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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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EDUCATION COMMITTEE, 1952-53

(as from 19th May, 1952)

Council Members

Alderman F. Lord, O.B.E., J.P. (Chairman)
 Councillor J. T. Hilton (Deputy Chairman).
 The Mayor (Councillor H. B. Whittaker, J.P.)
 Alderman J. Bannon, J.P.
 Alderman W. Clough, J.P.
 Alderman J. Shyne
 Alderman G. A. Taylor, M.B., Ch.B.
 Alderman S. Thornton, J.P.
 Alderman H. H. Webster, J.P.
 Councillor Ellen Brierley
 Councillor J. Crowther, M.B.E.
 Councillor W. B. Forrest (from 9-7-52)
 Councillor Alice A. Kenyon, J.P. (from 9-7-52)
 Councillor W. Orrell
 Councillor Ethel Rothwell
 Councillor S. R. Walker
 Councillor J. C. Watson

Co-opted Members

Very Rev. Canon M. Fitzgerald, B.A., L.S.Sc.
 Rev. J. Calderley
 Rev. G. M. Wylie
 Mr. J. Armitage (from 9-7-52)
 Mr. J. H. Broadbent
 Mr. W. Clover (to 8-7-52)
 Mr. H. Hellon
 Miss A. A. Kenyon, J.P. (to 8-7-52)
 Mr. T. Prescott
 Mr. O. Ward (from 9-7-52)

Director

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

Deputy Director

H. P. Shallard, O.B.E., K.D., M.A. (to 31-5-52)
 G. Wilson, M.A., M.Lit. (from 1-8-52)

School Health Department,
Town Hall,
Oldham.

May, 1953.

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 1952.

There have been a number of staff changes during the year and the medical staff is now up to full establishment. The award of the Elliston Scholarship to Dr. A. J. I. Kelynack is an honour which reflects credit on the service and merits congratulation. With the appointment of Miss Curtis the number of Dental Officers now employed is four, the same number as on the 5th July, 1948. The dental service is being maintained, but no extension will be possible unless premises for an additional clinic can be provided.

It is again gratifying to report that no case of diphtheria occurred in the Borough. This disease is becoming a rarity in our school population—in the last four years only two school children have contracted the disease. Immunisation is being maintained, but there must be no lack of vigilance or disaster will follow. Cases of poliomyelitis occurred in the Autumn months, but there was no local epidemic prevalence. Dysentery caused concern, and rampant infection in a nursery school necessitated its closure for a week. Measles ran riot in the late months of the year and infant departments were seriously affected.

In December, 1951, the first signs of a trade recession appeared in the textile industry, many mills having a stoppage of one week and a few for two weeks during and after Christmas. This recession, which was characterised by employees being temporarily suspended or working less than a five-day week rather than being totally unemployed, gradually gathered momentum during the early months of the year. The peak was reached in May, when the highest number

of persons unemployed or temporarily suspended was recorded. Employment improved during each succeeding month, but at a date in December the number of persons so affected registered at the Oldham Employment Exchange totalled 2,439. As a result of the recession the number of children receiving meals without payment increased substantially.

The Hospital and Specialist Services have been developed and consolidated during the year and are fully reviewed in the report. The Orthoptic Clinic, which was opened in January, is providing an efficient and most necessary service. The Consultative Aural Clinic at Scottfield has functioned since May and is working well and proving advantageous to all. It is a complaint in some areas that little or no co-operation exists between the hospital and local authority services. In Oldham, as regards the School Health Service, co-ordination of the services and friendly co-operation has been effected. I wish to express my appreciation of the co-operation received from the Secretary of the Oldham Hospital Group, Mr. F. W. Barnett, and especially from the Consultants who are so closely connected with the problems and work of the School Health Service. The Ancillary Services Sub-Committee has strengthened this co-operation by accepting a recommendation that the Consultant Pædiatrician and Consultant Aural Surgeon should also be employed directly in a consultative capacity, as is the Ophthalmic Surgeon. Under this arrangement they give advice and submit any special reports that may be required by the School Medical Officer.

The number of children awaiting operation for the removal of tonsils and adenoids again caused grave concern and in October the Ancillary Services Sub-Committee drew the attention of the Oldham and District Hospital Management Committee and the Manchester Regional Hospital Board to the unsatisfactory position. This is only one aspect of the problem. It is well known that many other children are referred by their own practitioners and placed on the hospital waiting list. The Aural Surgeon is alive to this problem and children in urgent need of treatment receive "priority" admission. Nevertheless the routine admission has to wait many months and often much longer before operative treatment can be arranged.

The provision made for the handicapped pupil has been under review and additional accommodation for educationally subnormal children is now available at Chaucer Special School. In October the residential section of the Strinesdale Open Air School was re-opened. The number of children with speech defect and awaiting speech therapy is a matter of grave concern. The appointment of an additional Speech Therapist is a necessity.

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

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 sincere appreciation of the help which is so freely afforded by the Director of Education and his staff 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 Officer

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

Assistant School Medical Officers

E. Circuitt, M.B., Ch.B., D.P.H.

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

A. J. I. Kelynack, M.B., B.S. (from 10-1-52)

I. R. S. Troup, M.B., Ch.B. (from 14-1-52)

T. A. J. Thorp, M.B., Ch.B., D.P.H. (temporary from 29-9-52)

Senior Dental Officer

J. Fenton, L.D.S.

Dental Officers

J. H. Woolley, L.D.S.

D. J. Franks, L.D.S.

Miss M. E. Curtis, L.D.S. (from 19-5-52)

Consultants

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

J. N. Appleton, M.B., Ch.B., D.L.O., F.R.C.S.*Aural Surgeon*

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

D. Hilson, M.A., M.B., B.Chir., D.C.H., M.R.C.P.*Pædiatrician*

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.,

Child Guidance Clinic

Medical Director.

M. J. Dale, M.B. (Heidelberg)

Educational Psychologist.

D. M. MacNair, B.A.(Psych.) (to 30-6-52)

D. G. Pickles, M.A.(Cantab.), Hons. Psych. (from 6-11-52)

Psychiatric Social Worker.

O. Sutton

Orthoptist

Miss E. J. Kirkman, D.B.O.

Superintendent School Nurse

※ Mrs. C. Houghton (to 31-8-52)

※ Miss F. Collins (from 1-10-52)

Deputy Superintendent School Nurse

※ Miss C. Williamson (from 1-10-52)

Senior School Nurse

□ Mrs. A. G. Willmott

School Nurses

✕ Miss M. Barker	※ Miss E. Keenan (from 12-5-52)
○★ Miss T. Dolan	※ Miss W. McDonnell (from 12-5-52)
※ Miss J. France	※ Miss M. E. Strain (to 27-1-52)
※ Mrs. C. Smith	✕ Miss M. Barnes (to 31-3-52)
※ Miss E. J. Thompson	✕ Mrs. H. Emmott (to 14-4-52)
★ Miss E. E. Williams	✕ Mrs. E. E. Robinson (to 23-6-52)
※ Mrs. M. Wells (to 29-2-52)	※ Miss C. Williamson (to 30-9-52)

※ S.R.N., S.C.M., H.V.Cert.

✕ S.R.N., H.V.Cert.

□ S.R.N., S.C.M.

★ S.R.N.

○ Temporary

ANNUAL REPORT

STAFF

In January, Dr. A. J. I. Kelynack and Dr. Isobel R. S. Troup were appointed Assistant School Medical Officers to fill existing vacancies.

In July, the London School of Hygiene and Tropical Medicine awarded Dr. Kelynack an Elliston Scholarship of the value of £150 with remission of tuition fees for the D.P.H. Course. Dr. Kelynack requested leave of absence (without pay) which was granted, and he commenced his studies at the end of September.

Dr. T. A. J. Thorp was appointed in a temporary capacity pending Dr. Kelynack's return to duty.

In May, the vacancy of Dental Officer, which had existed since April, 1950, was filled by the appointment of Miss M. E. Curtis. The number of Dental Officers employed is now the same as on the 5th July, 1948.

Mrs. C. Houghton, Superintendent School Nurse, left the service in August. In October, Miss F. Collins, who was appointed to succeed her, commenced duty, and Miss C. Williamson was appointed Deputy Superintendent School Nurse.

In January, Miss E. J. Kirkman commenced duties as Orthoptist, and took charge of the new Orthoptic Clinic which has been established at Scottfield.

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 new 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:—

Derker County Infant School	June
Limehurst Cty. Inf. & Jun. School (1st portion)	September

Consequent upon the opening of the new Derker Infant School, classrooms in the original school previously occupied by infant children are now occupied by the junior children, leaving the whole of the large building for use by the secondary modern department. A start has been made on dispensing with the old steam heated plenum system of heating and already the new low pressure hot water system of heating is working in the junior school and it is hoped that a similar new system will be working in the secondary modern school when the scholars return after the Christmas holidays.

In June, the dining room at the Freehold County Junior School was transferred to the Brunswick Methodist School. This transfer enabled the Infants' Department to obtain additional classroom accommodation which was urgently required.

In September, the physically handicapped scholars of Chaucer Special School were transferred to the premises previously occupied by the partially sighted scholars at Scottfield School. The partially sighted scholars were transferred to accommodation at Waterhead County School. By these transfers it was possible to extend the accommodation at Chaucer Special School to accommodate a further group of educationally subnormal children.

In September, Henshaw's School was extended by taking over accommodation previously used for boarding. This scheme for enlarging the school made it possible to admit a second stream which included (i) senior girls from Parish Church School and (ii) senior boys and girls from Moorside and St. Paul's Voluntary Schools. When modifications are completed the school will accommodate a third stream of children. The school had previously accommodated a single stream of boys.

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

Alexandra Park Cty. Inf. School —	2 classrooms
	Extension to Assembly Hall.
Hollins Secondary Modern School —	Extension to Assembly Hall.
	New Staff room
	Additional Domestic Science room
Greenacres County Infant School —	Staff room
	New lavatories
Greenacres County Junior School —	New lavatories

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

New Schools

Fitton Hill County Junior School
Hathershaw Secondary Technical School
Central College of Further Education
Limehurst County Infant and Junior School (2nd portion)

Additions to Existing Schools

Freehold County Infant School — New cloakrooms
New lavatories
Head Teacher's room

In accordance with the building programme of the Committee the following schemes should commence in 1953:—

New Schools

Fitton Hill County Infant School
Mixed Secondary School (R.C.)

Additions to Existing Schools

Strinesdale Open Air School — Craft room
1 classroom

The average number of children on the registers in December, 1952, was 17,318, an increase of 704 compared with the previous year.

The distribution is as follows:—

	Sen. & Jun.	Infants
County Primary & Secondary Modern Schools	7159	4360
Voluntary Primary & Secondary Mod. Schools	2647	1590
	<hr/> 9806	<hr/> 5950
Counthill Grammar School	567	
Greenhill Grammar School	391	
Robin Hill Secondary Technical School	282	
Junior School of Art	47	
Special Schools:—		
Beever Special School	33	
Scottfield Special School:—		
Physically Handicapped	29	
Chaucer Special School:—		
Educationally Subnormal	86	
Waterhead Special School:—		
Partially Sighted	21	
‡Strinesdale Open Air School:—		
Resident	26	
Non-resident	80	

‡ The residential section of the school was re-opened on the 20th October.

MEDICAL INSPECTION

Periodic Medical Inspection

The periodic medical inspection of three age groups has been continued throughout the year and 5,082 children were examined at these inspections.

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

Entrants	2,851
11 year olds	1,021
Leavers	1,210
	<hr/>
	5,082
	<hr/>

The following figures show the incidence of certain defects in the 5,082 children who were examined at the periodic inspections:—

Defect or Disease	No. of children requiring treatment or observation for the Defect	Incidence of the defect per 1,000 children examined
Otitis Media	123	24.20
Nose or Throat	574	112.95
Speech	99	19.48
Cervical Glands	110	21.65
Heart and Circulation	59	11.61
Lungs	131	25.78
Hernia	58	11.41
Epilepsy	12	2.36
Orthopædic	368	72.41

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

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 302 children (5.94 per cent. of those examined) classified "C." These children can best be described as being "below par," a number of causes being responsible.

The figure of 5.94 per cent. compares with 3.06 per cent. for the previous year. It is not considered that this rise is due to any deterioration in health or to any lower state of nutrition. This method of assessing a child's physical condition depends on the impressions and standards of the examining medical officers.

Special Inspection

The medical officers made 2,562 special inspections and 6,287 re-inspections. These inspections were made mostly at the clinics or in the schools.

Secondary Grammar Schools

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 restricted to children entitled to leave school at the end of the school year, but any child who is thought to require a special examination can be brought to the notice of the medical officers when they visit the school.

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

Number of leavers examined	173
Number of special examinations	14
	<hr/>
Total	187
	<hr/>

General condition of children examined:—

A	71	—	41.04%
B	94	—	54.34%
C	8	—	4.62%

Defect or Disease Requiring Treatment:—

Skin	1
Eyes—Vision	1
Orthopædic:—	
Flat Feet	4
Other	3

Uncleanliness Examinations

Methods of ascertaining and dealing with head infestation have undergone no radical change during the year.

There were 1,180 individual children (6.81 per cent. of the school population) found to be infested on at least one occasion during the year, and while this is the lowest figure recorded the position cannot be regarded as satisfactory. The aim of the school health service is to educate parents and older children in this matter, and to that end

advice is given by letter and practical help is available at the school clinic for those who require it. Supplies of a suitable insecticide are available at school clinics. Home visits are paid in persistent cases.

All cases of infestation, however slight, are recorded, and the majority of the above cases were children with a few nits only. Exclusion from school on account of heavy infestation was considered advisable in 6.17 per cent. of the affected children. The neglected, severely infested head with impetigenised sores is now uncommon.

During the year sixteen 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 six of these cases compulsory cleansing had to be undertaken and in accordance with the instructions of the Committee a letter was sent to the parents warning them of their liability to prosecution if the infestation recurs. In one of these cases a child was subsequently found to be infested and the Town Clerk was instructed to take legal proceedings. The parent was fined the maximum penalty of 20s.

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	286
Visits to schools for head inspections :	
First visits	268
Re-inspections	321
Visits to Homes	361

EMPLOYMENT OF SCHOOL CHILDREN

A report on each of the 1,210 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 94 children from one or more of the following categories of work:—

1 Heavy manual work	45
2 Sedentary work	0
3 Indoor work	1

4	Work involving prolonged standing, much walking or quick movement from place to place	14
5	Exposure to bad weather	13
6	Work involving wide changes in temperature	2
7	Work in a damp atmosphere	7
8	Work in a dusty atmosphere	9
9	Work involving much stooping	1
10	Work near moving machinery or moving vehicles	1
11	Work at heights	1
12	Work requiring normally acute vision	27
13	Work requiring normal colour vision	1
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 ...	1
17	Work requiring normal hearing	5

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 270, and the occupations were as follows:—

Newspaper delivery	246
Errand boys	18
Dancers	6

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 under review.

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 or other relatives attending the periodic medical inspections is as follows:—

		1951		1952
Entrants	1939	90.35%	2495	87.51%
11 year old ...	468	61.18%	595	58.28%
Leavers	137	11.28%	159	13.14%

HOSPITAL AND SPECIALIST SERVICES

The Child Guidance and Orthoptic Clinics are the only specialist services maintained by the Education Committee. Other specialist provision is made by the Manchester Regional Hospital Board through the Oldham and District Hospital Management Committee which provides an Orthopædic Clinic at Gainsborough Avenue where school children can attend, and a Pædiatric Out-Patients' Clinic at Boundary Park General Hospital which is held each Monday afternoon and Wednesday morning.

Following the appointment of Mr. Norman Appleton as Consultant Aural Surgeon to the Oldham and District Hospital Group the arrangement to hold a Consultant Aural Clinic at one of the School Clinics was made effective in May. The clinic is held on Friday mornings at Scottfield, and is staffed by the School Health Service personnel but the Consultant's services are available by arrangement with the Manchester Regional Hospital Board. The Clinic has functioned smoothly and efficiently and the closest co-operation is afforded by this arrangement.

In order that Mr. Appleton's advice and help may be available for services outside the scope of the National Health Service Act, particularly the examination and reporting upon deaf and partially deaf children, the Committee accepted a recommendation that Mr. Appleton should be appointed Consultant Aural Surgeon.

Dr. F. Janus is employed as Consultant Ophthalmic Surgeon and undertakes the examination of blind and partially sighted children and also supervises the children in the special school for partially sighted children. In the ophthalmic field there is complete liaison between the services available through the School Health Service and those provided by the Oldham and District Hospital Management Committee, and continuity of care and treatment is assured as the same staff is employed by both authorities.

The Consultant Pædiatrician, Dr. D. Hilson, is also employed in a consultative capacity. Under this arrangement he gives advice and submits any special reports that may be required by the School Medical Officer. In this field it is particularly necessary that there should be personal discussion regarding the treatment and disposal of handicapped and other children. This is effected by Dr. Hilson having regular meetings with the School Medical Officer and his staff when such problems are discussed. Co-operation is further effected by the Senior Medical Officer, Dr. J. Starkie, making regular visits to the pædiatric ward at Boundary Park General Hospital when Dr. Hilson conducts a ward round.

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 four 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 Scottfield Clinic.

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, 1,595 children made 8,050 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 ten, which is the same as last year's total. 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	6
Female	3
	— 9
	— 19

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 Boundary Park General Hospital.

Since the appointment of a Consultant Pædiatrician to the Oldham Hospital Group special cases are referred to him for advice and any necessary treatment.

Eye Diseases—Visual Defects

Ophthalmic Clinic

This clinic is held at Scottfield and Dr. N. MacInnes and Dr. L. B. Hardman have continued to hold regular weekly sessions. Due to the large number of children awaiting examination and the increased number of referrals it was necessary for these doctors to undertake additional sessions during the year. At the end of the year the waiting list for children awaiting examination had been eliminated.

During the year, 1,503 children were examined (Dr. MacInnes 739; Dr. Hardman 764), and spectacles were prescribed or changed in 1,027 cases.

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

Children with squint are now referred to the Orthoptic Clinic for investigation and treatment. Children who require other investigation or treatment are referred to the Ophthalmic Clinic at the Oldham Royal Infirmary.

Orthoptic Clinic

This clinic was opened at Scottfield on the 2nd January and meets a long-felt need. For some considerable time much concern was felt that very many children suffering from squint were not being fully investigated or treated. A number of children were attending the Orthoptic Clinic at the Manchester Royal Eye Hospital but this necessitated a tedious journey and much loss of time for the parent. There was no encouragement for the pre-school child, especially the toddler, to be referred if a squint was suspected.

The clinic is fully equipped with all the necessary apparatus and in the establishment of the clinic advice and help was received from Dr. F. Janus and Miss E. Stringer, Head Orthoptist, Manchester Royal Eye Hospital. Pre-school children attend and there is the closest co-operation with the staffs of the Ophthalmic Department, Oldham Royal Infirmary and the Manchester Royal Eye Hospital. By arrangement, Miss Kirkman, the Orthoptist, visits the Oldham Royal Infirmary weekly to discuss problems of treatment with Dr. F. Janus and to receive details of children attending as out-patients and in-patients who are referred for treatment.

I am indebted to Miss Kirkman for the following details:—

As the clinic opened at the beginning of the year only a few cases were referred in January, but the number of cases referred each month increased and by the end of the year 301 cases had been placed on the register.

The work of the clinic falls under the following headings:—

Treatments.—Patients under this heading are those attending weekly for exercises on the instruments for a period of half an hour.

The length of a course of treatment cannot be laid down, as each individual responds differently.

Occlusions.—The term "occlusion" is applied to that method of treatment whereby the vision of "the good" eye is obscured, either partially or totally, in order that the patient might be made to use the squinting eye, in which the vision is often poor.

This is one of the first stages in the curing of squints, and almost every patient undergoes this treatment at one time or another. These cases usually attend once a month.

Tests.—Patients registered under this heading are those who have completed a course of instrument treatment and have improved, and those having received surgery.

Also at approximately five or six years of age, every child has his or her squint measured and the exact state of the eyes determined.

Observations.—These are cases that are too young for treatment on the instruments, and do not require occlusion. They attend periodically to see that their condition has not deteriorated.

In certain cases operative treatment is indicated and during the year 22 children received such treatment (Oldham Royal Infirmary, 21; Manchester Royal Eye Hospital, 1).

On the 31st December, eight children were awaiting admission to hospital for operative treatment (Oldham Royal Infirmary, 5; Manchester Royal Eye Hospital, 3).

The following figures relate to the work of the clinic during the year:—

Cases on register 1st January	0
Cases referred during the year:—	
Manchester Royal Eye Hospital	
(cases transferred)	113
Oldham Royal Infirmary	89
Scottfield Ophthalmic Clinic	82
Other Ophthalmic Clinics	3
Ophthalmic Practitioners	14
	— 301
Cases removed from register:—	
Cured or improved	1
Left the district	5
Unsuitable for treatment	2
	— 8
Cases on register 31st December	293
Attendances during the year:—	
Treatments	542
Occlusions	653
Tests	425
Observations	362
	— 1,982

Ear, Nose and Throat Defects

Children found to be suffering from these defects were referred to the Aural Clinic at Boundary Park General Hospital and this arrangement continued until May, when the Aural Clinic at Scottfield was opened. This Clinic is held weekly and children attend by appointment.

Children with these defects are now referred by the medical officers to the Scottfield Aural Clinic and treatment prescribed by the Aural Surgeon is usually carried out at the school clinics. Where in-patient treatment is necessary copies of the case notes are forwarded to the hospital and the name is immediately placed on the waiting list for admission.

At the beginning of the year, 183 children were awaiting examination by the Aural Surgeon but as a result of the establishment of the Scottfield Aural Clinic this list was rapidly reduced and by October it had been completely eliminated. During the last three months of the year children could be seen by the Aural Surgeon without delay.

During the year, 339 new cases were examined at the Aural Clinics (Boundary Park General Hospital, 157; Scottfield Aural Clinic, 182).

Children found to require operative treatment are admitted as in-patients to the Boundary Park General Hospital.

The number of children awaiting operative treatment continues to cause grave concern. At the beginning of the year 145 children were on the waiting list for the removal of tonsils and/or adenoids and at the end of September the number had increased to 164. In October, the Ancillary Services Sub-Committee were informed of the position and resolved that the attention of the Manchester Regional Hospital Board and the Oldham and District Hospital Management Committee be drawn to the unsatisfactory position regarding the number of children awaiting operative treatment. No information was received of any special action being taken following this resolution but at the end of the year the number of children awaiting operative treatment had been reduced to 111.

The number of children receiving operative treatment during the year was 129, compared with 68 in the previous year.

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, 248 school children were referred to the clinic for the following defects:—

Defect	No. of cases
Flat Feet	109
Inverted Feet	5
Everted Feet	3
Knock Knee	50
Hammer Toes	16
Other Deformities of Toes	24
Weak Ankles	4
Postural Defects	27
Torticollis	1
Other defects	9

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 information was received concerning four children (2 boys and 2 girls) who were admitted to Hospital Schools for the following conditions:—

Rheumatic Carditis	3
Tuberculous Left Ankle	1

There were two children (1 boy and 1 girl) discharged from these schools during the year.

At the end of the year five children (2 boys and 3 girls) were in the following Hospital Schools:—

St. Joseph's Heart Hospital School	1
Ash House School for Rheumatic Children ...	1
Rochdale Orthopædic Hospital School	1
Wrightington Hospital School	2

Convalescence

Arrangements exist for selected school children 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 (2 boys and 15 girls) were sent to the following convalescent homes:—

West Kirby Children's Convalescent Home	13
Margaret Beavan Memorial Home, Heswall	1
St. Joseph's Children's Convalescent Home, Freshfield ...	2
Hilbre Convalescent Home, 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 regular sessions per week. I am indebted to Dr. Dale for the following report:—

The Child Guidance Clinic was fully staffed for the first half of the year. Mrs. MacNair, the Educational Psychologist, for domestic reasons resigned in June. Pending the appointment of a Psychologist by the Health Committee, Mr. Pickles, M.A.(Cantab), Hons. Psych., undertook these duties, but only for one session per week. In

November, the appointment of Mr. Pickles as part-time Educational Psychologist was approved, and for the rest of the year the two regular weekly sessions were resumed. Miss Sutton, Psychiatric Social Worker, was absent from duty, owing to sickness, from the 1st September.

The treatment waiting list is unsatisfactorily long, as in most other Child Guidance Clinics. Close contact with the schools has been maintained and the clinic enjoys their co-operation which manifests itself in the selection of suitable cases. On calling patients for examination priority is given according to urgency.

The annual statistics continue to show satisfactory results:—

- 33 children attended for treatment during the year.
- 13 were discharged with satisfactory adjustment.
- 4 were discharged after improvement.
- 38 parents attended regularly for guidance.

The following table shows the grouping of intelligence quotients and the proportion of girls and boys in 110 cases which were under review during the year. The figures were supplied as part of a study of special populations in selected areas:—

I.Q.	Boys	Girls	Total
70 and under	6	2	8
71-85	8	7	15
86-114	46	25	71
115-129	10	2	12
130 and over	3	1	4
—	—	—	—
	73	37	110
—	—	—	—

Teachers have taken advantage of the additional services which the clinic made available to schools last year, and have approached the clinic directly in order to discuss behaviour disorders in individual problem children. We hope to continue and improve this service for the schools.

In 1952, the clinic work was enlarged by introducing remedial teaching. Three patients, after finishing psychological treatment, still needed more and specialised help than could be given in the school. They were in need of remedial teaching. Mr. Sutton, who is the teacher of a special class in the Freehold School, has taken on this special work in connection with the clinic, and the scheme works very satisfactorily.

In the latter part of the year I introduced group treatment for suitable patients, and at the end of the year 14 children were receiving treatment in several small groups. This will, apart from

other benefits, reduce the waiting list more rapidly than individual treatment. Individual treatment, however, is carried on for most of the patients.

The follow-up scheme in which Mr. Ord Evans, the Youth Employment Officer, co-operates has continued and we are able to assess the results of the Child Guidance Work from the reports which we receive periodically about former patients of the clinic.

The Oldham Child Guidance Clinic belongs to the Association of Child Guidance Clinics in the North of England and Wales, which is affiliated to the National Association for Mental Health. In February, one of the inter-clinic meetings of the Association was held in Oldham.

NUMBER OF CASES REFERRED 63

Sources of reference :—

Director of Education	21
School Medical Officer	14
General Practitioners	14
Probation Officers	7
Hospitals	5
Children's Officer	2

NUMBER OF NEW CASES INVESTIGATED 49

(Diagnostic interviews)

(a) Recommended for Treatment and Observation	33
Treatment at the Clinic	25
Observation at the Clinic	8
(b) Recommended for Environmental Adjustment	8
Admission to School for Maladjusted Children	2
To care of Local Authority	3
To care of Probation Home or Hostel	1
Institutional Care	1
Occupation Centre	1

(c) Cases to be reviewed 4

(d) Advice on handling (cases closed) 4

Included in the above figures are 16 children who were, in addition, recommended for :—

(a) Re-schooling	9
In special classes	5
Special school	1
Remedial teaching	3
(b) Period of Probation	7

SUMMARY OF TREATMENT WAITING LIST

No. awaiting treatment at 1st January	66
No. recommended for treatment:—	
New cases	25
Old cases	1
	— 26
No. of cases started	17
No. of cases withdrawn:—	
Left the district	2
Improved after first interview	7
Treatment not desired	4
Sent to approved schools	2
Over 18 years of age	1
	— 16
No. awaiting treatment at 31st December	59

CASES TREATED

Cases under treatment at 1st January	16
Cases started during the year	17
Treatment concluded:—	
After satisfactory adjustment	13
After improvement	4
	— 17
Cases under treatment at 31st December	16

SUMMARY OF OBSERVATION LIST

No. of cases at 1st January	8
No. recommended for observation:—	
New cases	8
Old cases	2
	— 10
No. of cases withdrawn:—	
Observation concluded	4
Admitted to Approved School	1
	— 5
No. of cases at 31st December	13
No. of treatments (Dr. Dale)	496
No. of observations (Mrs. MacNair)	130
No. of interviews with parents re guidance (Miss Sutton)	370
No. of psychological tests (Educational Psychologist):—	
Preliminary tests	64
Re-tests	6
	— 70
No. of diagnostic interviews (Dr. Dale)	116
AWAITING EXAMINATION at the end of the year	29
AWAITING TREATMENT at the end of the year	59

SCHOOL DENTAL SERVICE

An efficient School Dental Service has been maintained throughout the year. The resources of the Service are available for expectant and nursing mothers and pre-school children, and for these "priority classes" a full service has also been maintained.

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

During the year under review the vacancy for a Dental Officer was filled by the appointment of Miss M. E. Curtis, who commenced duty in May. Following this appointment, Miss S. Marland was appointed Dental Attendant.

Since these appointments the School Dental Service has been maintained by the Senior Dental Officer and three Dental Officers, and the Gainsborough Avenue Clinic has been fully staffed, a dental officer being in whole-time attendance. The approved establishment permits the appointment of a fourth Dental Officer but this will not be possible until additional clinic facilities are available. The acquisition of premises which will provide suitable accommodation for a dental clinic is a difficult problem, but it is hoped that a solution will be found during the coming year.

By agreement the school dental staff and clinic facilities are available for patients referred from the Maternity and Child Welfare Department. It is disappointing to report the poor dental condition of many of the pre-school children. Unfortunately, it is often necessary to extract teeth for these young children since they are usually complaining of toothache.

Reference is made later in the report to the small number of school entrants who have naturally sound teeth. Since the termination of the war there appears to be an increase in the incidence of dental caries and it would be interesting to determine whether this increase is associated with the increased consumption of certain carbohydrates (sweets, cakes, etc.) which were not readily obtained during the war years.

Evening sessions have been continued, and 76 sessions were held. As in previous years, the patients selected were older children and the work has been mainly conservation treatment.

The clinic at Gainsborough Avenue, and one of the surgeries at Gower Street Clinic have been decorated during the year. It has not been necessary to purchase any major item of equipment, and the policy of purchasing good class equipment is now proving its value.

Dental Inspection

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

During the year, 8,621 children received a routine dental inspection at school. Every effort will be made in 1953 to increase this number and the aim will be to visit each school during the year. The appointment of another Dental Officer should enable this to be achieved.

By arrangement, 208 children, who were absent from school when the routine inspections were carried out, attended the clinics for inspection. Thus a total of 8,829 children were inspected.

When selecting cases for treatment the following policy is adopted:—

- (1) the elimination of sepsis.
- (2) the prevention of toothache.
- (3) the maximum amount of conservation treatment for the permanent teeth.

There were 5,836 children referred for treatment and this represents 66 per cent of those inspected. It must not be assumed that the remaining 34 per cent were free from dental caries as it was impossible to treat all the defects found in temporary teeth.

Of the total number of children inspected only 1,412 were found to have naturally sound teeth, i.e., free from dental caries and not having received dental treatment previously. Of 1,393 school entrants inspected, only 362 (26 per cent) had naturally sound teeth.

Of 904 school leavers inspected only 139 (15 per cent) had naturally sound teeth.

The inspection of these children was carried out on school premises, usually in a hall or class room. There is no doubt that the number of children found to have naturally sound teeth would have been further reduced if full dental lighting facilities had been available.

Dental Treatment

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

Of the 4,255 children who were referred for treatment, 3,319 accepted and received treatment. This represents an acceptance rate of 78 per cent.

The number of attendances made by children for treatment was 14,068. Included in these attendances are the visits made by 3,386 "casuals," i.e., children who attend without appointment and not as a result of the routine school inspections. Many of these "casuals" attend for the relief of pain but many others attend with a parent for advice re dental care. This large number of "casuals" is not an

adverse reflection on the efficiency of the dental service since many parents are "dentally conscious" and attend the clinics for advice although active treatment is not usually necessary. A period at the beginning of each morning session is set aside for the inspection and treatment of these "casuals." This arrangement also allows children who were absent from school inspections to attend for inspection and receive treatment if considered necessary. The appointment of the additional dental officer would shorten the interval between routine school inspections and would reduce the number of children attending for the relief of pain.

4,177 fillings were inserted in permanent teeth and 1,017 fillings in temporary teeth. This year has shown an increase in the number of temporary teeth conserved. The conservation of these temporary teeth should undoubtedly help to diminish the amount of orthodontic treatment required by many of these children at a later age.

The number of permanent teeth extracted was 1,609—many of these teeth were extracted for orthodontic reasons—chiefly for the relief of overcrowding. It was necessary to extract 8,717 temporary teeth.

During the year, 116 sessions were devoted to the treatment of cases under general anæsthetic, and 1,392 school children received a general anæsthetic for the extraction of teeth. In addition, pre-school children and expectant and nursing mothers also received treatment at these sessions. Dr. G. Mason-Walshaw, Consultant Anæsthetist, continues to undertake these sessions. He has a wide experience of this type of work and his services are particularly valuable when dealing with very young children and those children who have a medical disability.

Orthodontic Treatment

Since the appointment of Mr. J. D. Franks in 1948 it has been possible to organise an orthodontic service which is now dealing efficiently with the demand for this popular and important type of treatment.

In addition to the cases referred from the routine dental inspections many parents take their children to the clinics for advice and in many cases for treatment to correct irregular teeth and mal-occluding jaws.

Special sessions are held for the examination and discussion of these cases. When a diagnosis has been made the bulk of the treatment is undertaken by Mr. Franks, and during the year he devoted 166 sessions to orthodontic treatment.

When this service was originally commenced it was inevitable that there would be a long waiting list. Fortunately, this waiting list has been eliminated and it is now possible for many children to receive orthodontic treatment at a much earlier age than would have been possible a few years ago.

Even in cases where active treatment is not considered necessary until a later age it is possible to interview and explain to the parents the reasons for delaying treatment.

Both "fixed" and "removable" appliances are used but this year has shown an increase in the number of removable appliances constructed. The use of removable appliances saves much time in the surgery since the services of the dental technician are used and a considerable portion of the work is carried out in his workroom. In the case of fixed appliances these have to be constructed in the surgery by the dental officer and the patient has to be present for quite lengthy periods. However, it is often advantageous to construct fixed appliances and each case must be judged on its merits.

Cases are sometimes referred for treatment from the Aural Clinics. The construction of mouth screens is often necessary for children following tonsillectomy. These appliances assist in correcting the habit of mouth breathing which has become established prior to their operation.

In conclusion it is very satisfactory to report the appreciation shown by many parents and children when orthodontic treatment has been carried out successfully.

Mr. Franks has carried out the following orthodontic work:—

New cases commencing treatment	95
Cases completing treatment	67
Cases undergoing treatment	248
Attendances	1257
Fixed appliances fitted	103
Removable appliances fitted	59
Mouth screens fitted	21

In addition to the above, the other members of the staff have fitted:—

Removable appliances	31
Mouth screens	18

X-ray Examinations

Full use has been made of the X-ray unit installed at the Cannon Street Clinic, and 287 films were taken. It has proved invaluable in correct diagnosis and treatment, and is particularly useful for orthodontic cases.

Dentures

It was necessary for 61 partial dentures to be constructed for children who had lost front teeth as a result of accidents.

The services of a dental mechanic to the profession have been used to assist in the construction of dentures, inlays, crowns and many types of orthodontic appliances.

Hospital and Consultant Facilities

Children who require consultant advice and treatment are referred to Mr. W. C. Mellor, F.D.S., Consultant Dental Surgeon to the Oldham Hospital Group, and are seen at his clinic at Boundary Park General Hospital.

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.

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	1952		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 Infections	1	—	—	—	1	—	—	—	—
Dysentery	155	—	39	62	32	9	10	3	—
Diphtheria... ..	—	—	—	—	—	—	—	—	—
Measles	819	—	36	753	21	3	5	1	—
Scarlet Fever	179	—	1	113	35	22	2	3	3
Whooping Cough ...	45	—	1	38	3	—	2	1	—
Poliomyelitis	3	—	—	3	—	—	—	—	—
Tuberculosis—									
(a) Pulmonary	7	1	—	—	3	2	—	1	1
(b) Other forms	5	—	—	3	1	1	—	—	—

Diphtheria

No case occurred during the year.

Diphtheria Immunisation

The previous arrangements for diphtheria immunisation have been continued and immunisation sessions are held in schools and at the school clinics.

Immunisation against diphtheria is still vitally important although the incidence of this disease has been reduced considerably during recent years. The majority of children are now immunised prior to school entry, but the number of non-immunised school entrants is still too large and it cannot be emphasised too strongly that children should be afforded this protection in infancy.

To maintain immunity against diphtheria during the period of their school life, it is essential that children immunised in infancy should receive two reinforcement injections, the first during their sixth year (on entering school) and the second during their eleventh year, and this further protection is offered to all children.

The head teachers of the schools and their staffs have co-operated fully and to them we owe much of our success.

The following figures indicate the number of children who received primary immunisation after entering school and also the number receiving reinforcement injections:—

Primary Immunisation

5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.	14 yrs.	15 yrs.	Total
40	35	19	26	15	14	19	11	3	8	—	190

Reinforcement Injections

1st Reinforcement	2nd Reinforcement	Total
1,867	735	2,602

Vaccination Against Smallpox

No special arrangements exist for the vaccination of school children. During the year, 134 children of school age received primary vaccination and 26 were re-vaccinated. These figures compare with 33 primary vaccinations and 6 re-vaccinations during the previous year. The increase in the number of vaccinations was associated with the Rochdale outbreak of smallpox which occurred during the year, although a number were requested prior to children proceeding overseas.

Meningococcal Infections

A girl aged 7 years was admitted to hospital and a diagnosis of meningococcal meningitis was confirmed. She made a complete recovery and returned to school on her discharge home.

Dysentery

During the year, 155 cases of dysentery were notified and in 150 cases the Sonn  organism was isolated.

In February, a child attending Limeside Nursery School was notified by a general practitioner as suffering from Sonn  dysentery. Following a visit by a medical officer to the school and full enquiry and investigations, a total of 26 cases were confirmed. The infection was so rampant that the nursery was closed for one week. No staff were affected but prior to opening negative specimens of f ces were obtained from all the staff and children before re-admission. This outbreak also accounted for 26 house contacts (13 adults, 11 school children, and 2 pre-school children).

In March, two children attending the Derker Nursery School were reported suffering from diarrh a. Specimens of f ces were sent for examination and reported Sonn  positive. As a result of these investigations a total of 11 nursery children were found to have Sonn  dysentery. This outbreak also accounted for 8 house contacts (5 adults, 2 school children, and 1 pre-school child).

There were two cases notified from Richmond Nursery Class.

In March, cases of diarrh a were reported among the children attending St. Peter's Infant School. Following investigation and specimens of f ces from children who were affected, 9 cases of Sonn  dysentery were confirmed. This outbreak also accounted for 10 house contacts (7 adults and 3 pre-school children).

Measles

The number of cases notified was 819. There were comparatively few cases till the month of September. In the last three months of the year notifications rose sharply and 720 cases were notified during this period, 348 being notified in December. The epidemic continued into the first two months of the new year.

Scarlet Fever

There were 179 cases notified compared with 106 for the previous year. Of the total cases, 62 occurred in the first three months of the year and 68 in the last three months.

Whooping Cough

The number of cases notified was 45. Of these, 7 had received the full course of protective injections and were classified as follows:—

Severe 0.

Moderate 0.

Mild 7.

The one case which occurred in a Nursery School had not been protected against whooping cough.

Acute Poliomyelitis

In September and October, 3 cases of poliomyelitis (1 paralytic, 2 non-paralytic) were notified.

The cases of non-paralytic disease, who were both boys aged 5 and 6 years, made a complete recovery.

The paralytic case was a boy aged 4 years who developed severe paralysis. At the end of the year his recovery was not complete and he was still receiving treatment as an out-patient.

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, 28 school children (13 males, 15 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, 6 cases of pulmonary tuberculosis were notified and accepted as tuberculosis minus (sputum negative or absent). In addition, one case was notified as tuberculosis of the lungs and meninges and the death registered as tuberculous meningitis and miliary tuberculosis of the lungs.

Case 1/52

A boy aged 13 years was admitted to Boundary Park General Hospital in November of the previous year and was subsequently found to have a pleural effusion. He was discharged at the end of January. He made good progress.

Case 2/52

A boy aged 6 years was admitted to Westhulme Hospital in January and a diagnosis of tuberculous meningitis was made. He died two months later the death being registered as due to tuberculous meningitis and miliary tuberculosis of the lungs.

Case 3/52

A boy aged 9 years was attending the Chest Clinic for observation. In February, he was found to have pulmonary tuberculosis and was admitted to Astley Hospital. He was still in hospital at the end of the year.

Case 4/52

A girl aged 14 years was referred to the Chest Clinic by Dr. G. G. Lindsay of the Medical Research Council following an X-ray examination. A diagnosis of pulmonary tuberculosis was made and she received treatment at the Chest Clinic.

Case 5/52

A boy aged 9 years was admitted to Lake Hospital, Ashton, in May, and was found to have a pleural effusion. He was transferred to Hefferston Grange Sanatorium in July. He was still there at the end of the year.

Case 6/52

A girl aged 11 years was admitted to Oldham Royal Infirmary in July and a diagnosis of pulmonary tuberculosis was made. In September she was transferred to Hefferston Grange Sanatorium, where she remained for the rest of the year.

Case 7/52

A girl aged 16 years attended the Chest Clinic in October and was found to have a pleural effusion. She was admitted to Strinesdale Sanatorium in November and she remained there for the rest of the year.

Non-Pulmonary Tuberculosis

During the year, 5 cases were notified and accepted. The following table shows the localisation of the disease in age groups:—

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

No deaths occurred from non-pulmonary tuberculosis.

DEATHS IN SCHOOL CHILDREN

During the year, 6 deaths were registered among school children (1 boy and 5 girls) aged 5-16 years. The following are brief details of these cases:—

Case 1.—A girl aged 12. Death was due to:—

- 1 (a) Aplastic anæmia.
- 2 Rheumatic endocarditis.

This girl was admitted to hospital and died six days after admission.

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

- 1 (a) Tuberculous meningitis.
- (b) Miliary tuberculosis in lungs.

Case 3.—A girl aged 9. Death was due to:—

Fracture of skull and laceration of brain caused when deceased fell a distance of 12ft. whilst playing on mill premises. Inquest. Post-mortem.

Case 4.—A girl aged 10. Death was due to:—

Operative shock during pulmonary lobectomy for bronchiectasis under general anæsthesia—nitrous oxide, cyclopropane, pentothal and curare—death from natural causes. Inquest. Post-mortem.

This child had an old bronchiectasis for which she had received surgical treatment in September, 1949. She was admitted to hospital for further operative treatment but collapsed on the operating table before the operation could be completed.

Case 5.—A girl aged 7. Death was due to:—

- 1 (a) Acute monocytic leukæmia.
- 2 Appendicitis.

This girl was treated in hospital for acute lymphatic leukæmia. She improved and was discharged, but subsequently she developed an acute abdominal condition and had to be re-admitted. She died shortly after admission.

Case 6.—A girl aged 10. Death was due to:—

- 1 (a) Cardiac failure.
- (b) Hypertension.
- (c) Chronic pyonephrosis.
- 2 Hypothyroidism.

Post-mortem.

This girl had a history of renal infantilism and she received out-patient treatment. Her condition deteriorated and she was admitted to hospital, dying five days after admission.

NURSERY SCHOOLS AND CLASSES

The three nursery schools—Limeside, Derker and Roundthorn—provided 40 places each for children aged 2-5 years. The three nursery classes—St. Anne's, Richmond and Watersheddings—provided 30 places each for children aged 3-5 years.

The nursery classes and nursery schools do not have extended hours but observe the same hours and holidays as the ordinary schools.

The facilities of the School Health Service are available to the children attending these schools and classes. During the year the medical officers made 34 routine visits.

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. Efficient and comprehensive provision continues to be 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.

Some pupils can be ascertained in early infancy, this especially applies when the cause of the defect is congenital or present at birth. The Health Visitors and Medical Officers at the Child Welfare Centres are fully alive to the importance of referring such children for special examination and observation.

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 fully investigated at the earliest opportunity. During the year, 13 children were referred and the following recommendations received:—

(a) Admission to Special School for Partially Deaf Pupils ...	4
(b) Admission to Special School for Deaf Pupils	1
(c) Lessons in lip-reading, favourable position in class, and provision of individual hearing aid	1
(d) Lessons in lip-reading and favourable position in class ...	1
(e) Lessons in lip-reading	2
(f) Favourable position in class	4

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 such children should be soon discovered and referred for examination. In any case of difficulty or doubt the opinion of Dr. G. S. Robertson, the Consultant in Mental Deficiency, is obtained.

During the year, eight children were reported to the Local Health Authority as "ineducable," seven being aged 5 years or under and one aged 9 years. The boy aged 9 years was given a trial period in a special school before being reported.

(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 6 school children, 5 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	1
Liverpool School for the Blind	1
St. Vincent's School for the Blind	1

There was one admission during the year, a boy aged 4 years, who was admitted in September to the St. Vincent's School for the Blind, Liverpool. This boy had been blind since birth.

Two children were discharged. In April, a boy aged 17 years left the Royal Normal College for the Blind, and in October was accepted for training as a telephonist at the National Institute for the Blind Training College, London. In June, a girl aged 16 years was discharged from Henshaw's Institution for the Blind and at the end of the year was awaiting occupational training.

(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."

These pupils are admitted to the Partially Sighted School. This school was located at Scottfield but in September the pupils were transferred to accommodation in Waterhead County Infant School.

	Boys	Girls	Total
Number on register, 1st January	11	11	22
(3 from other areas)			
Number admitted during the year	2		2
(- from other areas)			
Number discharged at age of 15 years ...	1	2	3
(- from other areas)			
Number on register, 31st December	12	9	21
(3 from other areas)			

The three children who left during the year were all found suitable employment. The boy was accepted as an apprentice plumber by a local firm, and the two girls started work at a local wallpaper mill.

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 hospital 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 usually admitted to the Beever Special School.

	Boys	Girls	Total
Number on register, 1st January	14	6	20
(7 from other areas)			
Number admitted during the year	1	1	2
(2 from other areas)			
Number discharged during the year ...	1	2	3
(2 from other areas)			
Number on register, 31st December ...	14	5	19
(6 from other areas)			

There were two admissions during the year, both at the request of the Lancashire County Council. The first, a girl aged 12 years, was temporarily admitted until a place at the Thomasson Memorial School for the Deaf, Bolton, was secured, and she left at the end of the year. The second was a boy aged 3 years.

During the year, two children (1 boy, 1 girl) left the school having attained the age of 16 years. The boy obtained employment

in a boot and shoe repairing business, and the girl obtained employment as a machinist with a firm of dress makers.

In September, three girls under 5 years of age were admitted to the Nursery Department of the Royal Cross School for the Deaf, Wilmar Lodge, Blackburn.

(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 Beever Special School.

	Boys	Girls	Total
Number on register, 1st January	9	1	10
(2 from other areas)			
Number admitted during the year	4	3	7
(2 from other areas)			
Number discharged during the year ...	2	1	3
(- from other areas)			
Number on register, 31st December	11	3	14
(4 from other areas)			

There were seven children (4 boys and 3 girls) admitted during the year, two (1 boy and 1 girl) being from other areas.

Two children (1 boy and 1 girl), both 16 years of age, were discharged. The boy was found employment as a works apprentice with a local firm of textile engineers and the girl obtained employment as a machinist at a local firm of clothing manufacturers. A boy aged 13 years, whose parents moved to Liverpool, was discharged and subsequently admitted to the Liverpool School for the Partially Deaf.

A lip-reading class is held at the Beever Special School. The children attending the class continue to attend their ordinary school but visit the Beever Special School twice a week for lip-reading instruction. There were no children awaiting 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 delicate pupils.

The residential accommodation, which had to be closed in June, 1951, was re-opened in October, 1952, following the appointment of a Matron and Assistant.

Admissions during the year were as follows:—

	Boys	Girls	Total
Arrested T.B. and T.B. contacts	1	2	3
Subnormal nutrition and debility	4	2	6
Bronchitis and asthma	8	4	12
Post Cœliac disease	1	—	1
	—	—	—
Totals	14	8	22
	—	—	—

Following the re-opening of the residential accommodation, 27 pupils (13 boys, 14 girls) were admitted as residents. No children were discharged from the residential accommodation during the year.

(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 Beaver 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 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.

During the year, 198 examinations in respect of 180 children were carried out. These examinations are usually held at the Health Office, but some are carried out in the schools and, in special

cases, home visits are made. The following is a summary of the recommendations made:—

(a) Found to be ineducable	8
(b) Considered unsuitable to be educated with other children	1
(c) Requiring supervision after leaving school	15
(d) For admission to Chaucer Special School	21
(e) For admission to Special Class	20
(f) Referred to Child Guidance Clinic	2
(g) For further supervision	117
(h) No further supervision required	14

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 Residential Special Schools during the year.

A boy aged 14 years was discharged from the Monyhull Colony School because of behaviour difficulties and it was considered "inexpedient" that he should be educated in association with other children.

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.

In October, additional accommodation was provided for these children by transferring the physically handicapped scholars of the school to accommodation at Scottfield. As a result of this transfer the number of places was increased from 90 to 120.

	Boys	Girls	Total
Number on register, 1st January	44	30	74
(8 from other areas)			
Number admitted during the year	16	4	20
(3 from other areas)			
Number discharged during the year ...	8	2	10
(1 from other areas)			
Number on register, 31st December	52	32	84
(10 from other areas)			
Children discharged during the year:—			
At 16 years of age	6	2	8
Transferred to Ordinary School	1	—	1
Removed to other areas	1	—	1

Seven of 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 all cases suitable manual employment was found. The remaining case was from the area of the Lancashire County Council.

A boy aged 14 years who had made considerable progress since his admission was transferred to a secondary modern 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 11 years in the Maghull Home, Liverpool, and a girl of 15 years in the St. Elizabeth's School and Home, Much Hadham, Herts.

(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. In January, a boy aged 9 years who was under the care of the Children's Officer was found to require special schooling and in February he was admitted to the Arlesford Place Residential School for Maladjusted Children.

(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."

Children whose physical disability renders it inadvisable that they should be exposed to the conditions of ordinary school life are admitted to the Physically Handicapped School. This school was located at Chaucer Street along with the Educationally Subnormal School, but in September the pupils were transferred to accommodation at Scottfield School.

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

Tuberculosis of Knee	1		
Paralysis following Poliomyelitis	1		
Muscular Dystrophy	2		
	Boys	Girls	Total
Number on register, 1st January	15	14	29
(2 from other areas)			
Number admitted during the year	3	1	4
(— from other areas)			
Number discharged during the year ...	5	2	7
(1 from other areas)			
Number on register, 31st December ...	13	13	26
(1 from other areas)			

Children who left during the year:—

	Boys	Girls	Total
At 16 years of age	2	—	2
Transferred to ordinary schools	1	1	2
Transferred to hospital school	1	—	1
Excluded	1	—	1
Died	—	1	1

A boy aged 13 years with paralysis following poliomyelitis was considered fit for transfer to a secondary modern school, and a girl aged 9 years with tuberculosis of the knee was transferred to a junior school. A boy aged 12 years was admitted to a local hospital with rheumatic carditis and was subsequently transferred to the Ash House Hospital School, Sheffield. A boy aged 10 years with congenital heart disease, who had been admitted to the school for a trial period, made no progress educationally and was excluded and subsequently notified to the Local Health Authority.

Home Tuition

Children with a physical disability, which renders it impossible for them to attend the physically handicapped school, are provided with home tuition. At the end of the year six children were receiving home tuition.

(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 group therapy for stammerers 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 for group treatment can be admitted within a few weeks. At the end of the year 9 children were awaiting admission.

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 85 children were awaiting admission.

Pre-school children found to have speech defects are also referred to Miss Woodhead, 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.

I am indebted to Miss Woodhead for the following report:—

During the year open shelves for toys and books have been fixed and the rooms have been decorated in a pleasing colour scheme so that now a more suitable environment welcomes the children.

I should like to express my appreciation to the Head Teachers and teachers who have given the children attending for treatment their sympathy and support. Their co-operation has helped some of the cases to be brought to a successful conclusion and I regret that time does not permit much personal contact.

The work with pre-school children is extending and there are now 5 names on the list. As the children commence attendance at school their names are transferred to the school list, 7 names having been transferred during the year. This work is proving most valuable and in 4 cases from a previous list the stammer has cleared up or is so negligible by the time school age is reached that the children's names need only be kept on an observation list.

If this preventive work can be developed so that a gross stammer is avoided then this aspect of the work requires more attention. Time has permitted only one interview in most of the cases, but I feel that more frequent contact with the parents is required.

Group Therapy for Stammerers

Number on register, 1st January	24
(1 from other areas)	
Number admitted during the year	18
(- from other areas)	
Number discharged during the year	14
(- from other areas)	
Number on register, 31st December	28
(1 from other areas)	

The following is the classification, according to improvement, of the 14 children discharged:—

Satisfactory speech	5
Much improved	2
‡ Little improvement	1
Withdrawn by parents	3
Treatment suspended	2
Left at 15 years	1

‡ This child was admitted to the Chaucer Special School for Educationally Subnormal Children.

Other Speech Defects

Number on register, 1st January	26
(1 from other areas)	
Number admitted during the year	35
(— from other areas)	
Number discharged during the year	42
(— from other areas)	
Number on register, 31st December	19
(1 from other areas)	

The following is the classification, according to improvement, of the 42 children discharged:—

Satisfactory speech	28
Much improved	5
Satisfactory within mental capacity	4
Treatment deferred	3
‡ No improvement	2

‡ One child was admitted to the School for the Deaf and the other to the Chaucer Special School for Educationally Subnormal Children.

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING

Since December, 1944, in accordance with a resolution of the Council, all newly-appointed teachers to the staff are medically examined as to their fitness for employment. These examinations are undertaken by the medical officers of the Department, and during the year 115 teachers were examined.

In accordance with the sick leave regulations one teacher, who had been absent from duty for a long period, was examined and a report submitted.

Ministry of Education Circular 249

This circular revised the existing procedure of medical examinations for:—

- (a) Candidates applying for entry to training colleges, university departments of education and "approved art schools," for the purpose of satisfying the college authorities of their fitness to follow a course of teacher training, and
- (b) entrants to the teaching profession, both those completing an approved course of training and others.

The following procedure became operative from the 1st April, 1952:—

(a) **Candidates Applying for Admission to Colleges.**

These candidates will be examined by the School Medical Officer of the area in which they reside, the expenditure being met by the local education authority, and though at present it is not considered practicable in view of the lack of facilities, to require an X-ray examination of the chest in the case of all entrants to courses of training, such an examination should be obtained in individual cases where it appears to be desirable.

During the year 48 candidates (9 males, 39 females) were examined and a report on Form 4RTC completed and forwarded to the appropriate college authority. All the candidates agreed to an X-ray examination of the chest which was undertaken through the Mass Miniature Radiography Service.

(b) **Entrants to the Teaching Profession.**

Those entrants completing an approved course of training will continue to be examined by the college medical officer. In other cases the medical examination will be undertaken by the School Medical Officer of the appointing authority. These examinations require the completion and forwarding of Form 28 RQ to the Ministry of Education. An X-ray examination is recommended to all candidates but after the 1st April, 1953, such an examination will be compulsory.

During the year, 2 reports on Form 28 RQ were forwarded to the Ministry of Education (1 male, 1 female), and in both cases a mass radiography of the chest was arranged.

Ministry of Education Circular 248

This circular deals with the protection of organised groups of school children against the risk of infection by adults suffering from tuberculosis, and raises the following points:—

- (1) All teachers entering service for the first time should undergo an X-ray as part of their medical examination. This X-ray will be compulsory for those entering the profession after the beginning of the Summer of 1953.

- (2) All teachers and others concerned with school children should be strongly urged to take increasing advantage of the facilities of the Mass Radiography Service for periodic re-examinations.
- (3) The circular also lays down the requirements of fitness for teachers who have been suffering from active tuberculosis and suspended from teaching.

In almost all cases the X-ray examination of entrants to courses of training for teaching and to the teaching profession is undertaken by the Mass Miniature Radiography Service of the Manchester Regional Hospital Board. In only occasional cases is it necessary for this examination to be made at a hospital or chest clinic and a charge incurred.

During the year, the No. 6 Mass Miniature Radiography Unit visited Oldham and it is gratifying to report that 479 teachers voluntarily offered themselves for examination.

MEDICAL RESEARCH COUNCIL

The Medical Research Council is undertaking controlled clinical trials of anti-tuberculosis vaccines and in July, 1951, the Ancillary Services Sub-Committee readily agreed to co-operate in these investigations. The volunteers who are taking part in the trials are leavers from 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. The investigation is fully described in the report for last year when 466 leavers were examined.

The Medical Research Council provides the medical and radiological staff and the mobile X-ray unit, but the nursing and clerical assistance is provided by the School Health Service staff.

The Unit visited the Borough in February, when the Summer (1952) leavers were examined, and in October for the examination of the Christmas (1952) and Easter (1953) leavers. No more children will be admitted to the Scheme, but every child who completes one series of tests will be very carefully watched for a period of at least three years, and will be offered an annual X-ray examination.

The Health Visitors and School Nurses are now assisting in the follow-up of the children who left school in December, 1951, and in April they made 208 home visits in this connection.

The following report is submitted by Dr. G. G. Lindsay, Physician-in-Charge:—

“In last year's report a brief outline of the Medical Research Council's Anti-Tuberculosis Vaccines Trial was given,

Throughout the year 1952 further groups of school leavers from the same schools have entered the scheme and the last child entered the scheme in December, 1952. No further children will be admitted to the scheme.

The work of following up the children is now under way, and is proving interesting, although involving the Health Visitors and School Nurses in a great deal of hard work. It is hoped to contact each child three times during the year. A questionnaire form is sent out to each child about four months after leaving school, in which information is sought regarding general health, and the type of occupation the young person is following. After a further four months, a representative of the nursing services calls on the child, and seeks information along the same lines as the questionnaire form, but a personal contact is formed, and questions raised by the children or by their parents can be answered.

About a year after they have left school, the Medical Research Council Unit visits the town and annual examinations are carried out. At this examination each child is X-rayed again and skin tested and valuable information is thus provided. It is intended that each young person admitted to the scheme will be followed up each year in this way for at least three years.

As the number of young people in the scheme from Oldham is 1,046, it will be seen that the amount of work falling on the nursing staff makes a very considerable extra burden, but the visits are being done promptly and well, and the information is being kept up to date.

It is much too early yet to draw any conclusions on the success of the vaccines being tested and it will not be until 1954 when the first children who entered the scheme will have completed their three years' follow-up period since leaving school, that any reliable information will be available.

Meantime, grateful thanks are extended to the staffs of the Public Health and Education Departments and all who are co-operating in this trial, which is one of the largest ever carried out in this country."

The following figures relate to the children examined during the year:—

	Summer Leavers, 1952	Christmas, 1952, and Easter, 1953, Leavers
Number of School Leavers	340	550
Number of Acceptances	298	422
Percentage of acceptances	87.6	76.7
Number attending first test	260	385
Excluded as cases or contacts ...	9	4

	Summer Leavers, 1952	Christmas, 1952, and Easter, 1953, Leavers
Failed to complete examination ...	15	8
Number completing examination	236	373
Percentage admitted to trial	69.4	67.8
Total number positive	110	180
Total number negative	126	193
Total number vaccinated	54	134
Total number in control group ...	72	59

PROVISION OF MEALS

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

During the year one kitchen-dining room has been opened and three additional school dining rooms have been brought into use. There are now sixteen kitchens in Oldham cooking school dinners, including two central kitchens which each provide approximately 2,000 meals per day, five kitchen-dining rooms within school buildings, eight other kitchen-dining rooms, and the Technical College canteen which provides lunches and teas as well as mid-day meals. In addition, transported meals are served at forty schools and meals are cooked on the premises at three nursery schools and three nursery classes. A school meal is available to every child in Oldham who requires it.

The kitchen at Derker Infant School, opened on the 6th October, has a cooking capacity of 250 meals per day and a maximum dining capacity of 125 at one sitting. It is a very pleasant kitchen, tiled in a shade of lemon and equipped with modern gas and electric cooking equipment. Through two hatches meals are served to the tables, at which 6-8 children sit, and which have bright runners down the centre matching the lemon and green paintwork of the dining room.

Transported meals from Hollinwood kitchen have been served at the new Limehurst School since it was opened on the 3rd September. Cooking will begin in the new kitchen next January. There are two adjoining dining rooms, one of which is intended for the infants and the other for the junior children. Both rooms have large windows overlooking the playing field at the back of the school.

Henshaw's Secondary School has been receiving meals from Gower Street Central Kitchen since September. An additional room is to be adapted for dining to cater for increased numbers.

Children at Northmoor Infant School, who are now sharing dining facilities with Northmoor Junior School pupils, will be able to dine in their own school hall as soon as the kitchen is completed in the Infant School. Children from Freehold Infant School have,

since June, dined at the Brunswick Methodist School, some two minutes' walk away.

Galvanised sterilising sinks recently installed in school meals kitchens will ensure a very high standard of cleanliness and hygiene. All crockery, cutlery and cooking utensils are sterilised by immersion in boiling water in these sinks. Where it is not possible to install such sinks, a sterilising agent and detergent is used. Rules for kitchen hygiene have been compiled in the form of an A.B.C., and issued to all kitchens.

The number of free meals served increased by one-third during the latter part of the year. The total number of meals served daily remains approximately the same.

From a Ministry of Education survey of food costs in the school meals services of fifteen local authorities, it is interesting to note that the Oldham School Meals Service showed the highest calorific value per meal, at a cost per meal which was barely in excess of the average. The following figures are quoted from this survey:—

	Oldham	Average	Highest	Lowest
Calories per meal ...	876	811	876	740
Cost of ingredients per meal	6.376d.	6.304d.	7.170d.	5.97d.

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

On payment	7,003
Free	677
	<hr/> 7,680 <hr/>

Milk in Schools

The provision of free milk to all children in schools maintained by the Authority has been continued. The average number of individual children being provided with milk was 15,472 and during the year 2,730,651 one-third pints of milk were consumed.

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.

HOLIDAY CAMPS FOR DIABETIC CHILDREN

Following receipt of Circular M 641/16 from the Ministry of Education this Authority accepted financial responsibility for providing three diabetic children with two weeks' holiday at the Bewerley Park Camp, Pateley Bridge, Yorkshire. The arrangements which were made by the Diabetic Association were most satisfactory and the children thoroughly enjoyed themselves. The Association provided medical and nursing facilities at the camp and they also arranged excursions to neighbouring places of interest.

PHYSICAL EDUCATION

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

1. Staff

The staff consisted of the Chief Organiser, the Woman Organiser of Physical Education (Mrs. M. Henshall), three full-time and two part-time teachers of swimming, and two full-time and two part-time pianists.

2. Physical Activities

Facilities for gymnastic training have, on the whole, been much better than for games coaching and athletics, but for financial reasons the provision of climbing agility apparatus in infants' schools has, in particular, proceeded slowly. Improvements to gymnasia were made at Henshaw's Secondary School and at Robin Hill Secondary School.

A special course of a fortnight's duration was held early in the year for teachers responsible for the physical education of older boys and for those who were actively concerned in coaching games in junior and secondary schools. The course, which was both comprehensive and practical, was organised after full consultation with the teachers' organisations concerned and was well attended. The general course was followed by supplementary courses in Gymnastics, Football and Boxing. A useful instructional film was made to demonstrate methods of wrestling. Several aspects of the course attracted notice in the national press.

Two courses were arranged exclusively for women teachers, each one covering eight afternoon sessions. The first catered for specialist teachers in secondary schools, the second for teachers in junior schools. Much interest was aroused in junior schools in work on the freer lines described in "Moving and Growing," the publication recently issued by the Ministry of Education.

In addition, there was a shorter course on English Country Dancing and Square Dancing, which was well attended by men and women teachers and youth leaders.

Arrangements for the supply of plimsolls on hire to children have continued. In the absence of any scheme for the free supply of other P.T. clothing, some girls in a number of secondary schools have made their own gym. blouses to a pattern which was made available, with the co-operation of the Domestic Subjects Organiser, during the course for women teachers in secondary schools.

The Oldham Schools' Sports Association has accepted the invitation of the Education Committee to organise a Coronation Display, probably in July, 1953.

3. Games

Facilities for field games are still most inadequate. Three concrete cricket pitches were constructed early in the year, radical steps were taken to improve the Broadbent Road Playing Field, new changing accommodation was provided for the field adjoining Alexandra Park Schools, and there has been limited use of a part of the new Counthill Playing Field. A playground tennis game was introduced into both junior and secondary schools, and older girls in most secondary schools were able to use tennis courts in the public parks. During the year a Playing Fields Advisory Committee was formed. Despite these improvements, there are still secondary schools with virtually no facilities for the coaching and playing of field games during school hours, because of the distance of the pitches from school, or the absence of changing accommodation, or the unsatisfactory nature of the pitches and the formidable difficulties of maintenance. It is a tribute to the voluntary efforts of many teachers that, in the face of these disheartening handicaps, the interest in school games and the standard of play by representative teams has been maintained, through the playing of games out of school hours, sometimes on privately owned grounds and in some cases for home matches on grounds outside the boundaries of the Borough. The indoor evening school of cricket has continued to function most successfully during the winter sessions.

4. Athletics

Coaching for athletics has suffered from the same handicaps as coaching for field games. Most of the secondary schools conducted athletics competitions during the year and an inter-schools athletics meeting was held in July. Participation in the Lancashire Schools' Championships was affected by the Wakes holiday. In October, a lecture on athletics was given by Mr. Geoffrey Dyson to a representative audience of secondary school pupils; a film of the last Olympic Games was shown on the same occasion.

5. Swimming Instruction

As in the past, instructional classes in swimming have been arranged as part of the schools' curricula, and standards have remained at the same high level. A weekly average of about 4,000 boys and girls have attended such classes at the Swimming Baths. Proficiency certificates were gained by all children who left school during the year after regular attendance at swimming lessons.

Because of the large number of entrants, it was necessary to hold three district galas before the final secondary schools' swimming gala. This was held in November and was well supported by the schools.

A full complement of Oldham children again swam in the area competition for the Lancashire Schools' Championships, and several children qualified to take part in the county competition.

The boys' town team competed in the N.C.A.S.A. Inter-Town Schools' Team Championship and was beaten in the semi-final.

6. Boxing

The Lancashire Schools' A.B.A. Semi-Finals were held in Oldham in December. The representatives of Oldham schools were eliminated at this stage but the standard of boxing in Oldham schools will benefit greatly from the interest which was aroused, and the organisers of the meeting are to be congratulated.

7. Youth Service

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

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1952.

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	2851
Second Age Group (11 years old)	1021
Third Age Group	1210
Total	5082

Number of other Periodic Inspections	—
Grand Total	5082

B.—Other Inspections

Number of Special Inspections	2562
Number of Re-Inspections	6287
Total	8849

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	3	466	414
Second Age Group	26	87	109
Third Age Group	44	37	78
Total (prescribed groups) ...	73	590	601
Other Periodic Inspections ...	—	—	—
Grand Total	73	590	601

Table II

**A.—Return of Defects Found by Medical Inspection in the
Year Ended 31st December, 1952**

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	22	118	236	—
Eyes:—				
(a) Vision	73	242	174	39
(b) Squint	79	102	2	2
(c) Other	15	10	74	3
Ears:—				
(a) Hearing	12	36	6	—
(b) Otitis Media	34	89	30	4
(c) Other	6	9	53	—
Nose or Throat	95	479	35	3
Speech	44	55	37	9
Cervical Glands	4	106	—	—
Heart and Circulation	1	58	1	—
Lungs	8	123	—	1
Developmental:—				
(a) Hernia	12	46	—	—
(b) Other	4	57	—	—
Orthopædic:—				
(a) Posture	20	15	—	—
(b) Flat Foot	101	28	1	—
(c) Other	106	98	14	2
Nervous System:—				
(a) Epilepsy	1	11	—	—
(b) Other	1	9	—	—
Psychological:—				
(a) Development	1	9	—	—
(b) Stability	2	21	—	—
Other	22	315	936	9

**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	2851	490	17.19	2174	76.25	187	6.56
Second Age Group	1021	222	21.75	718	70.32	81	7.93
Third Age Group	1210	427	35.29	749	61.90	34	2.81
Other Periodic Inspections ...	—	—	—	—	—	—	—
Total	5082	1139	22.41	3641	71.65	302	5.94

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	40,936
2. Total number of individual pupils found to be infested ...	1,180
3. Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	16
4. Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	6

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	66	—
Other skin diseases	181	20
Total	257	20

Group 2.—Eye Diseases, Defective Vision and Squint

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	87	—
Errors of Refraction (including squint)	1503*	892
Total	1590	892

Number of pupils for whom spectacles were	Number of cases dealt with	
	by the Authority	otherwise
(a) Prescribed	1027	833
(b) Obtained		1860*

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

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

Received operative treatment	Number of cases treated	
	by the Authority	otherwise
(a) for diseases of the ear	—	5
(b) for adenoids and chronic tonsillitis	—	535
(c) for other nose and throat conditions	—	51
Received other forms of treatment	99	95
Total	99	686

Group 4.—Orthopædic and Postural Defects

(a) Number treated as in-patients in hospitals	43	
(b) Number treated otherwise, e.g., in clinics or out-patient depts. ...	—	334

Group 5.—Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
	33	—

Group 6.—Speech Therapy

Number of pupils treated by Speech Therapists	Number of cases treated	
	by the Authority	otherwise
	103	—

Group 7.—Other Treatment Given.

Miscellaneous minor ailments	Number of cases treated	
	by the Authority	otherwise
	1156	—

Table V**Dental Inspection and Treatment**

1. Number of pupils inspected by the Authority's Dental Officers:—	
(a) Periodic Age Groups	8621
†(b) Specials	208
(c) Total (Periodic and Specials)	8829
2. Number found to require treatment	5836
3. Number referred for treatment	4255
4. Number actually treated	3319
5. § Attendances made by pupils for treatment	14068
§ This includes attendances made by 3,386 casuals.	
6. Half-days devoted to:—	
(a) Inspection	58
(b) Treatment	1382
*Total (a) and (b)	1440
7. Fillings:—	
Permanent Teeth	4177
Temporary Teeth	1017
Total	5194
8. Number of teeth filled:—	
Permanent Teeth	3497
Temporary Teeth	915
Total	4412
9. Extractions:—	
Permanent Teeth	1609
Temporary Teeth	8717
Total	10326
10. Administrations of general anæsthetics for extraction	1392
11. Other Operations:—	
(a) Permanent Teeth	4402
(b) Temporary Teeth	1306
Total (a) and (b)	5708

* Includes 172 Orthodontic Sessions.

† Children who were absent from school at routine inspections, and attended the clinics later for inspection and treatment.

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)	6	2	8
(b) Section 57 (4)	1	—	1
(c) Section 57 (5):—			
On leaving special schools	5	3	8
On leaving ordinary schools	3	4	7
	15	9	24

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 newly placed in Special Schools or Homes ...	1	2	3	5	20	4	17	1	—	53
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or board- ing in Homes ...	1	2	3	5	27	4	8	1	—	51
On or about Dec. 1st.										
C. Number of Handicapped Pupils from the area:—										
(i) attending Special Schools as Day Pupils ...	—	19	14	11	80	26	77	—	—	227
Boarded Pupils ...	5	—	3	—	26	—	2	1	2	39
(ii) Boarded in Homes ...	—	—	—	—	—	—	—	—	—	—
(iii) attending independ- ent schools under arrangements made by the Authority	—	—	—	—	—	—	—	—	—	—
Total (C) ...	5	19	17	11	106	26	79	1	2	266
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:										
(a) in hospitals	—	—	—	—	—	—	—	—	—	—
(b) elsewhere	—	—	—	—	—	6	—	—	—	6
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) ...	—	—	—	—	—	—	6	2	—	8

In accordance with Ministry of Education form 21 M this table only relates to Handicapped Pupils residing within the County Borough. Children attending Hospital Special Schools are not included in this table.

ANNUAL REPORT

OF THE

Principal School Medical Officer

for the year 1901

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