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COUNTY BOROUGH OF OLDHAM



# ANNUAL REPORT

OF THE


Principal School Medical Officer

J. T. CHALMERS KEDDIE

M.B., D.P.H.

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1953



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EDUCATION COMMITTEE  
(as from 1953)

COUNTY BOROUGH OF OLDHAM

Council Members  
Aldermen F. Cook, O.B.E., J.L. (Deputy)  
Councillor A. T. Hines (Deputy Chairman)  
The Mayor (Ald. F. Hargreaves, J.P.)



ANNUAL REPORT

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# EDUCATION COMMITTEE

(as from 18th May, 1953)

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## Council Members

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Councillor J. T. Hilton (Deputy Chairman)

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Rev. J. Calderley

Rev. G. M. Wylie

Mr. H. Hellon

Mr. F. C. H. Holl

Mr. T. Prescott

Mr. O. Ward

Mr. J. Warrener

## Director

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

## Deputy Director

G. Wilson, M.A., M.Lit.



School Health Department,  
Town Hall,  
Oldham.

May, 1954.

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 1953.

The medical staff has been fully maintained during the year, but since September the dental staff has been depleted. The Principal School Dental Officer, in his report, refers to some of the difficulties facing local authorities in the recruitment of dental officers, and it is to be regretted that this important preventive service cannot secure an adequate number of recruits. Following a resolution of the Council in June which froze the engagement of staff pending a special report on the organisation and staff of each department, the clerical staff was seriously depleted for five months. Considerable embarrassment and some reduction of work resulted as the medical staff could not perform their duties efficiently with the clerical staff available. Early in October the ban on the engagement of staff was lifted and at the end of the month the full staff was available.

No serious outbreak of infectious disease occurred among school children, but in March a case of smallpox, *variola major*, an adult, occurred in the Borough. The most stringent precautions were put into immediate operation and all medical, nursing and clerical staff were diverted to this major task. It is gratifying to report that only two subsequent cases developed (adults), both home contacts of the original case, but for a period of nearly four weeks routine school medical duties had to be abandoned. The outbreak brought home the importance and urgency of vaccination and a special enquiry into the vaccinal state of school entrants showed that only 16.14 per cent of those medically examined had been vaccinated in infancy. It is imperative that infant vaccination should be pressed forward with full vigour, but it is also important that school leavers and others should be offered vaccination against smallpox. This is, of course, the responsibility of the Local Health Authority and in November the Ancillary Services Sub-Committee agreed to afford every facility and full co-operation to the Health Committee.

The co-operation with the hospital and specialist services has again been cordial and effective and is fully described in the report. The arrangements which have been made are working smoothly and to the benefit of the service. The number of children awaiting



operation for tonsils and adenoids has been considerably reduced during the year, and there is no delay if a child is referred for the opinion of the Consultant Aural Surgeon. Any child who requires urgent operative treatment for the removal of tonsils and adenoids receives priority. There is the closest co-operation with the Pædiatric Department of the Boundary Park General Hospital. The Consultant Pædiatrician, Dr. D. Hilson, forwards reports on all special cases and his services are most freely available. There has been criticism and comment that there is a lack of co-operation in the National Health Service. This criticism certainly cannot be applied to the specialist services and your School Health Service, and it can be recorded without any shadow of doubt that the present provision of specialist services by the Education Committee and the Oldham and District Hospital Management Committee are superior and more efficient than in 1948. This has been effected by the willing co-operation of all concerned and by the policy of appointing the Consultants to the staff of the Department.

It is perhaps fitting that some comment should be made on the general health of our school children. For some years now it has been stated that Britain's babies are brighter and bonnier than ever before, and it can be said with regard to Oldham school children that they are healthier than they ever have been. Findings at periodic inspections reveal few defects of really serious import; deaths in school children have been substantially reduced compared with the pre-war years and are comparatively few, though avoidable accidents take a heavy toll; the infectious diseases no longer claim a multitude of victims though poliomyelitis and tuberculosis still hold some sway. Much progress has been made and we must continue to press forward—there must be no retreat. We still need the full co-operation of all parents and this is nearly always forthcoming as is illustrated by their attendance at the entrants' examinations (94.60 per cent). Delinquent and problem parents exist and they form a small but difficult minority. Some of our schools cannot be described as citadels of health and many improvements are necessary but further progress will also lie in better housing and a cleaner and purer atmosphere. We cannot easily assess the damage caused to health by our smoke polluted air and dull grey skies, but we know that it is substantial.

In August, the School Health Service and Handicapped Pupils Regulations, 1953, became operative. Under these regulations the Medical Officer in charge of the School Health Service will in future be designated the Principal School Medical Officer, and the Senior Dental Officer the Principal School Dental Officer. These rather grandiose titles do not in any way affect the administration of the service, nor do they increase the responsibility or the emoluments of these posts!



Your provision for the handicapped pupil has always been comprehensive and the envy of many less progressive authorities. The care of the "handicapped" is assuming increasing importance and the highest provision is now demanded. The arrangements for the ascertainment of the handicapped pupil are extremely effective and consultant advice is available and fully used. The Principal School Medical Officer, who is also Medical Officer of Health, and his staff have responsibilities for these children from infancy and the association is very close and intimate, but on leaving school the children who need further supervision become the responsibility of another department and different staff. This does not apply in the case of educationally subnormal children who are notified on leaving school to the Local Health Authority and become the responsibility of the Health Committee. The "handicapped" are primarily a medical responsibility and their supervision and care should be continuous from birth and not a divided responsibility.

The value of an X-ray examination of all candidates applying for entry to training colleges, newly-appointed teachers, and a regular X-ray examination of those staff who come into frequent contact with children was very forcibly proved during the year. Two candidates who applied for entry to a training college were found unsuitable on the X-ray examination, though no abnormality was detected or even suspected on the physical examination. In November, all the staff in the School Health Service were X-rayed by arrangement with the Director of the No. 6 Mass Miniature Radiography Unit and one member was referred for further examination and report. Regular X-ray examinations should be a condition of service for all staff in contact with children, but generous sick leave with full pay should be granted to those who are found to be suffering from tuberculosis and require treatment or exclusion from duty.

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

I am also deeply grateful to the Chairman and Members of the Ancillary Services Sub-Committee for their continued 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 also the teachers.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. T. CHALMERS KEDDIE,  
PRINCIPAL SCHOOL MEDICAL OFFICER.



## SCHOOL HEALTH SERVICE

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### Principal 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.A., M.R.C.S., L.R.C.P., D.P.H.

A. J. I. Kelynack, M.B., B.S., D.P.H.

I. R. S. Troup, M.B., Ch.B., D.P.H.

T. A. J. Thorp, M.B., Ch.B., D.P.H. (temporary to 18-7-53)

### Principal School 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. (to 29-8-53)

### 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.D. (Heidelberg)

#### Educational Psychologist.

D. G. Pickles, M.A. (Cantab.), Hons. Psych.

#### Psychiatric Social Worker.

O. Sutton (to 31-1-53)

E. D. Barber, M.A., P.S.W. Cert. (from 7-10-53)

## Orthoptist

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

## Superintendent School Nurse

※ Miss F. Collins (to 14-11-53)

## Deputy Superintendent School Nurse

※ Miss C. Williamson

## Senior School Nurse

□ Mrs. A. G. Willmott

## School Nurses

※ Miss B. Bourke	★ Miss E. E. Williams
○★ Miss T. Dolan	※ Miss M. Gasquet (from 26-1-53)
※ Miss E. Keenan	○★ Mrs. A. Oldham (from 13-4-53)
※ Miss W. McDonnell	※ Miss I. Oldham (from 1-6-53)
※ Mrs. C. Smith	✕ Miss M. Barker (to 19-9-53)
※ Miss E. J. Thompson	※ Miss J. France (to 19-12-53)

※ 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



## SCHOOL CLINICS

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### Minor Ailment Clinics

Gower Street —Monday—Friday, 9-0 a.m.—10-30 a.m.  
 Scottfield —Monday—Saturday,  
 (off Ashton Road) 9-0 a.m.—10-30 a.m.

### Dental Clinics

Cannon Street —By Appointment  
 Gower Street — " "  
 Gainsborough Avenue — " "

### Ophthalmic Clinic

Scottfield —Monday 9-0 a.m. }  
 Tuesday 9-0 a.m. } (By appointment  
 Thursday 9-0 a.m. } only)  
 Friday 2-0 p.m. }

### Orthoptic Clinic

Scottfield —Daily, Monday—Saturday.  
 (By appointment only)

### Consultant Aural Clinic

Scottfield —Friday, 9-45 a.m.  
 (By appointment only)

### Speech Therapy Clinic

Gower Street —Daily, Monday—Friday.  
 (By appointment only)

### Child Guidance Clinic

Gainsborough Avenue —By appointment only.

# ANNUAL REPORT

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## STAFF

In July, Dr. A. J. I. Kelynack resumed duty having successfully completed his D.P.H. course at the London School of Hygiene and Tropical Medicine and Dr. T. A. J. Thorp, who had been appointed in a temporary capacity, ceased duty.

In August, Miss M. E. Curtis, Dental Officer, left the service to take up a commission in the Dental Branch of the Royal Air Force.

Miss F. Collins, Superintendent School Nurse, left the service in November. Miss A. W. Moordaff, who was appointed to succeed her, did not take up her duties till the 1st January, 1954.

In December, Mrs. A. G. Willmott, Senior School Nurse, retired having completed eighteen years service with this Authority. Mrs. Willmott has given loyal and devoted service to the school children of Oldham and the Ancillary Services Sub-Committee placed on record their appreciation of her services.

## 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 Superintendent Health Visitor is also the Superintendent School Nurse and this arrangement provides the closest co-operation between the School Health Service and the other nursing activities of the Public Health Department. All Health Visitors are appointed as Health Visitor/School Nurse and undertake duties in the School Health Service. Owing to the difficulty of obtaining School Nurses with the Health Visitor's Certificate, qualified nurses are employed in a temporary capacity.

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## SCHOOL HYGIENE, ACCOMMODATION AND ATTENDANCE

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

The following new school was completed and occupied during the year:—

Fitton Hill County Primary School (1st school), August.

In January the installation of the new low pressure hot water system of heating at Derker County Secondary School was completed.



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

Derker County Secondary School—2 Science laboratories  
1 Domestic Science room

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

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

#### Additions to Existing Schools

Strinesdale Open Air School—Craft room  
1 classroom

In accordance with the building programme of the Committee the following schemes should commence in 1954:—

#### New Schools

Primary School, Holts Estate  
Fitton Hill Secondary School  
Mixed Secondary School (R.C.), Chamber Road

The average number of children on the registers in December, 1953, was 17,600, an increase of 282 compared with the previous year.

The distribution is as follows:—

	Sen. & Jun.	Infants
County Primary and Secondary Modern Schools ...	7341	4387
Voluntary Primary and Secondary Mod. Schools	2666	1607
	10007	5994
Counthill Grammar School .....	567	
Greenhill Grammar School .....	399	
Robin Hill Secondary Technical School .....	307	
Junior School of Art .....	44	



## Special Schools:—

Beever Special School:—	
Deaf and Partially Deaf .....	33
Scottfield Special School:—	
Physically Handicapped .....	31
Chaucer Special School:—	
Educationally Subnormal .....	87
Waterhead Special School:—	
Partially Sighted .....	21
Strinesdale Open Air School:—	
Resident .....	30
Non-resident .....	80

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**MEDICAL INSPECTION**
**Periodic Medical Inspection**

The periodic medical inspection of three age groups has been continued and 4,200 children were examined at these inspections.

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

Entrants .....	1,592
11 year olds .....	1,346
Leavers .....	1,262
	4,200
	4,200

Of the 1,592 entrants examined, only 257 (16.14%) were found to have been vaccinated against smallpox.

The following figures show the incidence of certain defects in the 4,200 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 .....	79	18.81
Nose or Throat .....	311	74.05
Speech .....	61	14.52
Cervical Glands .....	65	15.48
Heart and Circulation .....	63	15.00
Lungs .....	104	24.76
Hernia .....	40	9.52
Epilepsy .....	7	1.67
Orthopædic .....	338	80.48

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 163 children (3.88 per cent. of those examined) classified “C.” These children can best be described as being “below par,” a number of causes being responsible. This compares with 5.94% for the previous year.

### Special Inspection

The medical officers made 2,136 special inspections and 5,162 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 results of the leavers examination and the defects found:—

Number of leavers examined .....	178
General Condition of leavers examined:—	
A .....	63 — 35.39%
B .....	115 — 64.61%
C .....	— — —
Defect or Disease Requiring Treatment:—	
Eyes:—	
Vision .....	3
Squint .....	1
Other .....	2
Ears—Hearing .....	1
Orthopædic:—	
Posture .....	1
Flat Feet .....	4
Other .....	4

In addition 21 children were examined as specials.



## Uncleanliness Examinations

Regular head inspections have been carried out in all schools on the same lines as in previous years. The work involves inspection in school, advice to parents whose children are infested, this is normally done by letter in the first instance, and re-inspection after an opportunity for cleansing has been given. In addition, advice and practical help are given at the minor ailment clinics where supplies of a suitable insecticide for use at home are also available. Nurses visit the homes of children with regard to uncleanliness when this is considered advisable. The more heavily infested children are excluded from school until cleansed, but the number in which exclusion is considered to be necessary is now comparatively small and, during the year, represented only 3.2% of all children found infested.

While no dramatic results have yet been obtained in the campaign against infestation, the improvement noted in recent years has been maintained. The number of individual children found to be infested was 1,042 (5.92% of school population) and was once again the lowest figure recorded, the figures for the previous best year (1952) being 1,180 and 6.81% respectively.

The use of statutory notices served under Section 54(2) of the Education Act, 1944, is usually reserved for persistent cases in which the parents do not respond to advice and help. During the year 18 such notices were served and it was found necessary to issue cleansing orders in three of these cases, the children being cleansed at the school clinics. In the cases where compulsory cleansing had to be undertaken and in accordance with instructions of the Committee, a letter was sent to the parents warning them of their liability to prosecution if the infestation recurred.

During the year there were two prosecutions under Section 54. In the first case a maximum fine of twenty shillings was imposed on one parent and in the second case both parents were fined twenty shillings each.

## 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	217
Visits to schools for head inspections:	
First visits .....	309
Re-inspections .....	320
Visits to Homes .....	295



## EMPLOYMENT OF SCHOOL CHILDREN

A report on each of the 1,262 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 137 children from one or more of the following categories of work:—

1	Heavy manual work .....	47
2	Sedentary work .....	1
3	Indoor work .....	1
4	Work involving prolonged standing, much walking or quick movement from place to place .....	19
5	Exposure to bad weather .....	5
6	Work involving wide changes in temperature .....	—
7	Work in a damp atmosphere .....	6
8	Work in a dusty atmosphere .....	7
9	Work involving much stooping .....	1
10	Work near moving machinery or moving vehicles .....	17
11	Work at heights .....	4
12	Work requiring normally acute vision .....	60
13	Work requiring normal colour vision .....	—
14	Work requiring the normal use of hands .....	—
15	Work involving the handling or preparation of food .....	2
16	Work requiring freedom from damp hands or skin defects .....	5
17	Work requiring normal hearing .....	2

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 294, and the occupations were as follows:—

Newspaper delivery .....	262
Errand boys .....	8
Dancers .....	24

## 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:—

	1952		1953	
Entrants .....	2495	87.51%	...	1506 94.60%
11 year olds .....	595	58.28%	...	921 68.42%
Leavers .....	159	13.14%	...	156 12.36%

## 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.

A Consultant Aural Clinic is held at Scottfield each Friday morning and children are seen by appointment. The clinic is staffed by the School Health Service personnel but the Consultant, Mr. J. Norman Appleton, attends 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, Mr. Appleton has been 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



Principal 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 Principal 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 11 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.

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## 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, 1,465 children made 7,069 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 7 compared with 10 in the previous year. Every effort is made to treat other members of the family who may be affected. Facilities for treatment are provided at the Gower Street Clinic and at 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 .....	2
School children .....	7
Adults:—	
Male .....	7
Female .....	2
	— 9
	—
	18
	—

### Ringworm of the Scalp

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

### General Hospital Treatment

Children requiring treatment are referred to the Out-Patient Department at the Oldham Royal Infirmary or Boundary Park General Hospital. If requiring in-patient treatment they are usually admitted to the Children's Wards at these hospitals. The Senior Assistant School Medical Officer has continued to visit school children in 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.

During the year 1,435 examinations were made (Dr. MacInnes 800, Dr. Hardman 635), and spectacles were prescribed or changed in 960 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 which was opened at Scottfield at the beginning of last year has been open throughout the year and is proving a most valuable asset to the School Health Service.



Miss E. J. Kirkman, Orthoptist, is employed whole-time at the clinic and Dr. F. Janus is the Consultant. By arrangement Miss Kirkman visits the Oldham Royal Infirmary weekly to discuss problems of treatment with Dr. Janus and to receive details of children attending as out-patients and in-patients who are referred for treatment.

In certain cases operative treatment is indicated and during the year 12 children received such treatment (Oldham Royal Infirmary, 12, Manchester Royal Eye Hospital, 0).

On the 31st December, 14 children were awaiting admission to hospital for operative treatment (Oldham Royal Infirmary, 9, Manchester Royal Eye Hospital, 5).

The volume of work undertaken at the clinic has continued to grow and the following figures relate to the work at the clinic throughout the year:—

Cases on register, 1st January .....	293
Cases referred during the year:—	
Manchester Royal Eye Hospital	
(Cases transferred) .....	10
Oldham Royal Infirmary .....	36
Other Hospitals .....	1
Scottfield Ophthalmic Clinic .....	67
Other Ophthalmic Clinics .....	2
Ophthalmic Medical Practitioners .....	7
	— 123
Cases removed from register:—	
Left the district .....	7
Unsuitable for treatment .....	2
Withdrawn by parent .....	4
	— 13
Cases on register, 31st December .....	403
Attendances during the year:—	
Treatments .....	400
Occlusions .....	787
Tests .....	713
Observations .....	610
	— 2510

### Ear, Nose and Throat Defects

Children found to be suffering from these defects are referred to the Scottfield Aural Clinic, and by arrangement with the Manchester Regional Hospital Board, Mr. J. N. Appleton, Consultant Aural Surgeon to the Oldham and District Hospital Group, holds



a weekly session. Children attend by appointment and any treatment prescribed is usually carried out at the school clinics. In cases 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.

During the year 47 sessions were held and 246 new cases were examined. The total number of attendances was 529.

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

At the beginning of the year 111 children were awaiting operative treatment for tonsils and/or adenoids, but at the end of the year the number had been reduced to 55.

The number of children receiving operative treatment during the year was 146, compared with 129 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, 211 school children were referred to the clinic for the following defects:—

Defect	No. of cases
Flat Feet .....	60
Inverted Feet .....	2
Everted Feet .....	3
Knock Knee .....	52
Hammer Toes .....	6
Other Deformities of Toes .....	18
Weak Ankles .....	1
Postural Defects .....	60
Old Osteomyelitis .....	1
Other Defects .....	8

### 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 the Wrightington Hospital School for the following conditions:—

Pulmonary tuberculosis .....	1
Tuberculous right knee .....	1
Tuberculosis of the symphysis pubis .....	1
Tuberculous meningitis .....	1

There were two children (1 boy and 1 girl) discharged from Wrightington Hospital School during the year.

At the end of the year seven children (3 boys and 4 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 .....	4

### 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 Principal 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 five girls were sent to the following Convalescent Home:—

West Kirby Children's Convalescent Home .....	5
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### CHILD GUIDANCE

The Child Guidance 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:—

This year the Child Guidance Clinic has not been fully staffed. The Psychiatric Social Worker resigned in January on account of illness. For six weeks during June and July we were able to secure the temporary services of a fully qualified Psychiatric Social Worker, and in October the post was filled on a part time basis by Mrs. E. D. Barber, M.A. Mr. Pickles, M.A., continued to attend the clinic for two sessions per week as Educational Psychologist.



The annual statistics continue to show satisfactory results; 37 children attended for treatment during the year and most of them were discharged after improvement and satisfactory adjustment.

During the year, 53 Intelligence Tests were carried out and the following table shows the grouping of intelligence quotients before treatment. These figures serve as a study of special populations in selected areas.

I.Q.	Boys	Girls	Total
Untestable .....	1	3	4
70 and under .....	1	2	3
71—85 .....	6	5	11
86—114 .....	15	11	26
115—129 .....	4	3	7
130 and over .....	2	—	2
	—	—	—
	29	24	53
	—	—	—

During the investigations various tests have been carried out in order to improve the assessment of patients, and to strengthen diagnosis. In addition to the usually applied Revised Stanford Binet Intelligence Scale, these tests included the following: Bellevue Wechsler; Raven's Matrices; Bender; Porteus Maze, and the Schonell Tests. Also, with older children, personality tests, especially the Rorschach Ink Blot Test, were used.

At the beginning of the year a programme was arranged for the Psychologist to visit all schools in rotation in an advisory capacity. This enables us to render the same service to the Oldham Schools as is done in other cities. Reports on 107 children were made in the course of this scheme.

Remedial Teaching, which was introduced in 1952, was continued by Mr. Sutton, with great benefit to the children who received it.

The method of group treatment (in suitable cases) which I introduced in the latter part of 1952, and which is based on psycho-analytical lines, was maintained during 1953, and has proved not only an expedient, but a successful means in clinical treatment, especially in regard to its additional socialising effect. Individual treatment however, is carried out when necessary.

During the year, the waiting list has been reviewed at regular intervals and investigations and enquiries were made into a number of cases. The results of these reviews has enabled us to reduce the list considerably.



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

NUMBER OF CASES REFERRED ..... 50

Sources of reference:—

Director of Education .....	26
School Medical Officers .....	12
General Practitioners .....	7
Probation Officers .....	1
Hospitals .....	2
Children's Officer .....	2

NUMBER OF NEW CASES INVESTIGATED ..... 54

(Diagnostic interviews)

(a) Recommended for treatment .....	29
(b) Recommended for Environmental Adjustment ...	5
Admission to School for Maladjusted children .....	2
Admission to Residential School for the Deaf .....	1
Admission to Residential Diabetic Hostel .....	1
To care of Local Authority .....	1
(c) Cases to be reviewed .....	12
(d) Period of probation .....	2
(e) Admission to special class .....	1
(f) Voluntary supervision under the probation officer .....	1
(g) Advice on handling (cases closed) .....	4

SUMMARY OF TREATMENT WAITING LIST

No. awaiting treatment at 1st January .....	73
No. of new cases recommended for treatment .....	29
No. of cases started .....	21
No. of cases withdrawn:—	
Left the district .....	6
Treatment not desired .....	13
Sent to approved schools .....	2
Improved after first interview .....	15
Over age .....	4
	— 40
No. awaiting treatment at 31st December .....	41



**CASES TREATED**

Cases under treatment at 1st January .....	16
Cases started during the year .....	21
Treatment concluded:—	
After satisfactory adjustment .....	15
After improvement .....	9
No improvement .....	4
	— 28
Cases under treatment at 31st December .....	9

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

**Medical Director—Psychiatrist**

Treatments given .....	556
Diagnostic interviews .....	133
Other interviews .....	21
Visits to schools and homes .....	6

**Educational Psychologist**

Psychological Tests:—	
Preliminary .....	57
Re-tests .....	19
	— 76

Social Histories taken .....	61
Guidance Sessions .....	64

**Additional work in the schools:—**

Visits to schools .....	34
Tests and assessments at schools .....	18
No. of reports .....	107
AWAITING EXAMINATION at the end of the year ...	11
AWAITING TREATMENT at the end of the year .....	41

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**SCHOOL DENTAL SERVICE**

The School Dental Service is providing an efficient service although one Dental Officer left during 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 been maintained.

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

During the year under review the School Dental Service staff has been reduced by one Dental Officer. In June, Miss M. E. Curtis tendered her resignation, having accepted a commission in the Dental Branch of the Royal Air Force, but she continued duty in a temporary capacity until the end of August, when she left to join the Service. Since her resignation the Gainsborough Avenue Clinic has only been open for morning sessions.



During the past two years the staffing of the School Dental Service throughout the country has improved considerably and many local authorities can now report that their staffs are almost up to full establishment. The authorities which are experiencing the greatest difficulty in obtaining staff are industrial areas such as Oldham. In spite of numerous advertisements in the press and the British Dental Journal, it has not been possible to fill the vacancy created by the resignation of Miss Curtis. So long as the supply falls short of the demand, then authorities which are more attractive from the residential aspect have a distinct advantage. Since National Salary Scales for Public Dental Officers have been introduced and apply to all authorities irrespective of their geographical location the problem of attracting staff to areas such as Oldham is well nigh insoluble.

Oldham is in close proximity to the Manchester Dental Hospital which is a Teaching Hospital for the training of dental surgeons. Nevertheless, any newly qualified dentists who are interested in school dentistry are usually attracted to positions on the South side of Manchester, e.g., Cheshire. Another problem which arises after qualification is the carrying out of National Service duties prior to taking up appointments in civil life.

In December, a report was submitted to the Ancillary Services Sub-Committee recommending that approval be given for the employment of part-time Dental Officers in the Dental Clinics on a sessional basis. The recommendation was accepted and the employment of dental practitioners in a part-time capacity will receive consideration in the new year. The arrangement is only a temporary expedient until the appointment of a whole-time officer can be made.

Miss Marland, Dental Attendant, resigned her appointment in June. This vacancy was not filled pending the appointment of a Dental Officer.

By agreement the school dental staff and clinic facilities are available for patients referred from the Maternity and Child Welfare Department. Dental treatment for pre-school children is invariably of an emergency nature and the extraction of teeth is usually necessary. In spite of this service for pre-school children the dental condition of the school entrants is very poor and of 905 children aged four and five years who were inspected, only 227 were found to have naturally sound teeth.

Evening sessions have been continued and 25 sessions were held during the year.

The Clinic at Cannon Street and one of the surgeries at Gower Street have been decorated during the year. No major item of equipment has been purchased.



## Dental Inspection

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

(a) **Periodic Inspections.**—During the year 7,195 children received a periodic dental inspection. Of the children inspected 4,732 were found to have dental defects and 3,615 were referred for treatment. It is not possible to refer for treatment all children with dental defects of the temporary dentition and a policy has to be adopted whereby the elimination of sepsis and pain are the main considerations.

The dental inspections were carried out on school premises. The lighting arrangements make accurate and detailed examination difficult particularly during the winter months.

(b) **Special Inspections.**—During the year 3,032 children attended the Clinic as specials, i.e., without an appointment. These children are often known as "casuals" and usually attend for the relief of toothache but in some cases it is for advice re dental care. A number of these children attended as a result of their parents being "dentally conscious" but far too many of the "casuals" attended as a result of toothache. The only solution to this problem is a fully staffed service and at least an annual routine inspection at school. The longer the period between periodic inspections the greater will be the number of "casuals." The increase in the number of "casuals" is also related to the increase in dental caries which has been evident in recent years.

## Dental Treatment

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

Of the 3,615 children referred for treatment following periodic inspection 2,819 accepted and received treatment. This represents an acceptance rate of 77.9 per cent and is approximately the same as the previous year.

14,543 attendances were made by children for treatment; of these 10,490 attendances were following periodic inspection and 4,053 were made by "casuals." The number of "casuals" attending for treatment not only tends to disorganise the routine appointments but also increases the period between visits to schools for periodic inspection.

4,068 fillings were inserted in permanent teeth and 755 fillings were put in temporary teeth. There has been a drop in the number of fillings inserted in temporary teeth as compared with the previous year (1,017). This type of work is the first to be sacrificed when the staffing arrangements are inadequate.



The number of permanent teeth extracted was 1,988 as compared with 1,609 for the previous year. Many of these teeth were extracted for orthodontic reasons. It was necessary to extract 8,795 temporary teeth.

During the year 123 general anæsthetic sessions were held and 1,581 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. The services of Dr. G. Mason-Walshaw, Consultant Anæsthetist, are particularly valuable at these sessions when very young children or children with poor medical histories attend.

### Orthodontic Treatment

During the year 166 sessions have been devoted to orthodontic treatment, i.e., treatment for the correction of irregular teeth and mal-occluding jaws. This work remains very popular with children and parents alike and is a most important aspect of juvenile dentistry.

The arrangements for carrying out this work have remained similar to the previous year and it is pleasing to report that the waiting list is quite small.

Both "fixed" and "removable" appliances have been used and it is interesting to record that the number of "removable" appliances constructed has increased.

Mr. J. D. Franks undertakes the bulk of this work and the following figures relate to the work carried out during the year:—

New cases commencing treatment .....	57
Cases completing treatment .....	46
Attendances .....	1,133
"Fixed" appliances fitted .....	41
"Removable" appliances fitted .....	104
"Mouth screens" fitted .....	27

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

"Fixed" appliances .....	4
"Removable" appliances .....	16
"Mouth screens" .....	18

### X-ray Examinations

Full use has been made of the X-ray unit installed at Cannon Street Clinic and 312 films were taken.

### Dentures, Crowns

Seventy-four partial dentures were constructed for children who had lost front teeth, usually as the result of accidents.

Ten crowns were fitted to front teeth—which usually had been fractured.



Sixteen protective caps were fitted to broken front teeth in order to protect them until the children are old enough for some type of permanent restoration.

The use of self-curing acryl filling material ("plastic") has helped considerably in the restoration of fractured incisor teeth. In the past it has been a serious problem when children had accidents which involved the front teeth. The introduction of this new filling material has gone a long way to solving this problem and the results so far obtained have been very encouraging.

### 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. Under this arrangement five children were referred.

The Principal School Dental Officer is also on the staff of the Boundary Park General Hospital and in cases where treatment under hospital conditions would be more beneficial, such children are admitted under his care.

### 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 infectious diseases:—

DISEASE	1953		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 ... ..	—	—	—	—	—	—	—	—	—
Dysentery ... ..	29	—	4	20	3	1	1	—	—
Diphtheria... ..	—	—	—	—	—	—	—	—	—
Measles ... ..	256	—	15	225	13	1	2	—	—
Scarlet Fever ... ..	148	—	4	102	26	9	2	4	1
Whooping Cough ...	57	—	—	47	4	—	6	—	—
Poliomyelitis ... ..	3	—	—	1	1	1	—	—	—
Tuberculosis—									
(a) Pulmonary	7	—	—	3	1	2	—	—	1
(b) Other forms	5	—	—	3	—	2	—	—	—



## 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, 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 reinforcing injections, the first during their sixth year (on entering school) and the second during their eleventh year. This further protection is offered to all children.

The head teachers of the schools and their staffs have afforded the staff of the Department every assistance in this work.

The following figures indicate the number of children who received primary immunisation after entering school and also the number receiving reinforcing 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
47	40	12	13	9	3	2	2	—	4	1	133

### Reinforcing Injections

First Reinforcing injection	Second Reinforcing injection	Total
1,188	489	1,677

## Smallpox

No case occurred during the year.

## Vaccination Against Smallpox

During the year 1,130 children of school age received primary vaccination and 323 were re-vaccinated. These figures include 43 primary vaccinations and 14 re-vaccinations of school leavers, who were offered vaccination in December. The large increase in the numbers of vaccinations and re-vaccinations is mainly due to the occurrence of smallpox in the Borough during the year.



## **Meningococcal Infections**

No case occurred during the year.

## **Dysentery**

During the year 29 cases of dysentery were notified and in 25 cases the Sonné organism was isolated.

In May, three children in one family were notified by a general practitioner as suffering from Sonné dysentery. On investigation it was found that two of these children attended the Richmond Nursery Class. Following the visit of a medical officer to the Nursery Class, two other children with diarrhoea were subsequently found Sonné positive.

The remaining cases were isolated cases associated with outbreaks in day nurseries.

## **Measles**

There were 256 cases notified. During the first two months of the year 207 cases occurred and were the continuation of the epidemic of the previous year.

## **Scarlet Fever**

There were 148 cases notified compared with 179 for the previous year. Of the total cases, 49 occurred in the first three months of the year and 64 in the last three months.

## **Whooping Cough**

The number of cases notified was 57. Of these, 7 had received the full course of protective injections and were classified as follows:—

Severe 0.            Moderate 1.            Mild 6.

No cases occurred in children attending Nursery Schools or Classes.

## **Acute Poliomyelitis**

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

The non-paralytic case was a boy aged 7 years who made a complete recovery.

Of the two cases of paralytic disease, one was a boy aged 5 years who developed paralysis of the left shoulder girdle and weakness of the left forearm. At the end of the year he was still



receiving treatment and still had considerable paralysis. He was able to attend an ordinary school. The other was a girl aged 14 years who developed slight paralysis of the palate and was almost completely recovered when discharged from hospital. At the end of the year her speech and palate movement were normal. She was well and attending school.

### **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 32 school children (16 males, 16 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, 7 cases of pulmonary tuberculosis were notified and accepted as tuberculosis minus (sputum negative or absent), but in one of these cases the sputum was subsequently found to be positive. No deaths occurred from pulmonary tuberculosis.

#### **Case 1/53**

In December of the previous year, a girl aged 7 years, admitted to Boundary Park General Hospital, was subsequently found to have a primary complex. She was discharged in January and made good progress.

#### **Case 2/53**

A boy aged 5 years was admitted to Westhulme Hospital in January and a diagnosis of pulmonary tuberculosis was made. Following treatment in sanatoria he was transferred to the Wrightington Hospital School and he was still there at the end of the year.

#### **Case 3/53**

A boy aged 5 years was admitted to Boundary Park General Hospital in April and was found to have a pleural effusion. He was transferred to High Carley Sanatorium in June and was discharged one month later. Following his discharge his condition continued to improve and at the end of the year the disease was considered quiescent.

#### **Case 4/53**

A boy aged 14 years was attending the chest clinic for observation. In May he was found to have pulmonary tuberculosis and was subsequently admitted to Monsall Hospital where he was found to have a positive sputum. He was still there at the end of the year.



**Case 5/53**

A girl aged 11 years attended the chest clinic as a contact. She was found to have pulmonary tuberculosis and in July was admitted to the High Carley Sanatorium. She was discharged in November, much improved, and arrangements were made for her to be admitted to the Open Air School in the new year.

**Case 6/53**

A boy aged 14 years was admitted to Boundary Park General Hospital in July. He was found to have a pleural effusion and in August he was transferred to Abergele Sanatorium, where he remained for the rest of the year.

**Case 7/53**

A girl aged 16 years was admitted to Oldham Royal Infirmary in October and was found to have a pleural effusion. She was transferred to the High Carley Sanatorium in December.

**Non-Pulmonary Tuberculosis**

During the year, five 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 .....	1	—	1
Abdomen .....	—	—	—
Meninges .....	1	—	1
Peripheral Glands .....	2	2	—
Other Organs .....	1	1	—
Generalised .....	—	—	—
Skin .....	—	—	—
	<hr/> 5	<hr/> 3	<hr/> 2

The case of tuberculous bones and joints occurred in a girl aged 13 years who was found to have tuberculosis of the symphysis pubis and was admitted to Oldham Royal Infirmary in June, being transferred to Wrightington Hospital eight days after admission.

The case of tuberculous meningitis was a girl aged 15 years who was admitted to Oldham Royal Infirmary and subsequently transferred to Wrightington Hospital.

The other organs case occurred in a boy aged seven years who was diagnosed as suffering from tuberculous epididymitis and was admitted to Booth Hall Hospital.

No deaths occurred from non-pulmonary tuberculosis.



## DEATHS IN SCHOOL CHILDREN

During the year, seven deaths were registered among school children (three boys and four girls) aged five to sixteen years. The following are brief details of these cases:—

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

1 (a) Lymphocytic leukæmia.

This boy was admitted to hospital and died four months after admission.

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

1 (a) Cardiac failure.

(b) Thrombocytopenic purpura.

This girl was suddenly taken ill and was admitted to hospital, dying eight days later. The diagnosis was confirmed by post-mortem.

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

“Intracranial hæmorrhage due to fracture of the skull caused when, whilst trespassing, he fell through a glass roof.”

Inquest.

**Case 4.**—A girl aged 11. Death was due to:—

“Shock following multiple injuries caused when she was accidentally knocked down by a motor lorry.”

Inquest.

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

“Asphyxiation by drowning. (Whilst bathing).”

Inquest.

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

1 (a) Congestive cardiac failure.

This boy was admitted to hospital with a history of epigastric pain before admission and a slight cough with dyspnœa. He was obviously ill, restless, and dyspnœic, and the heart was grossly enlarged. He died eleven days later. At post-mortem the heart was grossly enlarged with a very large right ventricle. There was a considerable œdema of the mitral valve and there were vegetations on this valve and also on the tricuspid.

**Case 7.**—A girl aged 11. Death was due to:—

1 (a) Myocarditis.

(b) Dermatomyositis.

This girl was admitted to hospital with a three weeks' history of weakness in the thighs, arms, and shoulders, associated with aching and pains on movement. She also



had a rash on her face and hands for one week prior to admission. A week after admission the cardiac impulse was found to be diffuse and outside the nipple line. Three weeks after admission she was transferred to the Royal Manchester Children's Hospital where she died six months after the onset of her illness. At post-mortem a diagnosis of Dermatomyositis was confirmed.

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## 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 32 routine visits.

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## 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.

Some pupils can be ascertained in early infancy, this especially applies when the cause of the defect is congenital or present at birth. An increasing number of severely handicapped children are now under observation prior to school entry at five years of age. The Health Visitors are fully alive to the importance of such children being ascertained at the earliest age and if, in their opinion, any child comes into this category, they submit a special report so that the most appropriate action can be taken.

A number 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.



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.

### **The School Health Service and Handicapped Pupils Regulations, 1953**

These regulations replace the Handicapped Pupils and School Health Service Regulations, 1945, and define the several categories of pupils requiring special educational treatment. There is no longer a separate category of diabetic pupils, this class now being included in the general category of delicate pupils. Provision for diabetic children requiring special care exists in boarding homes approved for the purpose by the Minister.

### **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 children suspected of deafness so that such children can be fully investigated at the earliest opportunity. During the year, 7 children were referred and the following recommendations received:—

- |   |   |
|---|---|
| (a) Admission to Special School for Partially Deaf Pupils ...   | 3 |
| (b) Admission to Special School for Deaf Pupils .....   | 1 |
| (c) Lessons in lip-reading, favourable position in class, and provision of individual hearing aid ..... | 2 |
| (d) Lessons in lip-reading and favourable position in class ...   | 1 |

### **Ineducable Children**

These children should be ascertained at an early age. Many of them have such a degree of mental defect that school attendance is never considered. A few may be admitted to an infant department but 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, ten children were reported to the Local Health Authority as "ineducable," eight being aged 6 years or under, one aged 8 years and one aged 12 years. The boys aged 8 and 12 years had been given a trial period in a special school before being reported.



In the case of the boy aged 12 years following notice of intention to issue a report under Section 57(3) the parents made objection to the Minister. After careful consideration the Minister directed that a report should be forwarded to the Local Health Authority that the child was incapable of receiving education at school.

**(a) Blind Pupils:—**

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

Pupils found to be blind are admitted to special residential schools. At the beginning of the year 5 boys were in the following schools:—

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

There were no children admitted to special residential schools during the year. In March a boy aged 19 years left the Royal Normal College for the Blind and was subsequently found employment as a shorthand-typist with a local firm.

**(b) Partially Sighted Pupils:—**

*“ Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools 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 Waterhead Partially Sighted School.

	Boys	Girls	Total
Number on register, 1st January .....	12	9	21
(3 from other areas)			
Number admitted during the year .....	2	1	3
(- from other areas)			
Number discharged:—			
At age of 15 .....	—	3	3
Left the area .....	1	—	1
Number on register, 31st December .....	13	7	20
(3 from other areas)			

The three girls who left during the year were all found suitable employment. Two girls started work as shop assistants and the third is employed in a confectionery business.



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, one pupil was 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 Beaver Special School.

	Boys	Girls	Total
Number on register, 1st January .....	14	5	19
(6 from other areas)			
Number admitted during the year .....	—	—	—
(— from other areas)			
Number discharged during the year ...	1	—	1
(— from other areas)			
Number on register, 31st December ...	13	5	18
(6 from other areas)			

There were no admissions during the year.

During the year a boy aged 10 years, whose parents moved to the South of England, was discharged.

Three girls who were admitted in the previous year to the Nursery Department of the Royal Cross School for the Deaf, Wilmar Lodge, Blackburn, remained there throughout the year.

**(d) Partially Deaf Pupils:—**

*“ Pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.”*

These pupils are admitted to the Beaver Special School.

	Boys	Girls	Total
Number on register, 1st January .....	11	3	14
(4 from other areas)			
Number admitted during the year .....	3	1	4
(1 from other areas)			
Number discharged during the year .....	2	—	2
(1 from other areas)			
Number on register, 31st December ...	12	4	16
(4 from other areas)			



There were four children (3 boys and 1 girl) admitted during the year, one boy being admitted from another area.

Two boys, both 16 years of age, were discharged. One boy obtained employment in a boot and shoe repairing business and the other as an apprentice gardener.

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

Mr. J. N. Appleton, Consultant Aural Surgeon makes regular visits to the Beaver Special School. These visits afford an opportunity for problems concerning individual children to be discussed between the teachers, the Consultant Aural Surgeon and the medical staff of the School Health Service. Mr. Appleton also sees all the children periodically and any special treatment that may be required is arranged through the Scottfield Aural Clinic or Boundary Park General Hospital.

#### (e) Educationally Sub-normal Pupils:—

*"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, 194 examinations in respect of 182 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 .....	10
(b) Requiring supervision after leaving school .....	14
(c) For admission to Chaucer Special School .....	14
(d) For admission to Special Class .....	18
(e) Referred to Child Guidance Clinic .....	4
(f) For further supervision .....	109
(g) No further supervision required .....	25

### Residential Special Schools

At the beginning of the year, 2 boys were in the following residential special schools:—

St. Francis School (formerly Monyhull Colony School) ...	1
St. Joseph's R.C. School .....	1

No children were admitted to residential special schools during the year.

On attaining the age of 16 years a boy was discharged from the St. Francis School and notified to the Local Health Authority under Section 57(5) of the Education Act, 1944. He was found suitable manual employment.

### Chaucer Special School

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

	Boys	Girls	Total
Number on register, 1st January .....	52	32	84
(10 from other areas)			
Number admitted during the year .....	11	9	20
(3 from other areas)			
Number discharged during the year .....	12	9	21
(4 from other areas)			
Number on register, 31st December .....	51	32	83
(9 from other areas)			

Children discharged during the year:—

At 16 years of age .....	7	7	14
Transferred to ordinary school .....	1	—	1
Ineducable .....	2	1	3
Removed to other areas .....	1	—	1
Transferred to approved school .....	—	1	1
Transferred to institutional care ...	1	—	1



Eleven of the fourteen 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, and at the end of the year they were all in useful and suitable employment apart from two who only left school in December. Of the remaining three cases, two were from the area of the Lancashire County Council and in the third case notification was not considered necessary.

A boy aged 14 years who had made considerable progress since his admission was transferred to a secondary modern school.

In February, a boy who was due to leave the school at Easter, appeared before the Juvenile Court and was admitted to an institution on an order by the Magistrates under Section 8 of the Mental Deficiency Act, 1913.

#### (f) Epileptic Pupils:—

*“ Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.”*

During the year no children were admitted to schools for epileptic pupils but in April, a girl aged 16 years was notified under Section 57(5) of the Education Act, 1944, on leaving the St. Elizabeth's School. She was transferred to the St. Elizabeth's Home, Much Hadham, Herts.

A boy of 12 years continues to remain in the Maghull Home for Epileptics, Liverpool.

#### (g) 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. During the year a boy aged 11 years was found to require special schooling and a place was secured at the Arlesford Place Residential School for Maladjusted Children. He will be admitted early in the new year.

A boy aged 10 years who was admitted to the Arlesford Place Residential School for Maladjusted Children in the previous year continued to attend throughout the year.



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

*“ Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.”*

Children whose physical disability renders it inadvisable that they should be exposed to the conditions of ordinary school life are admitted to the Scottfield Physically Handicapped School.

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

Congenital heart disease .....			2
Tuberculosis of spine .....			1
Tuberculosis of left hip .....			1
Perthes disease .....			1
Paralysis following Poliomyelitis .....			1
	Boys	Girls	Total
Number on register, 1st January .....	13	13	26
(1 from other areas)			
Number admitted during the year ...	2	4	6
(- from other areas)			
Number left during the year .....	—	1	1
(- from other areas)			
Number on register, 31st December ...	15	16	31
(2 from other areas)			

A girl aged 16 years with paralysis following poliomyelitis was discharged during the year. Following discharge she commenced a whole-time course of commercial training.

**Home Tuition**

During the year six children received home tuition and two of these children were able to return to an ordinary school. In one case home tuition was discontinued and in another the child attained the age of 16 years.

At the end of the year two children were receiving this form of tuition.

**(i) Pupils Suffering from Speech Defect:—**

*“ Pupils who on account of defect or lack of speech 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 10 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 89 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 the parents are seen and advice is given.

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

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.

There are now 10 children suffering from stammer on the waiting list. Owing to travelling difficulty some of these children cannot be admitted for treatment immediately but as soon as they are old enough to travel alone they will be admitted. In all cases the parents have been interviewed and further contact will be made as time permits.

The number of children on the pre-school list is growing. During the year 4 children who stammered and whose names were on a previous list have been removed from the list as the stammer has cleared up. They are now attending Infants' Schools and have not required treatment. Their names have been placed on a supervision list so that for some time they will be kept under observation. Again the value of advice to parents of children developing a stammer at an early age has yielded satisfactory results.

#### **Group Therapy for Stammerers**

Number on register, 1st January .....	28
(1 from other areas)	
Number admitted during the year .....	20
(- from other areas)	
Number discharged during the year .....	18
(- from other areas)	
Number on register, 31st December .....	30
(1 from other areas)	



The following is the classification, according to improvement, of the 18 children discharged:—

Satisfactory speech .....	8
Much improved .....	1
Some improvement (left at 15 years) .....	3
No improvement .....	2
Treatment deferred .....	2
Withdrawn by parents .....	2

#### Other Speech Defects

Number on register, 1st January .....	19
(1 from other areas)	
Number admitted during the year .....	43
(- from other areas)	
Number discharged during the year .....	41
(1 from other areas)	
Number on register, 31st December .....	21
(- from other areas)	

The following is the classification, according to improvement, of the 41 children discharged:—

Satisfactory speech .....	33
Satisfactory within educational level .....	2
Transferred to group therapy for stammerers .....	1
Treatment deferred .....	3
Withdrawn by parents .....	1
Left the district.....	1

#### Register of Pre-school Children

Number on register, 1st January .....	5
Number referred during the year .....	9
Number removed from register .....	4
Number on register, 31st December .....	10

#### (j) Delicate Pupils:—

*“ Pupils not falling under any other category, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.”*

The Strinesdale Open Air School provides accommodation for 30 resident and 90 non-resident delicate pupils.



Admissions during the year were as follows:--

	Boys	Girls	Total
Arrested T.B. and T.B. contacts .....	2	4	6
Sub-normal nutrition and debility .....	5	8	13
Bronchitis and asthma .....	8	7	15
	—	—	—
Totals ...	15	19	34
	—	—	—

Children with diabetes usually attend an ordinary school but may require admission to a special residential hostel for diabetic children. During the year a girl aged 12 years was recommended for admission to such a hostel and a vacancy was obtained at the St. Monica's Hostel, Kingsdown. It is expected that she will be admitted early in the new year.

During the year no pupils attended hostels for diabetic children.

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### HOSPITAL TEACHING

There is provision for children of school age who are admitted to the children's wards in the local hospitals to receive tuition. One teacher is employed whole-time at Boundary Park General Hospital but at the Oldham Royal Infirmary the teachers are drawn from a panel and visit for a short period each evening excepting Saturday and Sunday.

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### HOLIDAY CAMPS FOR DIABETIC CHILDREN

This Authority again accepted financial responsibility for providing three diabetic children with two weeks' holiday at the Cottage Pasture Camp, Etton, near Beverley, Yorks. The arrangements which were again made by the Diabetic Association were most satisfactory and the children thoroughly enjoyed themselves.

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### CASTLESHAW CAMP SCHOOL

This camp school is situated at Delph and was formerly the Open Air School but ceased to be used for this purpose in 1936 when the Strinesdale Open Air School was opened. It is now used as a camp school and parties of children who are in their last year at school are taken to the camp for a week during the period April to October. A warden and his wife are in residence throughout the year and they are responsible for the maintenance of the building and its contents.

The parties are limited to 24 children of one sex along with one or more teachers who are in charge of the party. They assemble at their ordinary school at 9-0 a.m. on a Monday and they return



on the following Friday afternoon, leaving the camp school about 1-30 p.m. The parties are conveyed to and from the camp school by special bus.

All children are medically examined at the school clinics before proceeding to the camp school.

The curriculum allows the children attending the camp school to take full advantage of the surrounding countryside and they are taken on visits to places of local interest. In the evenings special recreational activities are arranged by the teachers in charge of the parties.

During the year 263 children enjoyed a stay at the camp school. The cost to the parents is 15/- but no child is debarred from attending because of the parents inability to meet this charge.

The camp is also utilised throughout the year by various youth organisations who arrange for parties to attend at the week-ends.

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### 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 taking part in the trials are leavers from the Secondary Modern Schools who left during the 18 months—September, 1951, to March, 1953. When the survey commenced these pupils were about to enter the 15—25 age group, one which is known to produce a very large number of cases of tuberculosis. The details of the investigation are fully described in the reports for 1951 and 1952.

The Medical Research Council provides the medical, radiological and clerical staffs and the mobile X-ray unit but the nursing staff of the School Health Service undertakes the home visiting.

The first stage of this survey was completed by December, 1952, all the children who volunteered having been X-rayed, Mantoux tested and selected children having received B.C.G. or Vole vaccination. No more children were admitted to the scheme but every child who completes one series of tests will be carefully watched for a period of at least three years and will be offered an annual X-ray examination.

During the year the unit visited the Borough in April and November in order to make follow-up examinations of the children already admitted to the scheme and of the 1,046 children invited to attend 737 attended.



The Health Visitors and School Nurses are now assisting in the follow-up of the children and during the year visited the homes of 558 children in order to complete the follow-up reports.

In March, Dr. G. G. Lindsay, Physician-in-Charge, left the Unit and he was succeeded by Dr. S. Keidan to whom I am indebted for the following report:—

The Medical Research Council, in co-operation with Oldham Public Health and Education Departments, is at present carrying out a large scale trial of tuberculosis vaccines among young people to determine whether the vaccines should be introduced on a wide scale in Britain, in somewhat the same way as Diphtheria immunisation.

In Oldham the trial began in November, 1951, and it is also being conducted in other areas in the North, the Midlands and North London. Fifty-four thousand young people, of whom 1,046 come from Oldham, are taking part. All these volunteers were X-rayed during their last terms at school, and a proportion of them were given the vaccines. The intake ended in December, 1952, and the follow-up of the young people, necessary to determine the value of the vaccines, is now being undertaken in several ways. A postal form which each volunteer returns is sent once a year. In addition, each volunteer is invited to have an annual chest X-ray. These examinations are carried out by the Medical Research Council's Mass Radiography Unit at The Community Centre, Clegg Street, in the evening, and, so far, a high proportion of those taking part have availed themselves of the opportunity to attend. Besides being of value to the research, these X-rays are a great health safeguard to the volunteers.

An equally important part of the follow-up is an annual home visit by a Health Visitor. Besides encouraging the young people to return for their annual X-ray and ensuring that interest in the scheme is maintained, they provide the opportunity for the recording of essential data. These visits, involving much painstaking work, have been carried out in a most conscientious and capable way, and much of the successful conduct of the trial so far is due to the nurses taking part.

Throughout the scheme there has been close co-operation between the Educational and Public Health Authorities in Oldham and the Medical Research Council. Although the difficulties of keeping closely in touch with such a large number of young people is considerable, it is hoped that the facts concerning the degree and duration of protection provided by the tuberculosis vaccines will be elicited. This knowledge, which cannot be obtained in any other way, will be of the greatest importance to the future control of tuberculosis, both in Britain and the rest of the world.



## **ATTENDANCE CENTRE—MEDICAL EXAMINATIONS**

In January, at the request of the Home Secretary, the Chief Constable undertook responsibility for an attendance centre as provided in the Criminal Justice Act, 1948, and this was opened at Waterloo Secondary Modern School. Children and young persons are sent from the Juvenile Courts and are required to attend on Saturday afternoons.

As the instruction includes physical training and drill it was agreed that all boys attending should be medically examined. The examinations are undertaken by the assistant medical officers.

During the year 15 boys were referred for examination and 13 were passed as fit to attend the centre.

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## **MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING**

In accordance with a resolution of the Council, all teachers appointed 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 93 teachers were examined.

The examination of candidates applying for admission to training colleges is also the responsibility of the Principal School Medical Officer and he is assisted by the medical officers of the Department in these examinations.

All teachers when medically examined on appointment are asked to agree to an X-ray examination but this is waived in the case of applicants who have undergone an X-ray examination on completion of their course of training and produce a recent satisfactory X-ray report.

The X-ray examinations are undertaken through 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 X-ray department and a charge incurred.

### **Candidates Applying for Admission to Colleges**

During the year 53 candidates (16 males, 37 females) were examined and a report on Form 4 RTC completed and forwarded to the appropriate college authority.

All the candidates agreed to an X-ray examination of the chest which is undertaken through the Mass Miniature Radiography Service.

In two cases it was not possible to pass the candidate as fit for admission to a course of training.



### **Entrants to the Teaching Profession**

Entrants to the profession completing an approved course of training continue to be examined by the college medical officer but in other cases the medical examination is arranged by the Principal School Medical Officer of the appointing authority. These examinations require the completion and forwarding of Form 28 RQ to the Ministry of Education. In these cases an X-ray examination has been compulsory since the 1st April.

During the year, 2 reports (2 males) on Form 28 RQ were forwarded to the Ministry of Education.

### **Ministry of Education Circular 248/52**

This circular, which was issued in the previous year, deals with the protection of school children against the risk of infection by adults suffering from tuberculosis. In accordance with the circular the following arrangements are in force:—

- (i) All teachers are X-rayed on appointment but this is waived in the case of applicants who have undergone an X-ray examination on completion of their course of training and produce a recent satisfactory X-ray report.
- (ii) All teachers are urged to take advantage of the facilities provided by the Mass Radiography Service for periodic examination. The Unit did not visit Oldham during the year, but in the previous year 479 teachers voluntarily offered themselves for examination.
- (iii) All staff employed in the School Health Service are X-rayed on appointment and at regular intervals are referred to the Medical Director of the Unit for X-ray examination. In November all the staff were X-rayed while the Unit was temporarily stationed in Chadderton.

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## **PROVISION OF MEALS**

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

In October, Mrs. B. A. Healey, the School Meals Organiser, left having secured an appointment with the Essex County Council and at the end of the year her position was not filled.

The kitchen-dining room at Limehurst County Primary School was opened in January. The kitchen, which is light and roomy, is equipped with modern gas and electric cookers and the



children dine in an adjoining dining room which is nicely decorated. The kitchen-dining room at Fitton Hill County Primary School was opened in September, the building and equipment also being on modern lines. The meals are served through a wide hatch to the dining room which is tastefully decorated. These two kitchen-dining rooms are welcome additions to the school meals service as meals are cooked on the premises.

In November, the Ministry of Education authorised the purchase of the Horsedge Street Nursery building for use as a dining room for the children attending Henshaw Secondary School. The building stands in the grounds of the school and when adapted and equipped and put into use will be a great improvement on the present dining arrangements.

There are now 17 kitchens in Oldham providing meals for school children. Three nursery schools and three nursery classes also cook and serve meals on the premises.

Following receipt of Ministry of Education Circular 262, the charge for school meals was increased from 7d. to 9d. as from the 1st March. Prior to the increase, 49% of the children attending school were taking advantage of the midday meal but at the end of March this had dropped to 44.32% and at the end of the year was 43.86%.

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

On payment .....	6,308
Free .....	568
	<hr/>
	6,876
	<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 15,676 and during the year 2,630,257 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.



## 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.

The Chief Organiser was off duty due to illness during the spring and summer terms and the Woman Organiser similarly during the spring term.

#### 2. Physical Activities

There have not been any major additions either of apparatus or ancillary facilities, to the equipped gymnasia provided at the secondary schools. Of the twelve gymnasia, showering facilities were available only at six. Plans were, however, made to add showers at two gymnasia during next year. The whole of the gymnastic apparatus in use in gymnasia and school halls in primary and secondary schools received a thorough overhaul in addition to the normal annual inspection.

Provision of additional climbing agility apparatus for infant and junior schools has been made.

During the Christmas term a general review of the schemes of physical education in the secondary schools was made in conjunction with the responsible masters as a "follow-up" to the special course they attended in the preceding year.

A special short course for masters in secondary schools was conducted in the Christmas term. The course dealt specifically with instruction in boxing and was preliminary in character. Its success led to arrangements being made for a longer, fuller and more detailed course in this activity to be held for teachers next year.

A lecture demonstration course on the use of large apparatus in primary junior schools was held for men and women teachers serving in these schools.

#### 3. Display

A very colourful and attractive public display of physical activities was held as part of the Coronation Celebrations. This included natural activities on large apparatus by several groups of young children and displays of games, gymnastic activities with and



without apparatus, by large groups of older children as well as exhibitions of national dances in costume by older girls. The whole performance attracted much public attention and was widely acclaimed as a most praiseworthy effort of the children and teachers who took part.

#### **4. Games and Athletics**

A comprehensive review of the facilities and arrangements for coaching the major games and athletics and the conduct of organised games as part of the schools' curricula was made. A detailed report was prepared for the Playing Fields Advisory Committee of the Education Committee. It was evident that the deficiencies of playing space, suitable surfaces, changing and showering accommodation would take a considerable time to remedy. Adequate improvement of the existing position presented many difficult problems of ways and means. Given continued good will, drive and co-operation, however, they appeared capable of solution. It has been felt that early steps towards this end have been taken during the year.

#### **5. Swimming Instruction**

The Authority's regulations and arrangements for swimming instruction were continued. Attendance, particularly of older children, was somewhat erratic and tended to fall off to a greater extent than formerly. During the Christmas term detailed observation of instruction in a large number of the classes revealed certain weaknesses. Proposals were made for progressive improvement during the remainder of the school year and for further review and consideration of results at the end.

Inter-school leagues and swimming galas have been held as adjuncts to the general swimming scheme. They have been enthusiastically supported by the teachers and the high standard which has existed for many years has been maintained.

#### **6. Boxing**

Boxing Instruction for boys has been encouraged as part of the general physical education scheme in secondary schools, and has shown signs of development.

#### **7. Youth Service**

Inter-club games leagues have continued and boxing as a new activity was commenced for which a well-appointed ring was made by the Authority's handicraft department.



## MEDICAL INSPECTION RETURNS

Year ended 31st December, 1953.

### 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 .....	1592
Second Age Group (11 years old) .....	1346
Third Age Group .....	1262
Total .....	4200

Number of other Periodic Inspections .....	—
Grand Total .....	4200

##### B.—Other Inspections

Number of Special Inspections .....	2136
Number of Re-Inspections .....	5162
Total .....	7298

##### 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	283	262
Second Age Group .....	38	145	174
Third Age Group .....	35	80	89
Total (prescribed groups) ...	76	508	525
Other Periodic Inspections ...	—	—	—
Grand Total .....	76	508	525



Table II

**A.—Return of Defects Found by Medical Inspection in the  
Year Ended 31st December, 1953**

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 .....	34	116	370	5
Eyes:—				
(a) Vision .....	76	324	344	77
(b) Squint .....	60	84	2	—
(c) Other .....	28	11	128	5
Ears:—				
(a) Hearing .....	13	43	19	1
(b) Otitis Media .....	28	51	23	3
(c) Other .....	3	7	73	6
Nose or Throat .....	51	260	34	4
Speech .....	32	29	25	5
Cervical Glands .....	3	62	2	—
Heart and Circulation .....	3	60	—	—
Lungs .....	8	96	—	—
Developmental:—				
(a) Hernia .....	10	30	—	—
(b) Other .....	14	70	1	—
Orthopædic:—				
(a) Posture .....	35	34	2	—
(b) Flat Foot .....	71	23	3	—
(c) Other .....	99	76	23	2
Nervous System:—				
(a) Epilepsy .....	1	6	—	—
(b) Other .....	1	8	—	—
Psychological:—				
(a) Development .....	2	7	1	—
(b) Stability .....	3	20	—	2
Other .....	9	179	758	14

**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 .....	1592	324	20.35	1205	75.69	63	3.96
Second Age Group	1346	300	22.29	989	73.48	57	4.23
Third Age Group	1262	398	31.54	821	65.05	43	3.41
Other Periodic Inspections ...	—	—	—	—	—	—	—
Total .....	4200	1022	24.33	3015	71.79	163	3.88



### 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 .....	46,260
2.	Total number of individual pupils found to be infested ...	1,042
3.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	18
4.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	3

### 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 .....	8	—
Scabies .....	7	—
Impetigo .....	77	—
Other skin diseases .....	350	32
Total .....	442	32

#### 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 .....	142	—
Errors of Refraction (including squint) .....	1435*	428
Total .....	1577	428



Number of pupils for whom spectacles were	Number of cases dealt with	
	by the Authority	otherwise
(a) Prescribed .....	960	402
(b) Obtained .....		1518*

\* 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 .....	—	23
(b) for adenoids and chronic tonsillitis	—	432
(c) for other nose and throat conditions	—	43
Received other forms of treatment .....	79	61
Total .....	79	559

### Group 4.—Orthopædic and Postural Defects

(a) Number treated as in-patients in hospitals .....		66
(b) Number treated otherwise, e.g., in clinics or out-patient depts. ..	by the Authority	otherwise
	—	446

### 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
	37	—

### Group 6.—Speech Therapy

Number of pupils treated by Speech Therapists	Number of cases treated	
	by the Authority	otherwise
	110	—

### Group 7.—Other Treatment Given

Boils, and other septic conditions .....	Number of cases treated	
	by the Authority	otherwise
Cuts, bruises and abrasions .....	131	—
Other minor accidents .....	295	—
Miscellaneous minor ailments .....	101	—
	281	—
	808	—



## Table V

### Dental Inspection and Treatment

Number of pupils inspected by the Authority's Dental Officers:—			
(a) Periodic .....			7195
(b) Specials .....			3032
			—
(c) Total (Periodic and Specials) .....			10227
			—
Number found to require treatment .....			7158
Number referred for treatment .....			6041
Number actually treated .....			5245
‡ Attendances made by pupils for treatment .....			14543
			—
Half-days devoted to:—			
(a) Inspection .....			51
(b) Treatment .....			1417
			—
	*Total (a) and (b) .....		1468
			—
Fillings:—			
Permanent Teeth .....			4068
Temporary Teeth .....			755
			—
	Total .....		4823
			—
Number of teeth filled:—			
Permanent Teeth .....			3476
Temporary Teeth .....			662
			—
	Total .....		4138
			—
Extractions:—			
Permanent Teeth .....			1988
Temporary Teeth .....			8795
			—
	Total .....		10783
			—
D. Administrations of general anæsthetics for extraction .....			1581
E. Other Operations:—			
(a) Permanent Teeth .....			4369
(b) Temporary Teeth .....			1318
			—
	Total (a) and (b) .....		5687
			—

‡ This includes 4,053 attendances made by specials, i.e., children who attend without appointment.

\* This includes 166 orthodontic and 25 evening sessions.

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

Under the Education Act, 1944:—

	Male	Female	Total
(a) Section 57 (3) .....	3	7	10
(b) Section 57 (4) .....	—	—	—
(c) Section 57 (5):—			
On leaving special schools .....	6	6	12
On leaving ordinary schools .....	2	1	3
	11	14	25
	—	—	—



## 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 ...	—	3	—	3	35	6	17	—	—	64
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes ...	1	3	—	4	37	7	16	1	—	69
On or about Dec. 1st.										
C. Number of Handicapped Pupils from the area:—										
(i) attending Special Schools as Day Pupils ...										
... ..	—	18	13	12	74	29	79	—	—	225
Boarded Pupils ...	4	—	3	—	28	—	1	1	1	38
(ii) Boarded in Homes ...										
... ..	—	—	—	—	—	—	—	—	—	—
(iii) attending independent schools under arrangements made by the Authority										
... ..	—	—	—	—	—	—	—	—	—	—
Total (C) ...	4	18	16	12	102	29	80	1	1	263
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:										
(a) in hospitals	—	—	—	—	—	—	—	—	—	—
(b) elsewhere	—	—	—	—	—	2	—	—	—	2
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition) ...										
... ..	—	—	—	—	—	1	3	2	—	6

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.