	Girls	Total
Arrested T.B. and T.B. contacts	1	1	2
Subnormal nutrition and debility	10	15	25
Bronchitis and asthma	17	11	28
Post Coeliac disease	1	4	5
	—	—	—
Totals	29	31	60
	—	—	—

(f) Diabetic Pupils:—

“Pupils suffering from diabetes who cannot obtain the treatment they need while living at home and require residential care.”

Children with diabetes usually attend an ordinary school. No children with diabetes were found to require special schooling during the year, and no children were receiving such schooling.

(g) Educationally Sub-Normal Children:—

“Pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.”

Many of these children make satisfactory progress when placed in special classes in an ordinary school. There are seven classes provided for such children, one (at Beever County Junior School) for children between 7 and 9 years, two (at Freehold County Junior School) for children between 7 and 11 years, and four (two at Derker Secondary Modern School and two at Waterloo Secondary Modern School) for children between 11 and 15 years. Each of these special classes provides 20 places and throughout the year there was accommodation available for 140 children.

A Senior Medical Officer has continued to visit the special classes and conduct re-examinations at the school. This arrangement provides for closer co-operation between the medical officer and the teaching staff and enables cases to be discussed in detail and the special problems of individual children to be reviewed to the mutual advantage of all concerned.

In February, Dr. W. P. B. Stonehouse attend a course of instruction on the ascertainment of educationally subnormal children. He was subsequently approved by the Ministry of Education under Section 53 of the Handicapped Pupils and School Health Service Regulations, 1945.

During the year 196 examinations in respect of 187 children were carried out. These examinations are usually held at the Health Office, but in special cases home visits are made. The following is a summary of the recommendations made:—

(a) Children found to be ineducable	4
(b) Children requiring supervision after leaving school ...	16
(c) For admission to a Residential Special School	1
(d) For admission to Chaucer Special School	14
(e) For admission to Special Classes	46
(f) Referred to Child Guidance Clinic	3
(g) For further supervision	89
(h) No further supervision required	23

Residential Special Schools.

At the beginning of the year 3 boys were in the following Residential Special Schools:—

Monyhull Colony School	2
St. Joseph's R.C. School	1

No children were admitted to, or discharged from, Residential Special Schools during the year.

A boy aged 14 years, who was under the care of the Children's Officer, was recommended for admission to a Residential Special School. All efforts to obtain a vacancy failed and he was still unplaced at the end of the year. A boy aged 7 years, who was recommended for admission to a Residential Special School last year, still remains unplaced.

Chaucer Special School.

Educationally subnormal children who require more specialised education than can be provided in a special class are admitted to the Chaucer Special School.

	Boys	Girls	Total
Number on register, 1st January	46	31	77
(8 from other areas)			
Number admitted during the year	5	3	8
(— from other areas)			
Number discharged during the year	7	4	11
(1 from other areas)			
Number on register, 31st December	44	30	74
(7 from other areas)			
Children discharged during the year:—			
At 16 years of age	5	3	8
Ineducable	1	—	1
Transferred to Special School	1	—	1
Removed to other areas	—	1	1

The eight children leaving school at the age of 16 years were notified to the Local Health Authority under Section 57 (5) of the Education Act, 1944. In seven cases suitable manual employment was found, but in the remaining case suitable employment had not been secured several months after the child had left school.

A boy aged 12 years, who was a West Riding County Council case from the Saddleworth area, was discharged from the school as ineducable. He was subsequently admitted to an Occupation Centre.

Following examination by the Consultant Ophthalmic Surgeon a boy aged 11 years was transferred to the Partially Sighted School.

(h) **Epileptic Pupils:—**

"Pupils who by reason of epilepsy cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils and require education in a Special School."

During the year no children were admitted to, or discharged from, homes for epileptics.

Two children admitted in previous years continue to remain in homes for epileptics—a boy of 10 years in the Maghull Home, Liverpool, and a girl of 14 years in the St. Elizabeth's School and Home, Much Hadham, Herts. This girl is under the care of the Children's Officer.

(i) **Maladjusted Pupils:—**

"Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment."

Children are referred to the Child Guidance Clinic for advice and treatment. No children were admitted to special schools for maladjusted children during the year.

(j) **Physically Handicapped Pupils:—**

"Pupils not suffering solely from a defect of sight or hearing, who, by reason of disease or crippling defect, cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to their health or educational development."

The Chaucer Special School is available for children whose physical disability renders it inadvisable that they should be exposed to the conditions of ordinary school life.

There were six children admitted during the year with the following defects:—

Congenital Heart Disease	3
Congenital Deformity of Feet	1
Right Spastic Hemiplegia	1
Tuberculosis of Knee	1

	Boys	Girls	Total
Number on register, 1st January	13	16	29
(2 from other areas)			
Number admitted during the year	4	2	6
(— from other areas)			
Number discharged during the year	3	3	6
(— from other areas)			
Number on register, 31st December	14	15	29
(2 from other areas)			

Children who left during the year:—

	Boys	Girls	Total
At 16 years of age	1	3	4
Transferred to a primary school	1	—	1
Removed to other areas	1	—	1

A boy aged 10 years with spina bifida was considered fit to be transferred to a primary school as his general condition had improved considerably since his admission. Four children left the school at the age of 16 years. Two were found employment; one was notified under Section 57 (5) but, owing to her physical and mental defect, could not be found employment; one was so crippled (spastic paralysis) that she was quite unemployable.

(k) Pupils Suffering from Speech Defect:—

“Pupils who on account of stammering, aphasia, or defect of voice or articulation not due to deafness, require special educational treatment.”

Speech therapy is available on a sessional basis at the Gower Street Centre under the direction of the Speech Therapist, Miss J. Woodhead. The children continue to attend their ordinary schools whilst having speech therapy. The stammering class is held on four afternoons per week, and children with other speech defects attend by appointment in the mornings.

Children who are found to suffer from stammer and are considered to be suitable for admission to the stammerers' class can be admitted within a few weeks. At the end of the year 4 children were awaiting admission to the class.

Children suffering from speech defect are placed on a waiting list and, unfortunately, admission cannot be effected for some months. At the end of the year 38 children were awaiting admission.

Stammering Class:—

Number on register, 1st January	28
(2 from other areas)	
Number admitted during the year	13
(— from other areas)	
Number discharged during the year	17
(1 from other areas)	
Number on register, 31st December	24
(1 from other areas)	

The following is the classification, according to improvement, of the 17 children discharged:—

Satisfactory Speech	6
Much improved	3
Left at 15 years of age	2
Withdrawn by parents	2
Unable to continue attendance	2
Transferred to Child Guidance Clinic	1
Removed to other areas,	1

Other Speech Defects:—

Number on register, 1st January	22
(6 from other areas)	
Number admitted during the year	38
(2 from other areas)	
Number discharged during the year	34
(7 from other areas)	
Number on register, 31st December	26
(1 from other areas)	

The following is the classification, according to improvement, of the 34 children discharged:—

Satisfactory Speech	22
Satisfactory within mental capacity	5
Cleft Palate Cases	1
Transferred to Stammering Class	1
For Hospital Treatment	1
Removed to other areas	1
Ceased to attend	2
Died	1

Pre-School Children.

Pre-school children found to have speech defects are referred to Miss J. Woodhead, Speech Therapist, who arranges for an appointment to be made with the parent. It is not practical to treat children so young unless the case is exceptional but an attempt is made to interview the parent every six months.

SCHOOL DENTAL SERVICE.

An efficient School Dental Service has been maintained throughout the year and there have been no major deficiencies such as many authorities have experienced through a shortage or complete lack of staff. By agreement, the resources of the School Dental Service are available for expectant and nursing mothers and pre-school children, and for these "priority classes" a full service has also been maintained. The new scales of salary for whole-time dental officers employed by local authorities were published in March, and, with a scaling down in the earnings from private dental practice, should result in a gradual flow of recruits to the Public Dental Service.

The year has been difficult for the staff and "prevention" has had to be sacrificed for more urgent "curative" work. It is some consolation that a brighter future lies ahead and it is the earnest hope that sufficient staff will soon be available to provide a complete service for our school children.

I am indebted to Mr. James Fenton, Senior Dental Officer, for the following report:—

During the year under review there has been no further reduction in the dental staff. The approved establishment permits a Senior Dental Officer and four Dental Officers to be employed, but the service has had to be maintained by the Senior Dental Officer and two Dental Officers. Even so, the dental service provided by the Oldham Authority compares favourably with that of other local authorities. It has not been possible to fill the vacancy for one dental officer, which has existed since May, 1950.

In March, after prolonged discussions, the Dental Whitley Council (Local Authorities) reached a decision on the salary scales and conditions of service for dental officers employed full-time in the service of local authorities. Thus for the first time in the history of the School Dental Service there is a recognised national scale of salaries for public dental officers. It was not anticipated that the recommendations would have an appreciable effect on the immediate recruitment to the School Dental Service. Though the financial rewards of the General Dental Practitioner Service have fallen during the year, they have not yet reached such a level that the School Dental Service can offer to young dentists a career which is as attractive financially. The few dentists who are now entering the service usually select appointments in those areas which have more attractive residential amenities than can be offered by industrial areas such as Oldham.

Evening sessions, which were commenced in 1949, have been continued. Older children attend these sessions and in addition to preventing interruption of their work at school, these arrangements

enable more time during the day to be spent on the treatment of the younger children.

The Orthodontic service has been successfully maintained and has once again proved very popular with parents and children alike. This specialised treatment is difficult to obtain other than at teaching hospitals and at these hospitals there is usually a very large waiting list.

In October, Dr. A. T. Wynne of the Ministry of Education, visited Oldham to inspect the dental service. Dr. Wynne visited the clinics and discussed with the officers concerned certain features of the work. A report of his inspection was subsequently received from the Ministry. The report commented favourably on certain aspects of the service, but drew attention to the waiting room furnishings at Cannon Street and Gower Street Clinics, and the need for more rinsing accommodation. It also recommended that in due course an X-ray apparatus would be desirable at the Gower Street Clinic. Following receipt of the report it is intended to effect certain improvements at Gower Street and Cannon Street Clinics during the next financial year.

The number of children applying for emergency treatment is still too high but will remain so until the staff situation is improved. Annual visits to schools are essential as inability to provide routine inspection and treatment at reasonable intervals results in far too many "casuals" attending the clinics for emergency treatment.

It has not been possible to have a dental officer in whole-time attendance at the Gainsborough Avenue Clinic, but the arrangements that have been made allow for a dental officer to attend each morning.

A dental service has been maintained for the other "priority classes," pre-school children and expectant and nursing mothers. It is regrettable to report that the number of toddlers attending the clinics complaining of toothache, which invariably necessitates the extraction of teeth, is increasing. The increase in dental caries in these young children is also revealed when new entrants to the schools are examined.

Dental Inspection.

Details of these inspections are to be found in the Ministry of Education Medical Inspection Return (Table V).

During the year 8470 children received a routine dental inspection, and 4979 were found to require treatment. With the present staffing situation it was not possible to refer for treatment

all those children with dental defects. When selecting cases for treatment the elimination of sepsis and prevention of toothache was the first consideration. Secondly every attempt was made to conserve as many permanent teeth as possible.

Dental Treatment.

Details of the dental treatment carried out are to be found in the Ministry of Education Medical Inspection Return (Table V).

3510 children received treatment and 12617 attendances were made by these children.

In addition approximately 7000 children attended the clinics as casuals and the necessary treatment was performed. These cases attend the clinics prior to the commencement of the morning session.

It was impossible to treat all carious lesions in temporary teeth by fillings and consequently other methods were employed in an endeavour to retain these teeth as long as possible. This accounts chiefly for the item "Other Operations."

Of the 1253 permanent teeth which were extracted, many of them were extracted for orthodontic purposes.

2602 permanent teeth were filled but only 449 temporary teeth were treated in this manner. When the staffing difficulties are overcome it will be possible to devote more time to the conservation of temporary teeth.

During the year 102 sessions were devoted to the treatment of cases under general anæsthetic, and 1069 school children, 156 pre-school children, and 32 nursing and expectant mothers, received treatment at these sessions.

X-ray Examinations.

Full use has been made of the X-ray unit and 333 films were taken.

Dentures.

It was necessary to supply 118 children with partial dentures which are usually to replace front teeth which have been lost as a result of accidents.

The services of a dental mechanic are engaged for constructing dentures and certain types of orthodontic appliances.

Orthodontic Treatment.

This branch of the School Dental Service retained its popularity and continued its very valuable work.

66 children commenced orthodontic treatment; 211 appliances were fitted, and 34 oral screens were constructed.

Hospital Facilities.

Children who require consultant advice and treatment can be referred to the Manchester Dental Hospital. During the year one child was referred.

The Manchester Regional Hospital Board have appointed Mr. W. C. Mellor, F.D.S., as Consultant Dental Surgeon to the Oldham Hospital Group. In June, Mr. Mellor took up duties in this capacity, and cases can be referred to his clinic at Boundary Park General Hospital, for his opinion and advice.

The Senior Dental Officer is also on the staff of the Boundary Park General Hospital and in cases where extensive treatment is required and treatment in hospital would be more beneficial, children are admitted under his care. Continuity of treatment is thus assured and school children receive the full benefits of the hospital services.

HIGHER EDUCATION.

Secondary Grammar Schools.

It has been the arrangement for all children in attendance at Secondary Grammar Schools to be inspected annually. Having regard to the increasing numbers of children attending these schools, the shortage of medical staff, and, apart from defects of vision, the low percentage of defects found, this arrangement was discontinued at the beginning of the year.

All children are examined prior to entering grammar schools and the school nurses make an annual visit to test the vision and measure the height and weight of all pupils in these schools. The routine medical examination is now restricted to the possible leavers, these are children who will reach the age of sixteen years before the end of the school year. Any child who it is thought might require a special examination can be brought to the notice of the doctor when he visits the school.

The following table gives a summary of the inspection and the defects found:—

Number of leavers examined	153
Number of special examinations	23
	<hr/>
Total	176
	<hr/>

General condition of children examined:—

A	50	—	32.68%
B	103	—	67.32%
C	—	—	—

Defect or Disease Requiring Treatment:—

Eyes—Vision	4
Nose and Throat	1
Orthopædic:—	
Posture	1
Other	2

MEDICAL RESEARCH COUNCIL.

Anti-Tuberculosis Vaccine Investigation.

The Medical Research Council is undertaking controlled clinical trials of anti-tuberculosis vaccines and in July requested the co-operation of this authority in their investigation. The Ancillary Services Sub-Committee readily agreed to co-operate and the scheme is fully described in the report of the Physician-in-Charge, Dr. G. G. Lindsay.

The Medical Research Council provide the medical and radiological staff and the mobile X-ray unit. Nursing and clerical assistance is provided by the School Health Service staff.

Prior to the commencement of the investigation Dr. G. G. Lindsay and the School Medical Officer met the Head Teachers of the schools concerned when the scheme was fully explained and their co-operation invited. This has been freely and enthusiastically given and in a number of schools the acceptance rate has been as high as 95—100%. This co-operation is greatly appreciated and is reflected in the report of Dr. Lindsay.

The following report of the scheme is submitted by Dr. G. G. Lindsay:—

“The Tuberculosis Unit of the Medical Research Council is at present carrying out a trial of vaccines against tuberculosis. There are three teams engaged in the work, one based in London covering the population in the Home Counties, and another based in Birmingham, covering the towns of Birmingham, Coventry, Smethwick, Walsall, Wolverhampton and West Bromwich. The Unit in the North is based in Manchester, and besides Oldham the towns taking part are Manchester, Salford, Stockport, Bradford, Leeds, Bolton and Rochdale.

The volunteers who are taking part in the trial are aged 14, and are about to leave Secondary Modern schools and are, therefore, about to enter the 15-25 age group, one which is known to produce a very large number of cases of tuberculosis.

An explanatory leaflet is sent to the parents asking for their consent to allow their children to take part in the scheme. The children are X-rayed and tuberculin tested, and by this test it is possible to find out the children who have already had their first infection with the germ of tuberculosis. Rather less than half of the children who are tested are found to have had an infection with the germ, and have presumably built up some degree of resistance to the disease. Most of the children who by the tuberculin test are found

not to have had their first infection with the germ, and who have, therefore, not built up any resistance to tuberculosis, are given vaccine. Two vaccines are being used:—

- (1) B.C.G. Vaccine which has been widely used in Europe and elsewhere.
- (2) Vole Vaccine, which is made in this country but which has not been so extensively used.

As they are prepared now, the vaccines are harmless. Any child who is found to have any suspicion of tuberculosis is immediately referred to the care of the Chest Clinic for further investigation.

Every child who completes one series of tests will be very carefully watched over the next three years. He or she will receive a questionnaire form about four months after leaving school, and a visit from one of the Health Visitors a few months later, and any change in the child's health will be noted. After about twelve months the Mass Radiography Unit of the M.R.C. will be in Oldham and all the young people in the scheme will be asked to attend for a chest X-ray, which will be of the greatest value, both to the M.R.C. and also to the young people themselves. These routine procedures will take place during each of the next three years, and at the end of that time it will be possible to assess the amount of protection which the vaccines have conferred, and it may also be possible to establish which of the two vaccines is the more effective.

The response to the trial in Oldham has been really magnificent and the volunteer rate has been the highest of all the towns taking part in the North."

In November, the first batch of school leavers was examined when the unit spent four morning and two afternoon sessions at the Gower Street Clinic. At this visit the Christmas and Easter leavers were examined. The following figures relate to these children:—

	Christmas Leavers 1951	Easter Leavers 1952
Number of School Leavers	319	256
Number of acceptances	254	212
Percentage of acceptances	79.6	82.8
Number attending 1st test	254	212
Excluded as cases or contacts	1	4
Failed to complete examination	13	11
Number completing examination	240	197
Percentage admitted to trial	75.2	77.0
Total number positive	113	95
Total number negative	127	102
Total number vaccinated	84	72
Total number in control group	43	30

PHYSICAL EDUCATION.

Report of the Chief Organiser of Physical Education (Mr. W. C. S. Morgan).

1. Staff.

The staff consisted of the Chief Organiser, three full-time and two part-time teachers of swimming, two full-time and one part-time pianists. During the year two part-time women teachers of swimming were appointed to fill one full-time vacancy. Mrs. Henshall was appointed Woman Organiser of Physical Education as from the 1st May.

2. Physical Activities.

Regular periods, mostly daily, were devoted to physical activities in all schools.

In primary infant and junior schools the general conduct of physical activities has been greatly assisted by additional supplies of apparatus and by an encouraging amount of improvisation by the teachers.

In the secondary schools new appointments of specialist teachers have strengthened several staffs and to this extent the standard of training has been raised.

During the year two courses have been conducted by the Woman Organiser, one for teachers in infant schools and one for teachers in secondary schools. Arrangements are in hand for further courses to be held early in the new year for both teachers in junior schools and men teachers in secondary schools.

In the Authority's visual aids library a fairly complete stock of films, film loops and film strips dealing with physical education have been available for use in the schools and have been found of value for both teachers and children.

Arrangements for the supply of plimsolls on hire to children have continued as formerly. No free supply of special costume has been made but bulk supply of shorts for purchase by children has been of much assistance in several schools.

3. Games.

The state and the general provision of playing field facilities have been by far the greatest handicap in the development of this branch of physical education. Although some additional pitches were provided, by the erection of goal posts on ill-prepared sites, the general provision of suitable grounds and changing accommodation has not improved. The condition of some school grounds has, in fact, deteriorated through inadequate maintenance.

The general coaching and standard in the major games for the majority of older children has inevitably suffered in consequence of lack of suitable facilities. Despite this, considerable time and attention has been given by teachers to the conduct of school and inter-school games. The standard of play by representative teams in association football, rugby league football, cricket and netball has been maintained and the efforts of teachers in overcoming severe handicaps in this work have been worthy of the highest praise. The Authority has given every assistance through adequate supply of games equipment.

4. Athletics.

The development of athletics has been retarded by lack of adequate ground facilities but in spite of this some progress has been made in coaching.

A further course in the coaching of athletics was conducted for teachers in secondary schools and further supplies of athletic equipment for field events—discus, javelin and shot—have been made available. A limited supply of hurdles has also been obtained. In this branch of physical education numbers of teachers have carried out coaching extraneously. As a result of their efforts four children were successful in representing Lancashire in the English Schools' Championships.

5. Swimming Instruction.

The normal arrangements for instructional classes as part of the schools' curricula have been continued and the standard of the work has remained at a high level. This work has been successfully supplemented by a number of inter-school and inter-town competitive swimming events. Inter-school leagues in the junior schools have been very popular and well supported by the schools. This and similar competitions for secondary schools were held during the early part of the year and two inter-school galas, one for juniors and one for secondary schools, were held in November.

Prior to the Lancashire Schools' Championships during the year two qualifying area competitions were held. A full complement of Oldham children took part in the area competition and several children were successful in qualifying and ultimately securing county championships and also in taking part in the Lancashire team against Yorkshire.

The boys' town team who won the N.C.A.S.A. Inter-Town Schools' Team Championship in 1950 were beaten by Manchester in the semi-final this year.

St. Mary's R.C. Secondary Modern Boys' School who won the A.S.A. National Schoolboys' Team Championship in 1950 reached the final in the northern counties area but did not repeat their success of the previous year.

6. Youth Service.

Inter-club games leagues as arranged by the Chief Organiser of Physical Education have continued.

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1951.

Table I.

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools)

A.—Periodic Medical Inspection.

Number of Inspections in the prescribed Groups:—

Entrants	2146
Second Age Group (11 years old)	765
Third Age Group	1214
Total	4125
Number of other Periodic Inspections (8 years old)	711
Grand Total	4836

B.—Other Inspections.

Number of Special Inspections	3070
Number of Re-Inspections	7743
Total	10813

C.—Pupils Found to Require Treatment.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

NOTES.—(1) Pupils found at Periodic Medical Inspection to require treatment for a defect are not excluded from this return by reason of the fact that they are already under treatment for that defect.

(2) No individual pupil is recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	6	243	226
Second Age Group	16	30	46
Third Age Group	60	65	115
Total (prescribed groups) ...	82	338	387
Other Periodic Inspections ...	26	48	69
Grand Total	108	386	456

Table II**A.—Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1951.**

NOTE.—All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect or Disease	Periodic Inspections No. of Defects:—		Special Inspections 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
Skin	30	57	353	—
Eyes:—				
(a) Vision	108	193	265	33
(b) Sqint	44	97	11	1
(c) Other	5	8	80	3
Ears:—				
(a) Hearing	3	23	6	2
(b) Otitis Media	13	36	24	1
(c) Other	1	3	92	—
Nose or Throat	127	538	19	15
Speech	18	41	10	13
Cervical Glands	2	81	1	—
Heart and Circulation	—	22	1	1
Lungs	8	113	1	3
Developmental:—				
(a) Hernia	5	38	2	—
(b) Other	1	46	—	—
Orthopædic:—				
(a) Posture	9	16	—	—
(b) Flat Foot	32	21	4	—
(c) Other	58	48	25	5
Nervous System:—				
(a) Epilepsy	—	5	—	—
(b) Other	2	5	—	—
Psychological:—				
(a) Development	7	15	—	—
(b) Stability	1	7	—	—
Other	20	245	423	8

B.—Classification of the General Condition of Pupils Inspected During the Year in the Age Groups.

Age Groups	No. of Children Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants	2146	255	11.88	1822	84.90	69	3.22
Second Age Group	765	156	20.39	585	76.47	24	3.14
Third Age Group	1214	350	28.83	842	69.36	22	1.81
Other Periodic Inspections ...	711	93	13.08	585	82.28	33	4.64
Total	4836	854	17.66	3834	79.28	148	3.06

Table III.**Infestation with Vermin.**

All cases of infestation, however slight, are recorded.

The return relates to individual pupils and not to instances of infestation.

1. Total number of examinations in the schools by the School Nurses or other authorised persons	45,959
2. Total number of individual pupils examined	17,200
3. Total number of individual pupils found to be infested	1,196
4. Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	28
5. Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	18

Table IV.

Treatment of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools).

Notes:—(a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

Group 1.—Diseases of the Skin (excluding Uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—(i) Scalp	—	—
(ii) Body	—	—
Scabies	10	—
Impetigo	26	3
Other skin diseases	322	52
Total ...	358	55

Group 2.—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with by the Authority	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	91	—
Errors of Refraction (including squint)	991*	—
Total ...	1082	—

Number of pupils for whom spectacles were

(a) Prescribed	651*	892
(b) Obtained	612*	—

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

Group 3.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated by the Authority otherwise	
Received operative treatment		
(a) for diseases of the ear	—	24
(b) for adenoids and chronic tonsillitis	—	210
(c) for other nose and throat conditions	—	32
Received other forms of treatment	111	65
Total ...	111	331

Group 4.—Orthopædic and Postural Defects.

(a) Number treated as in-patients in hospitals	54	
	by the Authority	otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient depts.	—	325

Group 5.—Child Guidance Treatment.

	Number of cases treated In the Authority's Child Guidance Clinics Elsewhere	
Number of pupils treated at Child Guidance Clinics	34	—

Group 6.—Speech Therapy

	Number of cases treated by the Authority otherwise	
Number of pupils treated by Speech Therapists	101	—

Group 7.—Other Treatment Given.

	Number of cases treated by the Authority otherwise	
Miscellaneous minor ailments	1046	—

Table V**Dental Inspection and Treatment**

1. Number of pupils inspected by the Authority's Dental Officers :—	
(a) Periodic Age Groups	8470
(b) Specials	7270
(c) Total (Periodic and Specials)	15740
2. Number found to require treatment	4979
3. Number referred for treatment	3243
4. Number actually treated	3510
5. Attendances made by pupils for treatment	12617
6. Half-days devoted to :—	
(a) Inspection	54
(b) Treatment	1140
*Total (a) and (b)	1194
7. Fillings :—	
Permanent Teeth	2946
Temporary Teeth	494
Total	3440
8. Number of teeth filled :—	
Permanent Teeth	2602
Temporary Teeth	449
Total	3051
9. Extractions :—	
Permanent Teeth	1253
Temporary Teeth	6602
Total	7855
10. Administrations of general anæsthetics for extraction	1069
11. Other Operations :—	
(a) Permanent Teeth	4282
(b) Temporary Teeth	1162
Total (a) and (b)	5444

* Includes 152 Orthodontic Sessions.

**Number of Children Reported to the Local Health Authority
for the Purpose of the Mental Deficiency Act, 1913.**

Under the Education Act, 1944:—

	Male	Female	Total
(a) Section 57 (3)	1	3	4
(b) Section 57 (5) :—			
On leaving special schools	6	4	10
On leaving ordinary schools	5	3	8
	12	10	22

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS or BOARDING IN BOARDING SCHOOLS

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Sub-normal	Maladjusted	Epileptic	Total
In the calendar year :—										
A. Handicapped Pupils <i>newly placed</i> in Special Schools or Homes ...	—	3	—	3	55	5	8	—	—	74
B. Handicapped Pupils <i>newly ascertained</i> as requiring education at Special Schools or board- ing in Homes ...	—	3	1	3	28	4	14	2	—	55
On or about Dec. 1st.										
C. Number of Handicapped Pupils from the area:—										
(i) attending Special Schools as Day Pupils ...	—	22	14	7	102	27	69	—	—	241
Boarded Pupils ...	6	—	—	—	—	—	3	—	2	11
(ii) Boarded in Homes ...	—	—	—	—	—	—	—	—	—	—
(iii) attending indepen- dent schools under arrangements made by the Authority	—	—	—	—	—	—	—	—	—	—
Total (C) ...	6	22	14	7	102	27	72	—	2	252
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:										
(a) in hospitals	—	—	—	—	—	—	—	—	—	—
(b) elsewhere	—	—	—	—	—	5	—	—	—	5
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are tem- porarily receiving home tuition) ...	—	—	1	—	—	—	19	3	—	23



