

**[Report 1954] / School Medical Officer of Health, Oldham County Borough.**

**Contributors**

Oldham (England). County Borough Council. nb2004302054

**Publication/Creation**

1954

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COUNTY BOROUGH OF OLDHAM

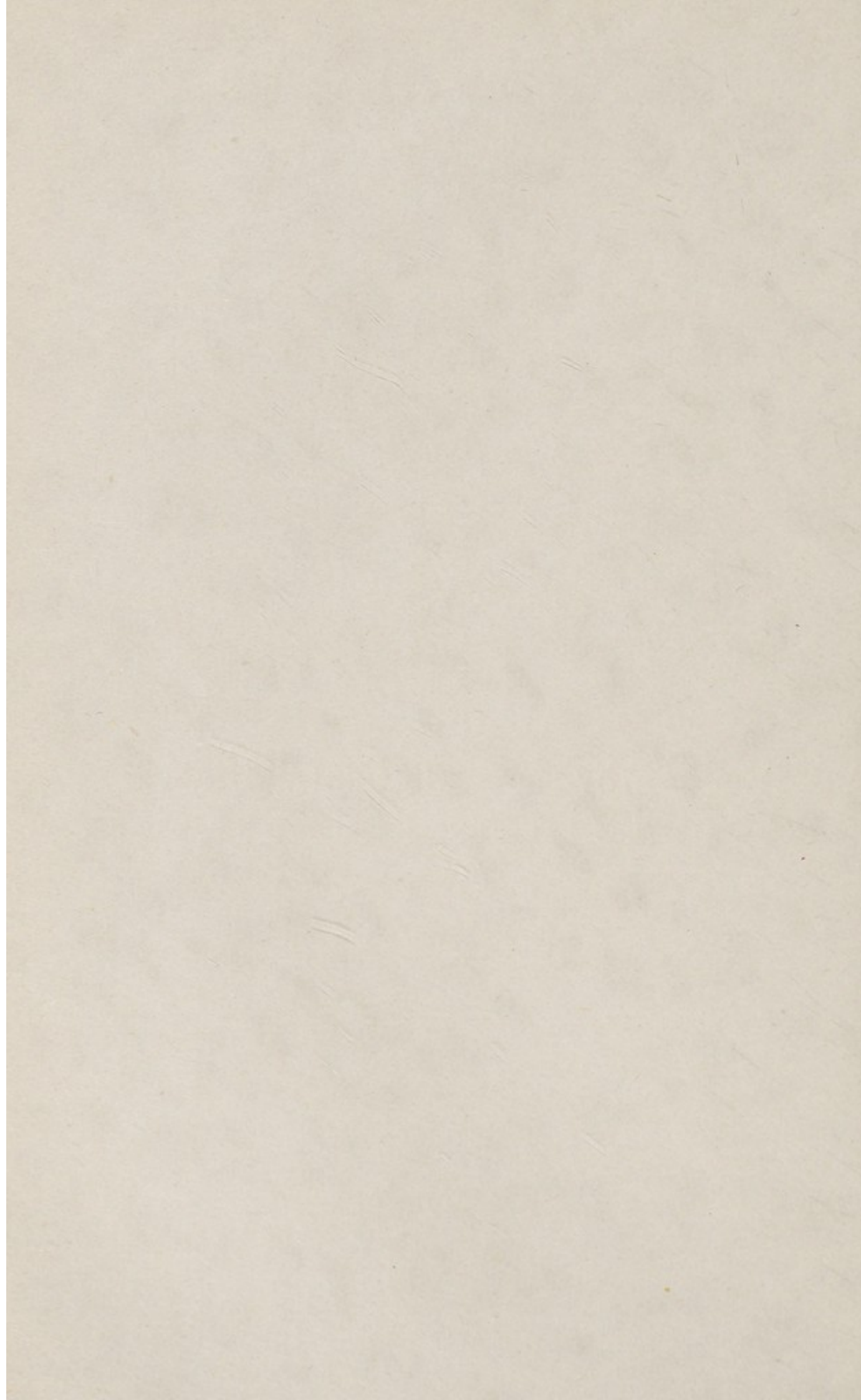


**ANNUAL REPORT**  
OF THE  
**Principal School Medical Officer**  
J. T. CHALMERS KEDDIE  
M.B., D.P.H

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1954

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# EDUCATION COMMITTEE

(as from 24th May, 1954)

## Council Members

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Mr. H. F. C. Holl

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Mr. J. C. Watson

Mr. S. Worfolk

## Director

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

## Deputy Director

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



School Health Department,  
Town Hall,  
Oldham,

June, 1955.

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 1954.

The medical staff has been maintained during the year and vacancies that occurred were filled with little delay. The position as regards dental officers is not so satisfactory. It was not possible to fill the vacancy which had existed since September, 1953, with a full time officer, so the services of a part time officer were obtained. Unfortunately, this officer has only been able to undertake five sessions per week. The future of this service cannot be viewed with complacency as the numbers entering the profession are not sufficient to maintain an adequate service. The trend to-day is for graduates to seek posts in the more pleasant and attractive areas and the difficulties in staffing our service will grow no easier.

Infectious diseases with the exception of dysentery caused no concern during the year, though measles was epidemic during the last quarter. No case of diphtheria occurred and again I wish to express my appreciation of the help and co-operation which the head teachers and their staff have always given in connection with diphtheria immunisation. It is now standard practice to offer vaccination against smallpox to school leavers and here again the head teachers are affording their fullest co-operation. The outbreak of dysentery at Alexandra Park Infant School caused considerable anxiety though the cases which occurred were mild in character. An extra burden of work fell upon the staff of the Public Health Department and on the laboratory staff of the Oldham Hospital Group who examined all the specimens which were received from cases and contacts. The help given by Dr. Adderley and his staff was much appreciated and I wish to place on record my thanks and appreciation.

The co-operation with the hospital and specialist services continues to be cordial and effective and is fully described in the report. Mr. J. N. Appleton, Consultant Aural Surgeon, holds a weekly session at the Scottfield Clinic and school children are seen there without delay. At the end of the year 49 children were awaiting operative treatment for tonsils and/or adenoids. It is interesting to recall that at the beginning of 1952 there were 183



children awaiting appointments with the Aural Surgeon and 145 children on the waiting list for operative treatment. Under the present arrangements, urgent cases receive priority and the others are dealt with within a few months of being placed on the waiting list. The close co-operation with the Pædiatric Department of the Boundary Park General Hospital has continued and Dr. D. Hilson, Consultant Pædiatrician, forwards reports on all special cases and holds regular consultations with the medical staff of the School Health Service.

The Education Committee has always been to the fore in the provision it has made for handicapped children. During the year, the Chaucer Special School celebrated its fiftieth anniversary and this unique event should not go unrecorded. The school was opened on the 14th November, 1904, to receive educationally subnormal children and physically handicapped children. It served this dual purpose until October, 1952, when the physically handicapped pupils were transferred to the Scottfield School. The school now provides accommodation for 120 educationally subnormal pupils and children are admitted from the Saddleworth district of the West Riding County Council and the adjacent districts of the Lancashire County Council. The school trains and equips these handicapped children so that when they leave school they are able to obtain and retain employment within their capacity. In this way they become happy and useful members of society. Where this provision does not exist, these children are either educated in an ordinary school to the detriment of themselves and the other children, or they are excluded from school and receive no education at all. In either case they become social misfits or unemployables and a liability on society. The Founders of this school not only had exceptional vision and courage, but a strong social conscience and the people of Oldham owe them a deep debt of gratitude for what in their day must have been pioneer work in a new and strange field.

I wish to record my thanks to all members of the staff for their loyal service during the year.

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

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

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

A. Loftus, L.R.C.P., L.R.C.S., D.P.H. (from 11-1-54)

W. P. B. Stonehouse, M.A., M.R.C.S., L.R.C.P., D.P.H. (to 14-1-54)

Isobel R. S. Troup, M.B., Ch.B., D.P.H. (to 19-6-54)

J. K. Heagney, M.B., B.Ch., D.P.H. (from 9-8-54)

G. P. Donnelly, M.B., B.Ch., D.P.H. (from 18-10-54)

### Principal School Dental Officer

J. Fenton, L.D.S.

### Dental Officers

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

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

### Consultants

G. Mason-Walshaw, B.A., M.R.C.S., L.R.C.P., F.F.A., D.A. *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

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

#### Educational Psychologist

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

#### Psychiatric Social Worker

Mrs. E. D. Barber, M.A., P.S.W.Cert.

### Orthoptist

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

### Superintendent School Nurse

※ Miss A. W. Moordaff

### Deputy Superintendent School Nurse

※ Miss C. Williamson

### Senior School Nurse

✕ Mrs. H. Emmott (from 1-5-54)

### School Nurses

- |                               |                                  |
|-------------------------------|----------------------------------|
| ○★ Miss T. Dolan              | ★ Miss E. E. Williams            |
| ※ Miss M. Gasquet             | ○★ Mrs. M. Cordon (from 4-1-54)  |
| ※ Miss W. McDonnell           | ※ Miss A. Taylor (from 1-6-54)   |
| ※ Miss I. Oldham              | ○★ Mrs. D. Spencer (from 1-9-54) |
| ※ Mrs. C. Smith               | ※ Miss E. Keenan (to 19-5-54)    |
| ※ Miss E. J. Thompson         | ○★ Mrs. A. Oldham (to 30-6-54)   |
| ※ Mrs. B. Toolan (née Bourke) |                                  |

※ S.R.N., S.C.M., H.V.Cert.

✕ S.R.N., H.V.Cert.

★ S.R.N.

○ Temporary



## SCHOOL CLINICS

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### Minor Ailment Clinics

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

### Dental Clinics

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

### Ophthalmic Clinic

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

### Orthoptic Clinic

Scottfield	—Daily, Monday to Saturday. (By appointment only)
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### Consultant Aural Clinic

Scottfield	—Friday, 9-45 a.m. (By appointment only)
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### Speech Therapy Clinic

Gower Street	—Daily, Monday to Friday. (By appointment only)
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### Child Guidance Clinic

Gainsborough Avenue	—By appointment only.
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# ANNUAL REPORT

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## STAFF

In January, Dr. W. P. B. Stonehouse left the service, having been appointed Senior Assistant County Medical Officer to the West Riding County Council, and he was succeeded by Dr. A. Loftus. In June, Dr. I. R. S. Troup left to take up a similar post with the Hereford County Council and in August she was succeeded by Dr. J. K. Heagney. In October, Dr. G. P. Donnelly was appointed to fill a new vacancy for Assistant Medical Officer of Health and Assistant School Medical Officer.

Following the resignation of Miss M. E. Curtis, Dental Officer, in August of the previous year, it was not possible to fill the vacancy but, in March, Mr. A. d'A. Fearn was appointed in a part-time temporary capacity and has undertaken five sessions per week.

In May, Mrs. H. Emmott was appointed to the existing vacancy for Senior School Nurse.

## 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:—

In April, the following Church of England Schools came under the jurisdiction of the Authority with the implementation of the Oldham, Ashton-under-Lyne and Mossley (Extension) Order, 1954:—

Bardsley Voluntary Church of England Controlled Junior and Infant School.

Knolls Lane Voluntary Church of England Aided Junior and Infant School.



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

Limehurst County Infant and Junior School (2nd portion)

—August

Central College of Further Education—October

Fitton Hill County Primary School (2nd School)—November

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

Strinesdale Open Air School—Craft Room, 1 Classroom

Clarksfield County Junior School—New scullery

Greenhill Secondary Grammar School

—Showers and changing room

Waterloo Secondary Modern School

—Showers and changing room

The following new school was under construction but was not ready for occupation at the end of the year:—

Hathershaw Secondary Technical School.

In accordance with the building programme of the Committee, the following schemes should commence in 1955:—

#### **New Schools**

Holts Voluntary Church of England Primary School

Fitton Hill Secondary School

Mixed Secondary School (R.C.), Chamber Road.

#### **Additions and adaptations to existing schools**

Greenhill Secondary Grammar School

—Domestic Science Room

Derker Secondary Modern School

—Showers and changing room

It is also proposed to provide improved sanitary blocks at a number of schools and to provide a supply of hot water at certain primary schools.

The average number of children on the registers in December, 1954, was 18,040, an increase of 440 compared with the previous year.

The distribution is as follows:—

	Sen. & Jun. Infants	
County Primary and Sec. Mod. Schools .....	7802	3984
Voluntary Primary and Sec. Mod. Schools .....	3039	1558
	<hr/>	<hr/>
	10841	5542
	<hr/>	<hr/>
Counthill Grammar School .....	552	
Greenhill Grammar School .....	400	



Robin Hill Secondary Technical School .....	397
Junior School of Art .....	45
Special Schools:	
Beever Special School—	
Deaf and Partially Deaf .....	30
Scottfield Special School—	
Physically Handicapped .....	31
Chaucer Special School—	
Educationally Subnormal .....	90
Waterhead Special School—	
Partially Sighted .....	18
Strinesdale Open Air School—	
Resident .....	30
Non-resident .....	64

## MEDICAL INSPECTION

### Periodic Medical Inspection

The periodic medical inspection of three age groups has been continued and 5,438 children were examined at these inspections.

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

Entrants .....	2,664
11 year old .....	1,511
Leavers .....	1,263
	<hr/>
	5,438
	<hr/>

Of the 2,664 entrants examined, only 616 (23.12 per cent) were found to have been vaccinated against smallpox. This compares with 16.14 per cent for the previous year.

The following figures show the incidence of certain defects in the 5,438 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 .....	159	29.24
Nose or Throat .....	530	97.46
Speech .....	98	18.02
Cervical Glands .....	222	40.82
Heart and Circulation .....	67	12.32
Lungs .....	140	25.74
Hernia .....	57	10.48
Epilepsy .....	8	1.47
Orthopædic .....	303	55.72



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 195 children (3.59 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 3.88 per cent for the previous year.

### Special Inspection

The medical officers made 2,692 special inspections and 6,009 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 ..... 188

General Condition of leavers examined:—

A .....	134	—	71.28%
B .....	54	—	28.72%
C .....	—	—	—

Defect or Disease Requiring Treatment:—

Skin .....	1
Eyes — Vision .....	1
Ears — Hearing .....	1
Developmental .....	1
Orthopædic .....	3
Other .....	1

In addition 19 children were examined as specials.



## Uncleanliness Examinations

Routine visits to schools for head inspections have been carried out on the same lines as in previous years, the total number of first inspections, 48,457, being slightly higher than in the previous year (46,260). It was necessary to make 3,588 re-inspections. The results of these inspections show that there has been no significant change in the extent of the problem, though some improvement in the degree. The figure of 1,116 individual children found to be infested during the year represented 6.2% of the school population, the comparative figures in 1953 and 1952 being 5.92% and 6.81% respectively.

As noted in previous reports, severe degrees of infestation are becoming less common. It is the practice to exclude from school only the more heavily infested children and those excluded during the year on this account represented only 2.8% of the total number of infested children.

Statutory notices served under Section 54 (2) of the Education Act, 1944, are reserved for persistent cases where advice and offers of help fail to achieve results. Only two such notices were served during the year and in each case this had to be followed by compulsory cleansing. In one case the parents were prosecuted under the provisions of Section 54, the maximum fine of twenty shillings being imposed on each parent.

At the clinics, 362 children were cleansed voluntarily, i.e. with the consent of or at the request of the parent. This number includes the children of parents who seek help and advice in methods of cleansing and also a group of children seen regularly for whom special help is required, usually on account of death or illness of the mother.

## 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 ...	264
Visits to schools for head inspections:	
First visits .....	321
Re-inspections .....	336
Visits to Homes .....	322

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## EMPLOYMENT OF SCHOOL CHILDREN

A report on each of the 1,263 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 172 children from one or more of the following categories of work:—

1	Heavy manual work .....	45
2	Sedentary work .....	2
3	Indoor work .....	1
4	Work involving prolonged standing, much walking or quick movement from place to place .....	15
5	Exposure to bad weather .....	9
6	Work involving wide changes in temperature .....	2
7	Work in a damp atmosphere .....	11
8	Work in a dusty atmosphere .....	6
9	Work involving much stooping .....	4
10	Work near moving machinery or moving vehicles .....	4
11	Work at heights .....	4
12	Work requiring normally acute vision .....	109
13	Work requiring normal colour vision .....	—
14	Work requiring the normal use of hands .....	—
15	Work involving the handling or preparation of food .....	7
16	Work requiring freedom from damp hands or skin defects ...	3
17	Work requiring normal hearing .....	12

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 316, and the occupations were as follows:—

Errand Boys (including newspaper delivery) .....	293
Dancers .....	23

## 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:—

	1953			1954	
Entrants .....	1506	94.60%	...	2417	90.73%
11 years old .....	921	68.42%	...	1071	70.88%
Leavers .....	156	12.36%	...	134	10.61%

## 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 4 children were recommended for, and provided with, individual hearing aids.

The prescribing and dispensing of glasses has continued to remain with the Local Executive Council, the children being refracted and tested at the Scottfield Clinic.

## **ARRANGEMENTS FOR TREATMENT**

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

### **Minor Ailments—School Clinics**

The two school clinics at Gower Street and Scottfield have been open daily during school days, and on several days in the school holiday periods, for the treatment of minor ailments and the carrying out of special examinations. During the year, 1,665 children made 9,222 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 15 compared with 7 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 .....	—	
School children .....	15	
Adults:—		
Male .....	6	
Female .....	3	
	—	9
		—
		24
		—

### **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 1,703 examinations were made (Dr. MacInnes 807, Dr. Hardman 896), and spectacles were prescribed or changed in 1,030 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**

Miss E. J. Kirkman, Orthoptist, is employed whole-time at the Clinic and Dr. F. Janus is the Consultant responsible. Miss Kirkman was absent from the clinic due to illness for the first six months of



the year and during this period it was only possible to open the clinic for four sessions per week.

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

The Scottfield Orthoptic Clinic is now well established with 522 patients whose ages range from 2 years to 15 years. The attendances for the year are somewhat lower than would be expected but this is due to the clinic being open for only four sessions a week for the first six months of the year.

The clinic meets a long felt need but I feel that full advantage is not being taken by certain parents who repeatedly fail to report with their children. It cannot be stressed too strongly that the cure of squint takes time and cannot be achieved in a few weeks, consequently only a few patients are discharged each year. It is pleasing, however, to find many pre-school children are being referred, as the younger the patient, the better is the chance of a perfect cure.

By arrangement I have continued to visit 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 surgery is necessary and cases requiring operative treatment and referred to the Oldham Royal Infirmary are admitted without undue delay. During the year, 15 children received such treatment (Oldham Royal Infirmary, 15, Manchester Royal Eye Hospital, 0).

On the 31st December, 13 children were awaiting admission to hospital for operative treatment (Oldham Royal Infirmary, 10, Manchester Royal Eye Hospital, 3).

The number of cases on the register continued to grow throughout the year but the attendances dropped from 2,510 in the previous year to 2,200 in the year under review owing to the reduced number of sessions undertaken. The following figures relate to the work of the clinic throughout the year:—

Cases on register, 1st January ..... 403

Cases referred during the year:—

Manchester Royal Eye Hospital .....	1
Oldham Royal Infirmary .....	51
Scottfield Ophthalmic Clinic .....	70
Other Ophthalmic Clinics .....	1
Ophthalmic Medical Practitioners .....	4



## Cases removed from register:—

Cured .....	1	
Cosmetically very good .....	1	
Unsuitable for treatment .....	1	
Left school .....	1	
Left the district .....	3	
Withdrawn by parent .....	1	
	—	8

Cases on register, 31st December ..... 522

## Attendances during the year:—

Treatments .....	254	
Occlusions .....	606	
Tests .....	563	
Observations .....	777	
	—	2200

**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 210 new cases were examined. The total number of attendances was 593.

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 55 children were awaiting operative treatment for tonsils and/or adenoids, and at the end of the year this number was 49.

The number of children receiving operative treatment during the year was 136 compared with 146 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 160 school children were referred to the clinic for the following defects:—

Defect	No. of cases
Flat Feet .....	46
Inverted Feet .....	1
Everted Feet .....	1
Knock Knee .....	48
Hammer Toes .....	4
Other Deformities of Toes .....	12
Weak Ankles .....	1
Postural Defects .....	40
Torticollis .....	2
Old Poliomyelitis .....	1
Other Defects .....	4

## 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.

At the beginning of the year, seven school children (3 boys and 4 girls) were in Hospital Schools.

During the year, information was received concerning six school children (5 boys and 1 girl) who were admitted to these Schools for the following conditions:—

Pulmonary tuberculosis .....	2
Tuberculous abdomen .....	1
Tuberculous right ankle .....	1
Renal tuberculosis .....	1
Congenital dislocation of hips .....	1

There were eight children (5 boys and 3 girls) discharged from these schools during the year.

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

Wrightington Hospital School .....	2
Abergele Sanatorium School .....	1
High Carley Sanatorium Hospital School .....	1
Biddulph Grange Orthopædic Hospital School ...	1



## 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 7 children (4 boys and 3 girls) were sent to the following convalescent homes:—

West Kirby Children's Convalescent Home .....	3
Margaret Beaven Memorial Home, Heswall .....	1
Tanllwyfan Home, Colwyn Bay .....	3

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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. Mr. Pickles, Educational Psychologist, attends the Clinic for two sessions per week and Mrs. E. D. Barber, Psychiatric Social Worker, undertakes four sessions per week. I am indebted to Dr. Dale for the following report:—

There were no changes of staff this year and the organisation of the Child Guidance Clinic could be upheld on the traditional basis with a Psychiatrist, Psychologist and Psychiatric Social Worker.

The annual statistics show satisfactory results. Apart from the treatment waiting list, it was possible to reduce the other waiting lists to such an extent that there is now practically no waiting time for new cases to be seen for examination, diagnosis and recommendations. This was achieved by periodic review of all cases on waiting lists, and by continuing group therapy after careful selection of suitable patients. In this way the relatively high number of 35 children could receive treatment during the year.

Fifty-nine intelligence tests were carried out, and the following table shows the grouping of intelligence quotients before treatment. It will be noted that in two cases no test result could be obtained, this was due to severe emotional disturbance. Following treatment, a test result was obtained in both cases.



I.Q.	Boys	Girls	Total
Untestable .....	1	1	2
70 and under .....	2	2	4
71—85 .....	3	3	6
86—95 .....	11	6	17
96—114 .....	13	7	20
115—129 .....	3	4	7
130 and over .....	2	1	3
	—	—	—
	35	24	59
	—	—	—

Twenty two repeat tests were taken when treatment was concluded; these give a good indication of general improvement and mental status.

The special programme of visiting schools was continued and I received regular reports from the Educational Psychologist about his contacts. In addition, a number of Headmasters and Head Teachers of Infant, Secondary Modern and Grammar Schools showed their keen interest in their pupils by their visits to the Clinic, during which behaviour problems and handling of disturbed children could be discussed. In cases where the parents were not co-operative, Intelligence Tests could be carried out at the school owing to the helpful co-operation by the Head Teachers, and in this way the necessary examinations could be completed.

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 ..... 41

Sources of reference:—

Director of Education .....	20
School Medical Officers .....	9
General Practitioners .....	7
Probation Officers .....	1
Hospitals .....	2
Others .....	2

NUMBER OF NEW CASES INVESTIGATED ..... 52

(Diagnostic interviews).

(a) Recommended for treatment .....	21
(b) Recommended for Environmental Adjustment .....	2
(c) Cases to be reviewed .....	3
(d) Period of probation .....	2
(e) Admission to special class .....	3



(f) Voluntary supervision under the Probation Officer .....	2
(g) Advice on handling (cases closed) .....	2
(h) Cases closed after investigation .....	17
AWAITING EXAMINATION at the end of the year	8
AWAITING TREATMENT at the end of the year	47
CASES TREATED during the year .....	35
CASES UNDER TREATMENT at the end of the year .....	10

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

#### Medical Director—Psychiatrist

Treatments given .....	464
Diagnostic interviews .....	97
Other interviews .....	17

#### Educational Psychologist

##### Psychological Tests:—

Preliminary .....	59
Re-tests .....	22
	— 81

#### Psychiatric Social Worker

Social histories .....	37
Interviews .....	233
Visits to Schools and Homes .....	20

#### Additional work in the schools:—

Visits to schools .....	43
Tests and assessments at schools .....	7
Number of reports .....	50

## SCHOOL DENTAL SERVICE

With the staff available an efficient service has been provided throughout the year. The resources of the service are available for expectant and nursing mothers and pre-school children and there has been no reduction in the services provided for these priority classes.

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

The vacancy for a dental officer, which had existed since September, 1953, was filled in March by the appointment of Mr. A. d'A. Fearn, L.D.S.

Mr. d'A. Fearn was only able to undertake duty in a part-time capacity and for a period of three weeks he undertook nine sessions per week but for the remainder of the year he was only able to



undertake five weekly sessions. As a result, the dental clinic at Gainsborough Avenue has only been open Monday—Friday mornings and for occasional afternoon sessions.

Great difficulty is still being experienced in obtaining dental officers in spite of more favourable reports from some other local authorities.

Salary scales for public dental officers which had been under review in 1953 were referred to arbitration and, as a result, an Industrial Court Award was made to operate from 1st January, 1954. This improvement in salary scales, coupled with the reduced earnings in the general dental practitioner service, has helped in the recruitment of staff to the dental services of some local authorities. Mention was made in last year's report to the difficulty in attracting staff to industrial areas such as Oldham.

The available dental manpower falls well below the requirements of an efficient comprehensive school dental service which also has additional duties under the Maternity and Child Welfare Dental Service. Under the present conditions expansion of the School Dental Service to any great extent is an extremely difficult problem.

Another very serious problem is created by the fact that recruitment to the dental profession falls well below the wastage which occurs annually, i.e. the reduction of the number of practising dentists.

An increase in dental caries, particularly amongst the younger age groups, has been apparent. Whilst not conducting an investigation on the lines carried out by a number of the larger authorities at the invitation of the Ministry of Education, the observations of our staff appear to be in conformity with the findings of the organised survey.

The early age at which many children develop dental decay is shown by the number of pre-school children who are brought to the dental clinics complaining of toothache. Of 267 pre-school children examined, 245 were found to require treatment. Several of these children had to have teeth extracted before they had completed the eruption of their deciduous teeth. The age groups of the children examined were:—

1 year .....	3	3 years .....	128
2 years .....	32	4 years .....	104

The school dental staff and clinic facilities are available for patients referred from the Maternity and Child Welfare Department.

No major items of equipment were purchased during the year.

Mrs. M. Potts was appointed Dental Attendant in a part-time capacity in March. Mrs. D. E. Franks, Dental Attendant, resigned in September and Miss D. E. Pyne was appointed to fill the vacancy.



## 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, 7,005 children received a periodic dental inspection. Of the children inspected, 4,570 were found to have dental defects and 3,419 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 facilities made accurate and detailed examination difficult but the purchase of a portable light has greatly helped, particularly during the winter months.

(b) **Special Inspections** — During the year, 3,653 children received special inspections at the dental clinics. These are usually children who have developed toothache or who attend the clinics for advice re dental care.

In order to reduce the number of these cases it is necessary to have a fully staffed service and to conduct routine inspections at schools at twelve monthly intervals or less if possible. The longer the period between periodic inspections, the greater will be the number of 'specials.'

## 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 6,978 children referred for treatment following periodic and special inspections, 5,564 accepted and received treatment and the total number of attendances was 14,572.

3,738 fillings were inserted in permanent teeth and 488 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 (755). This type of work is the first to be sacrificed when the staffing arrangements are inadequate.

The number of permanent teeth extracted was 2,333 as compared with 1,988 for the previous year. Many of these teeth were extracted for orthodontic reasons. It was necessary to extract 8,193 temporary teeth.



During the year 133 general anæsthetic sessions were held and 1,684 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 137 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.

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 .....	45
Cases completing treatment .....	45
Attendances .....	1023
"Fixed" appliances fitted .....	26
"Removable" appliances fitted .....	105
"Mouth screens" fitted .....	15

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

"Fixed" appliances .....	5
"Removable" appliances .....	13
"Mouth screens" .....	8

### X-ray Examinations

Full use has been made of the X-ray unit installed at Cannon Street Clinic and 280 films were taken.

### Dentures, Crowns

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

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

Twelve 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.



## 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, four 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	1954		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 ... ..	174	—	4	123	38	8	—	1	—
Diphtheria ... ..	—	—	—	—	—	—	—	—	—
Measles ... ..	427	—	8	379	17	1	21	1	—
Scarlet Fever ... ..	106	—	7	90	7	—	1	1	—
Whooping Cough ...	81	—	1	71	8	—	1	—	—
Poliomyelitis ... ..	—	—	—	—	—	—	—	—	—
Tuberculosis—									
(a) Pulmonary	4	—	—	2	2	—	—	—	—
(b) Other forms	7	—	—	5	—	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.



The majority of children are immunised prior to school entry and it cannot be emphasised too strongly that children should receive 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	6	7	8	9	10	11	12	13	14	15	
yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	Total
167	112	41	47	33	28	36	16	4	2	8	494

#### **Reinforcing Injections**

First Reinforcing injection	Second Reinforcing injection	Total
1,745	652	2,397

#### **Smallpox**

No case occurred during the year.

#### **Vaccination Against Smallpox**

During the year, 454 children of school age received primary vaccination and 95 were re-vaccinated. These figures include 390 primary vaccinations and 89 re-vaccinations of school leavers, who were offered vaccination in July and November.

#### **Meningococcal Infections**

No case occurred during the year.

#### **Dysentery**

During the year, 174 cases of dysentery were notified as occurring in school children and in 149 cases the Sonn  organism was isolated.

During the autumn term an outbreak occurred in Alexandra Park Infant School which resulted in the notification at the school of 71 cases (69 children and 2 staff) and of these, 61 were found Sonn  positive. Following investigations, 57 cases among home



contacts were notified of whom 22 were school children and one a teacher at another school. The outbreak was first brought to notice when cases of diarrhoea were reported to the Department. The school was visited and enquiries and investigations were immediately instituted. It was ascertained that a number of cases of sickness and diarrhoea had occurred among children at school during the preceding two weeks. In spite of the institution of preventive measures and precautions, from the date of the first visit to the occurrence of the last case, a period of 5 weeks elapsed before children excluded from school were allowed to return. Specimens of fæces were obtained from all children remaining in school and from absentees. In the case of positive cases, three negative specimens were required before the child was allowed to return to school.

The outbreak threw a considerable burden of work on the Department. A medical officer visited the school daily during the height of the outbreak and the health visitors were fully engaged in investigating cases, contacts and suspected cases in their homes. Members of the clerical staff of the Health Department had to deal with the receipt of fæces specimens and the recording of results.

## **Measles**

There were 427 cases notified. Cases occurred in September and in October assumed epidemic proportions and 407 cases were notified during the last 3 months of the year. The epidemic continued into the first three months of the new year.

## **Scarlet Fever**

There were 106 cases notified compared with 148 for the previous year. Of the total cases, 32 occurred in the first three months of the year and 43 in the last three months.

## **Whooping Cough**

The number of cases notified was 81. Of these, 9 had received the full course of protective injections and were classified as follows:

Severe 0.      Moderate 2.      Mild 7.

The one case which occurred in a nursery class had not been protected against whooping cough.

## **Acute Poliomyelitis**

No cases occurred during the year.



## **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, 50 school children (25 males, 25 females) who were found to be Mantoux negative received B.C.G. vaccination. Subsequent Mantoux tests were positive.

During the year, formal approval was received for a modification of the Health Committee's proposals under Section 28 of the National Health Service Act, 1946, to enable B.C.G. vaccination to be offered to older school children before they leave school. The Education Committee agreed to afford the Health Committee their full co-operation and it is hoped to introduce vaccination in the new year.

## **Pulmonary Tuberculosis**

During the year, 4 cases of pulmonary tuberculosis were notified and accepted as tuberculosis minus (sputum negative or absent). No deaths occurred from pulmonary tuberculosis.

### **Case 1/54**

A boy aged 9 years was attending the Chest Clinic for observation and in January he was found to have pulmonary tuberculosis. Sanatorium treatment was not considered necessary and his condition was quite satisfactory at the end of the year.

### **Case 2/54**

A boy aged 6 years was examined at the Chest Clinic as a home contact of a positive case. A diagnosis of pulmonary tuberculosis was made. Sanatorium treatment was offered but not accepted and the child remained at home. At the end of the year the disease was considered quiescent.

### **Case 3/54**

A girl aged 5 years was under observation at the Chest Clinic as a home contact of a positive case. She was subsequently found to have pulmonary tuberculosis and was admitted to the High Carley Sanatorium being still resident there at the end of the year.

### **Case 4/54**

A girl aged 10 years was examined at the Chest Clinic as a home contact of a case of miliary tuberculosis. A diagnosis of pulmonary tuberculosis was made, but sanatorium treatment was not considered necessary and the disease was considered quiescent at the end of the year.



## Non-Pulmonary Tuberculosis

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

	5-10 Years	10-15 Years	Total
Bones and Joints .....	1	—	1
Abdomen .....	—	1	1
Meninges .....	—	—	—
Peripheral Glands .....	4	1	5
Other Organs .....	—	—	—
Generalised .....	—	—	—
Skin .....	—	—	—
	5	2	7

The case of tuberculous bones and joints occurred in a boy aged 7 years who was found to have an acute tuberculous arthritis of the right ankle. He was admitted to Oldham Royal Infirmary and subsequently transferred to Wrightington Hospital.

The case of tuberculosis of the abdomen was in a boy aged 14 years, who was admitted to Oldham Royal Infirmary and subsequently transferred to Wrightington Hospital.

No deaths occurred from non-pulmonary tuberculosis.

## DEATHS IN SCHOOL CHILDREN

During the year, ten deaths were registered in the Borough among school children (9 boys and 1 girl) aged four to sixteen years. In addition, one boy who was resident at the Maghull Special School for epileptics died and in accordance with the revised memorandum on Transfer of Births, Deaths and Stillbirths issued by the General Register Office, the death was registered in the district concerned. The following are brief details of these cases:—

**Case 1.**—A boy aged 5. Death was due to:—

1 (a) Acute encephalitis.

This boy went to bed, apparently in normal health, but did not get up the following morning because he was feeling sick. He did not seem seriously ill and slept most of the day and night and on the following morning about 8.0 a.m. the parents found him in bed dead. The circumstances were reported to the Coroner and a post mortem examination and inquest were held.



**Case 2.**—A boy aged 13. Death was due to:—

1 (a) Acute Lymphatic Leukæmia.

This boy was brought to his doctor with a history of loss of energy over the previous few weeks, vomiting for the last week and vomiting of blood on one occasion. He also had a rash on his body. The glands and spleen were found to be enlarged. He was referred to hospital where he was admitted as an emergency and died two days later.

**Case 3.**—A boy aged 12 years. Death was due to:—

"Pneumococcal Meningitis following fracture of the skull caused by an accidental fall on school premises."

Inquest.

This boy was swinging on a central heating pipe in the cloakroom when he slipped and fell 7 feet to the floor. He was admitted to hospital where he died three days after admission. A post mortem examination revealed a fracture of the right petrous temporal bone. The brain was swollen and showed meningitis and bacteriological examination of a specimen of cerebro-spinal fluid showed the presence of pneumococci.

**Case 4.**—A boy aged 13. Death was due to:—

1 (a) Congestive heart failure.

(b) Rheumatic heart disease.

This boy had had severe attacks of rheumatic fever and was a cardiac invalid for years having had periods in hospital and also attended heart hospital schools. He was admitted to hospital in severe heart failure and died a few hours after admission.

**Case 5.**—A boy aged 6. Death was due to:—

"Asphyxia due to drowning when deceased, whilst trespassing and playing on the side of a water lodge, fell in."

Inquest.

**Case 6.**—A girl aged 7. Death was due to:—

"Fracture of the skull and other injuries caused by being accidentally knocked down by a motor cycle."

Inquest.

**Case 7.**—A boy aged 4. Death was due to:—

1 (a) Acute Lymphatic Leukæmia.

This boy was admitted to hospital with a history of having been tired and listless with increasing pallor for about three weeks. A diagnosis of acute lymphatic leukæmia was made and he died three weeks after admission.



**Case 8.**—A boy aged 9. Death was due to:—

“Tetanus following laceration of the knee caused by an accidental collision between a pedal cycle he was riding and a stationary motor van.”

This boy had a cycle accident and cut his knee. He was treated in a hospital casualty department being given anti-tetanic serum on the day of the accident. He was quite well for a period but the infected wound of the knee failed to heal. Three weeks after his accident he was admitted to hospital with fully developed tetanus and died four days after admission.

Inquest.

**Case 9.**—A boy aged 13. Death was due to:—

1 (a) Epilepsy.

This boy had attended a special residential school for epileptics for over 4 years. He suddenly went into a status epilepticus and after many fits died.

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

“Shock and hæmorrhage due to multiple injuries caused when he was accidentally knocked down by a motor lorry.”

Inquest.

**Case 11.**—A boy aged 14. Death was due to:—

1 (a) Subarachnoid Hæmorrhage.

(b) Intracranial Aneurysm.

This boy was admitted to hospital with a history that on the previous evening whilst running he had a headache of sudden onset and vomited. A diagnosis of subarachnoid hæmorrhage was made and he was transferred to a neuro-surgical unit. An angiogram showed a carotid aneurysm on the left and before he was fit enough to be operated on he had a further hæmorrhage and died. Post mortem examination confirmed the presence of an aneurysm which had ruptured into the brain.

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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.

### **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, 8 children were referred and the following recommendations received:—

(a) Admission to Special School for Partially Deaf Pupils ...	1
(b) No evidence of partial deafness .....	2
(c) For further observation .....	5

### 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, four children were reported to the Local Health Authority as "ineducable," three being 5 years or under, and one aged 8 years. The boy aged 8 years had been given a trial period in a special school before being reported.

#### (a) Blind Pupils:—

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

Pupils found to be blind are admitted to special residential schools. At the beginning of the year 4 boys were in the following schools:—

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

No pupils were ascertained during the year.

In January, a boy aged 5 years, who had been ascertained in the previous year, was admitted to the Liverpool School for the Blind.

In July, a boy aged 18 years left the Worcester College for the Blind and in November commenced attendance at the Royal National Institute for the Blind School of Physiotherapy.



**(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 .....	13	7	20
(3 from other areas)			
Number admitted during the year .....	1	—	1
(— from other areas)			
Number discharged:—			
At age of 15 .....	—	1	1
At age of 16 .....	1	—	1
Transferred to School for the Blind	1	—	1
Number on register, 31st December .....	12	6	18
(3 from other areas)			

In July, a boy aged 4 years was ascertained as requiring special education and he was admitted to the school in September.

One boy and one girl left during the year to take up employment. The girl started work in a confectionery business and the boy, who was in need of sheltered employment, was admitted to the Workshop for the Blind for training as a brush maker.

In January, a boy aged 5 years left the school on being transferred to the Liverpool School for the Blind.

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. The Head Teacher of the School is also present at these examinations in order to discuss any problems that may arise.

**(c) Deaf Pupils:—**

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

These pupils are usually admitted to the Beever Special School.

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



Number discharged during the year .....	3	1	4
(1 from other areas)			
Number on register, 31st December .....	10	4	14
(5 from other areas)			

No cases were ascertained and no children were admitted to the school during the year.

During the year, two boys and one girl were discharged on reaching 16 years of age and they were all found suitable employment.

In September, a boy aged 7 years was transferred to the St. John's Residential School for the Deaf, Boston Spa.

At the beginning of the year, three girls were in the Nursery Department of the Royal Cross School for the Deaf, Wilmar Lodge, Blackburn. During the year, two of these children were moved to the Junior Department of the School at Kirkham, the third remained in the Nursery Department 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 Beever Special School.

	Boys	Girls	Total
Number on register, 1st January .....	12	4	16
(4 from other areas)			
Number admitted during the year .....	2	2	4
(2 from other areas)			
Number discharged during the year .....	4	—	4
(— from other areas)			
Number on register, 31st December .....	10	6	16
(6 from other areas)			

There were four children (2 boys and 2 girls) admitted during the year, the two girls being admitted from other areas.

Three boys, aged 16 years, were discharged during the year, two obtaining suitable employment. The third boy was notified to the Local Health Authority under Section 57(5) of the Education Act, 1944 and he was not placed in employment.

A boy aged 13 years, whose hearing with the use of a hearing aid had improved, was discharged. He was very retarded scholastically and was admitted to Chaucer Special School for educationally subnormal pupils.

In February, a boy aged 7 years was admitted to the Needwood Residential Special School, Burton upon Trent.



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. At the beginning of the year, there were 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 Waterloo Secondary Modern School and two at Derker Secondary Modern School) for children between 11 and 15 years. In September, the two special classes at Derker Secondary Modern School, which provided accommodation for 40 pupils, were discontinued. Each of the special classes provided 20 places and at the end of the year there was accommodation available for 100 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.

In March, following attendance at a course of instruction on the ascertainment of educationally subnormal children and mental defectives, Dr. A. J. I. Kelynack was approved by the Ministry of Education under Section 11 of the School Health Service and Handicapped Pupils Regulations, 1953.



During the year, 178 examinations in respect of 168 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 .....	3
(b) Requiring statutory supervision on leaving school ...	12
(c) For admission to Chaucer Special School .....	19
(d) For admission to Special Class .....	21
(e) For further supervision .....	94
(f) No further supervision required .....	29

### Residential Special Schools

At the beginning of the year a boy was in the St. Joseph's R.C. School, Cranleigh, Surrey and on attaining the age of 16 years he was discharged and notified to the Local Health Authority under Section 57(5) of the Education Act, 1944. He was found suitable manual employment and placed under the guardianship of an officer of the Local Health Authority.

No children were admitted to a residential special school during the year.

### 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 .....	51	32	83
(10 from other areas)			
Number admitted during the year .....	10	8	18
(8 from other areas)			
Number discharged during the year ...	9	4	13
(2 from other areas)			
Number on register, 31st December ...	52	36	88
(16 from other areas)			
Children discharged during the year:—			
At 16 years of age .....	7	3	10
(1 from other areas)			
Ineducable .....	1	—	1
(— from other areas)			
Left the district .....	1	1	2
(1 from other areas)			

Of the ten children leaving school at 16 years of age, one boy resided in the area of the Lancashire County Council and one boy was not considered in need of statutory supervision and was found suitable



manual employment. The remaining eight children were notified to the Local Health Authority under Section 57(5) of the Education Act, 1944, and at the end of the year, six of them were in useful and suitable employment.

A boy aged 8 years was discharged from the school as ineducable and was subsequently admitted to an occupation centre.

### **The 50th Anniversary**

On November 14th, 1904, the School was first opened and I am indebted to Mr. G. Skipworth, the Headteacher, for the following interesting note:—

On November 9, 1954, representatives of the B.B.C. visited the School and a programme was recorded in anticipation of the 50th Anniversary. The short programme was presented later in "The Week Ahead."

The celebration of the 50th Anniversary was held in the School on the 16th November. Many of the children took part in a concert which was presented before an audience of invited guests, included among whom were the Mayor and Mayoress of Oldham (Alderman H. H. Webster and Mrs. Webster), the Chairman of the Education Committee (Sir Frank Lord), and a number of the chief officials of the Corporation.

The chief guest was Miss Marjorie Lees, who at the close of the concert, presented to the School the silver trowel and gavel which had been given to her mother the late Dame Sarah Lees, when she laid the foundation stone in August, 1903.

An exhibition of work was staged in the old dining room. The guests remained to take tea at the conclusion of the afternoon's programme. Mrs. Lees, the Domestic Science Supervisor, made a cake specially for this memorable occasion.

### **(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. A boy aged 13 years, who was in the Maghull Homes for Epileptics, Liverpool, at the beginning of the year, died in October.

In December, a girl aged 14 years was ascertained as requiring a place in a special residential school for epileptics and it is anticipated that she will be placed early in the new year.



**(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.

A boy aged 11 years continued to remain at the Arlesford Place Residential School for Maladjusted Children. In January a boy aged 12 years, who had been ascertained in the previous year, was admitted to this school.

**(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 five children admitted during the year with the following defects:—

Congenital heart disease .....	2
Rheumatic heart disease .....	1
Multiple congenital abnormalities .....	1
Perthes disease .....	1

The child with multiple congenital abnormalities had congenital talipes, numerous fusions of the ribs and of some vertebral bodies, and a right sided hemi-atrophy.

	Boys	Girls	Total
Number on register, 1st January ... (2 from other areas)	15	16	31
Number admitted during the year ... (— from other areas)	3	2	5
Number left during the year ..... (1 from other areas)	4	1	5
Number on register, 31st December (1 from other areas)	14	17	31

A boy aged 16 years, a case of cerebral palsy with a left sided hemiplegia was discharged from the school and attended a Ministry of Labour Training Centre. Following this, he obtained suitable employment with a local firm of manufacturers.



Of the remaining four children, a boy aged 8 years and a girl aged 7 years were discharged as fit to attend ordinary schools; a boy aged 10 years was transferred to a residential special school, and a boy aged 13 years, who suffered from rheumatic heart disease, died.

### **Residential Special Schools**

Two children suffering from cerebral palsy were admitted to residential special schools during the year. The first was a boy aged 10 years with spastic diplegia who attended the Scottfield Physically Handicapped School and in January was admitted to the Bleasdale House Special School, Silverdale. The second was a girl aged 8 years with spastic quadraplegia who, in April, was transferred from the Rochdale Orthopædic Hospital School to the Holly Bank Special School, Huddersfield.

### **Home Tuition**

No new cases commenced home tuition during the year.

Two boys aged 10 years and 15 years, were receiving this form of tuition at the beginning of the year. In both cases tuition was continued throughout the year but the elder boy attained the age of 16 years and home tuition was continued under further education arrangements.

### **(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, 27 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, 116 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 27 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.

With regard to pre-school children, treatment is not undertaken unless the case is exceptional. The mother is interviewed as early as possible and in the case of a stammerer the development of stammer is discussed and advice is given. It is proving successful. The mothers are grateful for a better understanding of the problems and I believe a gross stammer is avoided.

#### Group Therapy for Stammerers

Number on register, 1st January .....	30
(1 from other areas)	
Number admitted during the year .....	16
(— from other areas)	
Number discharged during the year .....	16
(1 from other areas)	
Number on register, 31st December .....	30
(— from other areas)	

The following is the classification, according to improvement, of the 16 children discharged:—

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

#### Other Speech Defects

Number on register, 1st January .....	21
(— from other areas)	
Number admitted during the year .....	40
(— from other areas)	
Number discharged during the year .....	39
(— from other areas)	
Number on register, 31st December .....	22
(— from other areas)	



The following is the classification, according to improvement of the 39 children discharged:—

Satisfactory speech .....	27
Much improved .....	5
Cleft palate cases much improved .....	1
Treatment deferred .....	4
Left the district .....	2

#### Register of Pre-school Children

Number on register, 1st January .....	10
Number referred during the year .....	9
Number removed from the register:—	
Satisfactory Speech .....	2
Transferred to school children waiting list .....	8
Number on register, 31st December .....	9

#### (j) Delicate Pupils:—

*“ Pupils not falling under any other category, who by reason of impaired physical condition need a change of environment and 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	3	5
Sub-normal nutrition and delibility ...	4	3	7
Bronchitis and asthma .....	8	12	20
	—	—	—
Totals .....	14	18	32
	—	—	—

Children with diabetes usually attend an ordinary school but may require admission to a special residential hostel for diabetic children. During the year, no children were recommended for admission to such hostels but a girl aged 13 years, recommended in the previous year, was admitted in January to the St. Monica's Hostel, Kingsdown, near Deal. This was the only pupil attending a hostel for diabetic children.

### 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.



## **HOLIDAY CAMPS FOR DIABETIC CHILDREN**

This Authority accepted financial responsibility for providing a diabetic child with two weeks holiday at the White Acre Lane Camp, Barrow, near Whalley, Lancashire. The arrangements which were again made by the Diabetic Association were most satisfactory and the child thoroughly enjoyed himself.

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### **CASTLESHAW CAMP SCHOOL**

This camp school is situated at Delph 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 267 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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### **ATTENDANCE CENTRE—MEDICAL EXAMINATIONS**

The Chief Constable, at the request of the Home Secretary, has undertaken responsibility for an attendance centre as provided in the Criminal Justice Act, 1948. The centre is held on Saturday afternoons at the Waterloo Secondary Modern School and the children and young persons are sent from the Juvenile Courts in the area.

The instruction includes physical training and drill and all the boys are medically examined.

During the year 15 Oldham boys were examined by the assistant medical officers and all were passed as fit to attend the centre.



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

Since December, 1944, in accordance with a resolution of the Council, all newly appointed teachers have been medically examined as to their fitness for employment. In August, this resolution was amended and the medical examination is now waived in the case of new entrants to the teaching profession who, on completion of their course of training, produce evidence that they have satisfied the Minister of Education as to their health and physical capacity.

Teachers entering the service of the Council from other authorities and new entrants to the teaching profession who have not been medically examined on completion of their course of training are examined as to their fitness for employment. These examinations are undertaken by the medical officers of the Department and during the year 77 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.

Teachers on appointment are asked to agree to an x-ray examination but in the case of new entrants to the profession the x-ray examination on leaving college is accepted provided this is of recent date. These examinations are undertaken by the Mass Miniature Radiography Service of the Manchester Regional Hospital Board and in only occasional cases is it necessary for the examinations to be made at a hospital x-ray department and a charge incurred.

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

During the year, 44 candidates (13 males, 31 females) were examined and a report on Form 4 RTC completed and forwarded to the appropriate college authority.

In all cases it was possible to pass the candidates as fit for admission to a course of training.

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

### **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 and an x-ray examination is compulsory.

During the year, 7 reports (5 males, 2 females) on Form 28 RQ were completed.

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

This circular, which was issued in 1952, 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 new entrants who have recently undergone an x-ray examination on completion of their course of training and received a satisfactory report.
- (ii) All teachers are urged to take advantage of the facilities provided by the Mass Miniature Radiography Service for periodic examination. The Unit did not visit Oldham during the year.
- (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 December the staff was x-rayed when the Unit visited Chadderton.

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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 earlier reports.

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 May in order to make follow-up examinations of the children already admitted to the scheme and of the 753 children invited to attend 453 attended. These examinations were carried out by the Medical Research Council's Mass Radiography Unit at the Community Centre, Clegg Street. The volunteers were asked to attend between 4.30 p.m. and 8.0 p.m.

The Health Visitors and School Nurses are assisting in the follow-up of the children and during the year visited the homes of 1,016 children in order to complete the follow-up reports.

Dr. S. Keidan, Physician-in-Charge, reports that the preliminary results in volunteers who have been observed for at least two years are being analysed and it is hoped to produce an interim report in the near future.

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## PROVISION OF MEALS

Miss F. Jolley was appointed School Meals Organiser in June and I am indebted to her for the following report:—

Two additional dining rooms have been opened this year. The new Limehurst County Junior School has its own dining hall which is adjacent to the kitchen and to the Infant School dining hall. It is a pleasant room, light and airy, and is very much appreciated by the children. A helpful interest in social training has been shown by the staff, and table runners and posy bowls have been provided. This helps to make the dining hall still more attractive.

Fitton Hill Infant School was opened in November. Meals are transported from the kitchen in the Junior School. The scullery adjoins the dining hall which has been decorated and furnished on modern lines. The staff have co-operated in the social training of the children taking meals, and eventually it is hoped to provide small dining tables with formica tops and table mats which will blend with the general decoration of the school.

The Eden Street Canteen and dining hall was closed in March, Parish Church Junior and Infant School children who formerly dined there are now accommodated in their own hall. This arrangement is much more satisfactory now that the children do not need to leave the school premises.

There are now 15 kitchens providing meals for school children. Three nursery schools and three nursery classes also cook and serve meals on the premises. It has been possible with the removal of all controls on food stuffs to provide a greater variety in the menu.



With the co-operation of the Health Department two hygiene courses for School Meals personnel have been held. Great interest was shown in the lectures given. The attendance at each course was almost 100%. The courses consisted of lectures upon the various aspects of hygiene in the preparation, cooking and serving of the school meal. Films were shown to emphasise the points raised and discussion took place. It is proposed to hold courses of a similar nature annually in order to maintain the highest possible standard of hygiene within the School Meals Service, particularly in view of the fact that the personnel changes from year to year. The interest displayed in these courses gave evidence that they were appreciated.

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

On payment .....	6,265
Free .....	397
	<hr/>
	6,662
	<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 15,714 and during the year 2,831,734 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), two full-time and two part-time pianists, and three full-time and two part-time teachers of swimming. At the end of July one of the part-time teachers of swimming left, the other was appointed full-time and an additional part-time teacher was engaged.

#### **2. Physical Activities**

##### **Secondary Schools**

One new secondary technical school, to be opened in the new year, was completed. Although a mixed school with two gymnasia was planned only one was built at that stage. The gymnasium 70' x 40', was equipped with the latest type apparatus and had complete ancillary rooms—changing rooms with showers, store room, teachers' rooms—provided.

One secondary modern school gymnasium had a shower compartment added to the changing room. A similar installation was not completed at another school because of certain drainage difficulties which were expected to be overcome soon.

All the fourteen secondary schools had fairly adequate facilities for their indoor physical activities. Each school had its own equipped gymnasium, with half the number of gymnasia equipped with showers.

There have been few changes of specialist teaching staff during the year. In practically all cases the teachers in charge of physical education have been partially or fully qualified as specialists by training additional to their normal teacher-training. The work has been maintained at a fairly good standard in most cases although the large numbers of children in several schools have made it difficult and in some cases impossible to give an adequate amount of time to each class. Schools with 19 or 20 groups for physical education have found one gymnasium insufficient.

##### **Primary Schools**

Three new primary schools were opened during the year. These were provided with excellent halls and the latest type of primary school agility apparatus was supplied.

Practically all the primary schools have had adequate free indoor space for physical activities, most often in school halls, while three have used their own gymnasium. In the few aided voluntary schools without halls the teachers very commendably found ways and means of providing space by moving furniture.



Further additional climbing agility apparatus was supplied to several infant and junior schools.

During the year the Ministry of Education's second physical education publication "Planning the Programme" was received and supplied to all primary schools. This, with the previous publication "Moving and Growing" replaced the 1933 syllabus.

### **Special Clothing**

The only article of physical training clothing supplied by the Education Committee was plimsolls, as has been customary for a number of years. Supply was made so as to ensure that each child used only the same pair of shoes thus avoiding "communal" use by several children. A small hire charge was made for the use of the shoes by individual children and the shoes were kept at school. Provision was made in this way for about half the total school population. The majority of the remainder provided for themselves. While all schools were not sufficiently equipped with storage lockers several wire mesh lockers were supplied during the year. It was anticipated that further supplies would be made available and that year by year, possibly somewhat gradually, existing equipment would be supplemented to meet requirements adequately.

Emphasis was laid on the necessity of fitting plimsolls properly so as to avoid cramping the toes in ill-fitting footwear. In this connection a useful leaflet was supplied during the year to all schools, namely Public Information Leaflet No. 6 "How children's shoes should be fitted."

### **Small Apparatus**

In the majority of classes in both primary and secondary schools greater quantities of small apparatus and games materials were seen in use. Much more individual practice of the various physical skills was thereby possible. The older custom of a class of "forty children chasing one ball" was much less evident. For games-practices children were able to work together in small groups each with sufficient apparatus to allow all the children to benefit from their efforts to improve their skill. The far sighted policy of the Education Committee in making sufficiently generous provision of the necessary apparatus was abundantly fruitful in improved results in this respect and was much appreciated in the schools by both children and teachers.

### **Courses for Teachers**

During the summer term a teachers' course of eight sessions dealing with basic movement was held for women teachers in infant, junior and secondary schools.

During the autumn term a teachers' course of twelve sessions dealing with basic movement applied to infants' dance-movement was held for women teachers in infant schools. At the termination of the



course a demonstration of basic movement was given by several classes of children and was witnessed by a large number of teachers.

### 3. Games and Athletics

Progress was made during the year towards the increase and the improvement of general school playing field facilities in order to provide more satisfactorily for the coaching of major games and athletics as part of organised games within the schools' curricula.

A new secondary technical school with the scheduled amount of playing field on the school site was completed. The school will be opened early in the new year. Although the playing field will not be quite ready for immediate use it will in the near future provide eight pitches (one Rugby, three Association, four Hockey), a cricket square, a grass running track (4 laps to the mile) and later the necessary athletic jumping pits and throwing areas.

One other playing field for a new voluntary secondary school was completed, but was not ready for use. It will gradually be brought into use in the near future to provide five pitches (one Rugby, two Association, two Hockey) and a cricket square.

Two other smaller existing school playing fields were regraded. These, likely to be ready for use during the coming year, will each provide three pitches (one each for Rugby, Association and Hockey) and a cricket square. In the case of one of these playing fields, large changing rooms were provided in a school adjoining the ground. During the period, when these school playing fields were out of commission, use of other grounds was made available through the co-operation of the Corporation Parks Department and certain voluntary organisations.

By the end of the year, the provisions made by the Education Committee catered fairly adequately for six of the fourteen secondary schools (including three aided voluntary schools). In the case of two other schools the playing fields provided by the Education Committee were in very bad condition. For most of the time they were quite unsuitable for the proper coaching of games and athletics. One other school had the use of a playing field which came under the control of the Parks Department. The remaining schools either had no available ground or made use of open spaces, with poor surfaces, in the vicinity of the schools.

Two new junior schools were opened during the year. Each had the scheduled area of playing space on the school site. In one case the playing field area was levelled, drained and grassed and will be available for use during the coming year. In the other case the playing field area was roughly levelled and will not be suitable for use for some time.



In one way and another about half the primary junior schools were able to provide organised games within the curriculum on grounds other than their hard surfaced playgrounds. Practically all primary junior schools took an active part in extraneous games and latterly the Parks Department were very co-operative in making available pitches for use on Saturday mornings during the winter.

Practically without exception, the primary schools had good concrete slab hard surface playgrounds which were marked out for minor games. Playground tennis was satisfactorily introduced in several schools, from which men and women teachers attended in the early part of the year a teachers' practical course dealing with the game.

During the autumn term a teachers' course on athletic coaching was conducted by an A.A.A.'s coach.

The indoor cricket school established in the Hollins Secondary Modern School gymnasium was again used to capacity.

The Ministry of Education's Circular No. 283 received during the year, extended the L.E.A.'s power to provide playing fields.

#### 4. Swimming Instruction

The Authority's regulations and arrangements for swimming instruction were continued as formerly. During the school year ended in July, instruction in swimming was undertaken by specialist teachers of swimming (3 full-time and 2 part-time) for the majority of classes while, in the case of six schools, classes were taught swimming by members of the schools' staffs.

During March a course on teaching of swimming was held for the above mentioned and other interested teachers. The school classes under instruction were carefully reviewed during the year and the results at the end of the school year in July were as follows:—

Classes	Under instruction	Tested	Passed various tests
Junior:			
Boys	1238	994 (80%)	531 (43%)
Girls	1141	834 (73%)	409 (36%)
Secondary:			
Boys	1693	1193 (70%)	730 (43%)
Girls	1660	1065 (64%)	680 (41%)
*Total	5732	4086 (71%)	2350 (41%)

\*Classes of special schools and of one grammar school are omitted.



## 5. Boxing

Boxing instruction for older boys was further encouraged mainly in secondary schools as part of the general physical education scheme. Treated purely as a "game of skill" it has had beneficial effects. A teachers' practical course of twelve full sessions was held in the early part of the year. As a result fourteen teachers qualified as Boxing Instructors and afterwards showed good methods of teaching the "skills of the game" on correct lines to classes of boys in their schools. Teachers' courses were also held on judging and refereeing. As a result several teachers qualify in these capacities under the S.A.B.A.

## 6. Youth Service

Inter-club games leagues were continued and interest in boxing was further stimulated by an inter-club boxing tournament.



# MEDICAL INSPECTION RETURNS

Year ended 31st December, 1954.

Table I

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

### A.—Periodic Medical Inspections

Age Groups inspected and Number of Children examined in each:—

Entrants .....	2664
11 year old .....	1511
Leavers .....	1263
Total .....	5438

Number of additional Periodic Inspections .....

Grand Total ..... 5438

### B.—Other Inspections

Number of Special Inspections ..... 2692

Number of re-Inspections ..... 6009

Total ..... 8701

### 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).

Age Groups Inspected (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants .....	11	493	425
11 year old .....	21	115	133
Leavers .....	38	45	80
Total .....	70	653	638
Additional Periodic Inspections .....	—	—	—
Grand Total .....	70	653	638



**Table II****A.—Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1954**

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 .....	71	135	558	4
Eyes:—				
(a) Vision .....	70	364	255	29
(b) Squint .....	85	101	21	1
(c) Other .....	11	22	116	3
Ears:—				
(a) Hearing .....	16	66	15	2
(b) Otitis Media .....	56	103	31	—
(c) Other .....	13	29	90	3
Nose or Throat .....	97	433	30	1
Speech .....	54	44	22	2
Cervical Glands .....	18	204	1	—
Heart and Circulation .....	1	66	—	3
Lungs .....	28	112	1	1
Developmental:—				
(a) Hernia .....	4	53	1	—
(b) Other .....	7	123	1	2
Orthopædic:—				
(a) Posture .....	21	24	2	—
(b) Flat Foot .....	46	18	3	1
(c) Other .....	90	104	16	5
Nervous System:—				
(a) Epilepsy .....	2	6	—	—
(b) Other .....	—	7	—	—
Psychological:—				
(a) Development .....	5	10	3	—
(b) Stability .....	3	40	—	—
Other .....	25	267	876	21

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

Age Groups	No. of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants .....	2664	696	26.13	1873	70.31	95	3.56
11 year old .....	1511	397	26.28	1036	68.56	78	5.16
Leavers .....	1263	485	38.40	756	59.86	22	1.74
Additional Periodic Inspections ...	—	—	—	—	—	—	—
Total .....	5438	1578	29.02	3665	67.39	195	3.59



**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 .....	48,457
2. Total number of individual pupils found to be infested ...	1,116
3. Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	2
4. Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	2

**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 .....	7	—
Scabies .....	15	—
Impetigo .....	73	—
Other skin diseases .....	416	8
Total .....	511	8

**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 .....	139	—
Errors of Refraction (including squint) .....	1703	631
Total .....	1842	631



Number of pupils for whom spectacles were	Number of cases dealt with	
	by the Authority	otherwise
(a) Prescribed .....	1030	543
(b) Obtained .....		1610*
* 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 .....	—	14
(b) for adenoids and chronic tonsillitis .....	—	424
(c) for other nose and throat conditions .....	—	24
Received other forms of treatment .....	115	13
Total .....	115	475

### Group 4.—Orthopædic and Postural Defects

(a) Number treated as in-patients in hospitals .....	56	
	by the Authority	otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient depts. ..	—	592

### 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
	35	—

### Group 6.—Speech Therapy

Number of pupils treated by Speech Therapists	Number of cases treated	
	by the Authority	otherwise
	107	—

### Group 7.—Other Treatment Given

	Number of cases treated	
	by the Authority	otherwise
Boils, and other septic conditions .....	199	—
Cuts, bruises and abrasions .....	310	—
Other minor accidents .....	247	—
Miscellaneous minor ailments .....	146	—
	902	—



Table V

**Dental Inspection and Treatment**

1. Number of pupils inspected by the Authority's Dental Officers :—	
(a) At Periodic Inspections .....	7005
(b) As Specials .....	3653
(c) Total (Periodic and Specials) .....	10658
2. Number found to require treatment .....	8129
3. Number offered treatment .....	6978
4. Number actually treated .....	5564
5. Attendances made by pupils for treatment .....	14572
6. Half-days devoted to:—	
(a) Periodic Inspection .....	50
(b) Treatment .....	1262
*Total (a) and (b) .....	1312
7. Fillings :—	
Permanent Teeth .....	3738
Temporary Teeth .....	488
Total .....	4226
8. Number of teeth filled :—	
Permanent Teeth .....	3271
Temporary Teeth .....	451
Total .....	3722
9. Extractions :—	
Permanent Teeth .....	2333
Temporary Teeth .....	8193
Total .....	10526
10. Administrations of general anæsthetics for extraction .....	1684
11. Other Operations :—	
(a) Permanent Teeth .....	3227
(b) Temporary Teeth .....	383
Total (a) and (b) .....	3610

\* This includes 137 orthodontic sessions.

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

Under the Education Act, 1944:—

	Male	Female	Total
(a) Section 57 (3) .....	4	—	4
(b) Section 57 (4) .....	—	—	—
(c) Section 57 (5) :—			
On leaving special schools .....	7	3	10
On leaving ordinary schools .....	—	2	2
	11	5	16



# **HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES**

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Sub-normal	Maladjusted	Epileptic	Total
In the calendar year :—										
A. Handicapped Pupils newly placed in Special Schools or Homes ...	1	1	—	3	32	4	10	1	—	52
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes ...	—	1	—	1	29	4	15	—	1	51
On or about Dec. 1st.										
C. Number of Handicapped Pupils from the area:—										
(i) attending Special Schools as Day Pupils ...	—	15	9	10	63	30	73	—	—	200
Boarded Pupils ...	4	—	4	1	30	2	—	2	—	43
(ii) Boarded in Homes ...	—	—	—	—	1	—	—	—	—	1
(iii) attending independent schools under arrangements made by the Authority	—	—	—	—	—	—	—	—	—	—
Total (C) ...	4	15	13	11	94	32	73	2	—	244
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:										
(i) in hospitals	—	—	—	—	—	—	—	—	—	—
(ii) In other groups (e.g. units for spastics)	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	—	1	—	—	—	1
E. Number of Handicapped Pupils from the area requiring places in Special Schools (including any such children who are temporarily receiving home tuition or whose parents have not yet consented to their attending a Special School):—										
(i) Day	—	—	—	—	—	—	2	—	—	2
(ii) Boarding	—	—	—	—	—	—	—	1	1	2

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.