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COUNTY BOROUGH OF OLDHAM



# ANNUAL REPORT

OF THE

Principal School Medical Officer

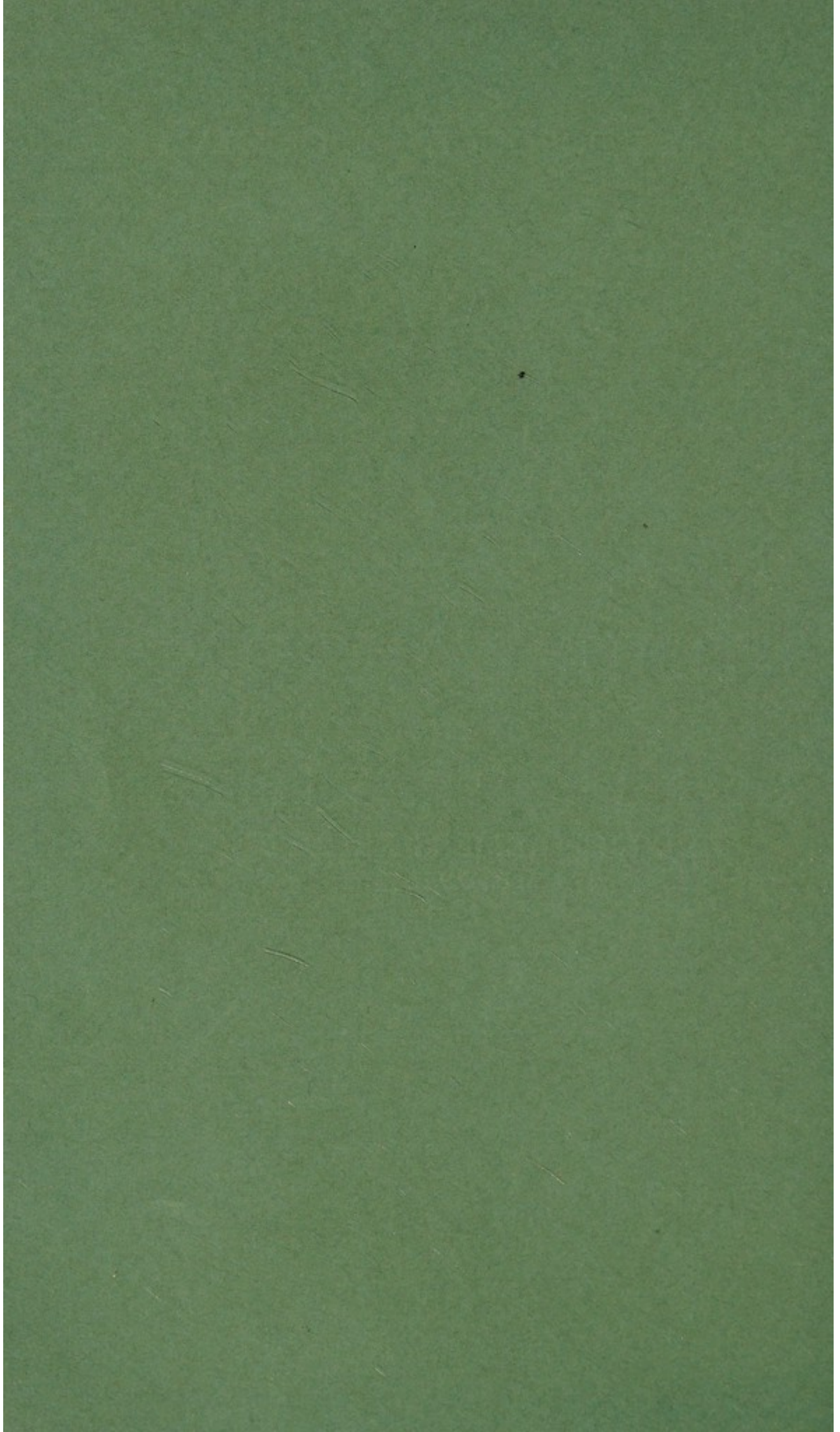
J. T. CHALMERS KEDDIE

M.B., D.P.H.

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# EDUCATION COMMITTEE

(1957/58)

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

## Deputy Director

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

## SCHOOL HEALTH DEPARTMENT,

TOWN HALL,

OLDHAM,

June, 1958.

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 1957.

The medical staff has been maintained throughout the year, but difficulty is still being experienced in filling the vacancies that occur. The best applicants wish to make the Public Health Service their career but if they do not possess the Diploma in Public Health they request permission to attend the course at Manchester University. This privilege has always been granted as it retains the services of an experienced and keen medical officer for at least three years. Unfortunately, it is only possible to allow one member of the staff at any one time to attend the course.

The Dental Service continues to be understaffed and every effort has been made to secure dental officers. In addition to the usual advertisements in the recognised journals, the Principal School Dental Officer is constantly in touch with the staff of the Dental Hospital of Manchester and the Turner Dental School so as to secure the temporary or permanent services of recently qualified students who are anxious for employment. National Service demands absorb many potential recruits and the lucrative rewards of private practice attract the younger graduates, so it is indeed difficult to recruit to the local authority service. There is, of course, an overall shortage of dentists and the need can only be met by increasing the number of dental students in training. This means long term planning and approved schemes would almost certainly require capital expenditure and so almost a decade could pass before the full benefits are felt. During this time a serious and tragic situation could arise and many feel that this will occur.

The Principal School Dental Officer in his report refers to two important subjects—dental health education and fluoridation of domestic water supplies. The full development of these two projects would do much to reduce the incidence of dental decay, but difficulties are present. A comprehensive and continuous scheme of dental health education requires adequate staff to put the scheme over and to deal with the demands that would result. To preach a gospel of early treatment and frequent visits to the dentist could have serious repercussions if the facilities for treatment are not easily available, but some value should result from restricted propaganda which laid special stress on oral hygiene and diet. Fluoridation of the water supply has been practised and proved in America and Canada and advocated in this country. There is no doubt about the benefits and the harmlessness of this procedure, but the public are apathetic and in some quarters even antagonistic to its introduction.



The year was memorable for the outbreak of "Asian" influenza which occurred in the Autumn. School attendance was most seriously affected and the number of staff who were absent caused further dislocation of school routine. Generally speaking, the illness was mild in character, though the occasional serious case occurred. At the beginning of the year measles was epidemic. The first rise in incidence was noted in December of the previous year and cases did not fall until the end of May. The other infectious diseases caused no anxiety, and even dysentery assumed mild proportions—only 37 cases being notified and confirmed.

We frequently boast of the healthy and beautiful babies that attend our Welfare Centres, but the health and physique of our school children should also be commended. It is common knowledge that on the average children today are taller and heavier and more robust than the children of pre-war years. Among school entrants a few may have a serious defect which has been present since birth or early infancy, but they will have received skilled care and treatment. During their school years though exposed to the dangerous infectious diseases, diphtheria, whooping cough and poliomyelitis, they come to no harm as they have been protected in infancy and in later years they are protected against tuberculosis. Vaccination against smallpox is also available but this is not so freely accepted. The incidence of serious and debilitating diseases may be estimated by the deaths occurring among school children. In previous reports reference has been made to these deaths and each year they have been reported fully. In these modern days accidents of one sort or another are the main single cause of these deaths. In this field education and propaganda may play some part though the exuberant and adventurous who in later years will be the pioneers and leaders among their fellows will always be exposed to these special risks. Some deaths are due to congenital causes and even in these early years malignant tumours take their toll. From time to time, the acute abdominal emergency proves fatal and these deaths are especially distressing as they seem most frequent in the early teenage group. It is now rare for a death to occur from a preventable disease although this year a girl of six years who attended a non-maintained school died of whooping cough. Deaths in children attending our schools are no longer common and over a period of 9 years (1949/57) there have been 66 deaths. Of these, 23 were due to accidents (road 13, drowning 3, burns 2, others 5). With the exception of the deaths due to accidents, few of the deaths could have been prevented, and in almost every case skilled specialist and hospital treatment was made available during the fatal illness.

I would refer you to the provision for handicapped pupils which is fully described in the Report. The Oldham Education Committee has always been to the fore in this field and the Special School provision which is available has been envied by many authorities. The early ascertainment of the handicapped pupil is especially important and in this connection the close co-operation between the Child Welfare Service and the School Health Service through the employment of joint staff is of particular value. In many cases the Health Visitor in the course of her routine visiting may bring a case to notice, or the Paediatrician may refer a pre-school child which he has treated in his Unit. In order to reach a decision in any case which may be in doubt, the consultant and specialist services are fully utilised even in the earliest years, and many if not all of these children are well known to your staff before reaching school age.

The Principal School Medical Officer, who is also the Medical Officer of Health, is in a unique position with regard to these children having responsibilities for them from birth to school leaving age. With regard to the mentally handicapped this responsibility and supervision is continuous as the Health Committee is responsible for the care of these children on leaving school and throughout adult life. It is to be regretted that the same continuity of care and supervision does not exist in this Borough for other handicapped pupils, as on leaving school they pass to the care of the Welfare Services Committee and to the staff of the Welfare Services Department.

In October Dr. M. J. Dale ceased duties as Medical Director as she was undertaking additional duties for the Lancashire County Council. The Child Guidance Clinic has been established since September, 1941. It originated as a joint service with the Rochdale Education Committee, a psychiatrist and psychologist being shared between the two authorities. Early in the year Dr. Dale reduced her sessions at the Oldham Clinic to two per week and the Committee agreed that an approach should be made to the Manchester Regional Hospital Board asking whether they could supply a psychiatrist who would undertake sessional duties at the Clinic. The Senior Administrative Medical Officer replied that the Board were not in a position to supply a psychiatrist or child psychiatrist to attend the Clinic. It was imperative that a service which had been provided for so many years should not be allowed to lapse, so Dr. Arthur Pool was approached and he expressed his willingness to assist in a temporary capacity until permanent arrangements could be made with regard to the medical staffing. The psychologist appointed by the Health Committee devotes two sessions per week to this service and the establishment allows for a full time psychiatric social worker to be appointed. It is quite impossible to obtain the services of such a worker and these duties in recent months have been undertaken by the mental health officers employed in the Public Health Department. In order to be thoroughly efficient this service demands more sessions for the psychologist and an additional full time psychologist should be appointed for employment in the Child Guidance Clinic. This Clinic plays a most important part in the organisation of the Mental Health Service as it is important to detect at the earliest possible moment any sign of psychiatric disturbance or behaviour in young children and to this end an efficient and fully staffed Child Guidance Clinic is essential.

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

My special thanks are due to the Chairman and Members of the Ancillary Services Sub-Committee for the interest and co-operation they have always shown. Finally, I wish to record my sincere appreciation of the help which is so freely afforded by the Director of Education and his staff and also the Teachers.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. T. CHALMERS KEDDIE,

Principal School Medical Officer.

## SCHOOL HEALTH SERVICE

---

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

H. Bailey, M.B., Ch.B.

W. R. Falconer, M.B., Ch.B., D.P.H. (to 28-2-57)

T. W. Sherratt, M.R.C.S., L.R.C.P., L.D.S.

B. A. Murray, M.B., B.Ch., B.A.O., D.C.H., D.P.H. (from 18-3-57)

Monica B. Pool, M.B., Ch.B., D.C.H. (from 19-8-57)

### Principal School Dental Officer

J. Fenton, L.D.S.

### Dental Officers

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

\*A. d'A. Fearn, L.D.S.

\*Joyce Gibson, L.D.S. (to 17-5-57)

E. Twelves, L.D.S. (from 1-10-57)

### 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) (to 31-10-57)

**Educational Psychologist**

D. B. Worthington, M.A.

**Orthoptist**

\*Miss K. S. Roberts, D.B.O.

**Superintendent School Nurse**

X Miss A. W. Moordaff

**Deputy Superintendent School Nurse**

※ Miss C. Williamson

**Senior School Nurse**

X Mrs. H. Emmott

**School Nurses**

- |                                  |                                  |
|----------------------------------|----------------------------------|
| O★ Mrs. M. Cordon (to 9-3-57)    | ※ Mrs. M. McKenna                |
| O★ Miss T. Dolan                 | ※ Miss S. E. Nixon               |
| ※ Mrs. I. Hartley                | ※ Mrs. A. M. Walshe              |
| ※ Miss W. McDonnell (to 30-9-57) | X Mrs. D. Whitehead              |
| ※ Mrs. C. Reeves                 | ※ Miss N. Lawless                |
| ※ Mrs. C. Smith                  | □ Miss M. Tully (from 1-6-57)    |
| O★ Mrs. D. Spencer               | X Miss B. Ogden (from 21-7-57)   |
| ★ Miss E. E. Williams            | O★● Mrs. H. Eglin (from 30-9-57) |
| ※ Miss M. Hall                   |                                  |

**Nursing Auxiliary**

Mrs. E. Doolan (from 21-1-57)

- ※ S.R.N., S.C.M., H.V.Cert.
- X S.R.N., H.V.Cert.
- S.R.N., S.C.M.
- S.R.N., S.R.F.N.
- ★ S.R.N.
- O Temporary
- \* Part-time.

## SCHOOL CLINICS

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### Minor Ailment Clinics

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

### 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	2 p.m.	
	Thursday	9 a.m.	
	Friday	2 p.m.	

### Orthoptic Clinic

Scottfield —By appointment only.

### Consultant Aural Clinic

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

### Speech Therapy Clinic

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

### Child Guidance Clinic

Gainsborough Avenue —By appointment only.

# ANNUAL REPORT

## STAFF

In February, Dr. W. R. Falconer left the service, having been appointed to the post of Assistant Divisional Medical Officer, Lancashire County Council, (Division No. 14). In March, Dr. B. A. Murray succeeded Dr. J. K. Doherty, who had resigned at the end of the previous year. In August Dr. Monica B. Pool commenced duties.

In May, Mrs. J. Gibson, employed as a part-time Dental Officer for 5 sessions per week, resigned, and in October, Mr. E. Twelves was appointed Assistant Dental Officer. Dr. T. W. Sherratt, Assistant School Medical Officer, is also a qualified Dental Officer, and it was agreed during the year, owing to the shortage of dental staff, that he should undertake dental evening sessions and day time sessions as a temporary measure when he was available.

Dr. Maria J. Dale, Medical Director of the Child Guidance Clinic, resigned in October. Dr. Arthur Pool, Consultant Psychiatrist, agreed, as a temporary measure, to assist at the Child Guidance Clinic.

The vacancy of Psychiatric Social Worker at the Child Guidance Clinic remained unfilled during the year.

Miss K. S. Roberts, Orthoptist, continued to undertake eight sessions per week at the Orthoptic Clinic.

## Liaison

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

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

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## SCHOOL HYGIENE, ACCOMMODATION AND ATTENDANCE

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

The following new schools were completed and will open in January, 1958:—

- (a) St. Anselm's Roman Catholic Secondary School.
- (b) Fitton Hill County Secondary Modern School.

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

St. Hugh's Voluntary Church of England Primary School  
(second portion).

Alt County Primary School (first portion).

Breeze Hill County Secondary Modern School.

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

Beever County School—Domestic Science Room remodelled.

Hathershaw County Junior School—New Sanitary Blocks.

Strinesdale Open-Air School—New Sanitary Blocks.

There are no new schools in the building programme approved for Oldham by the Ministry of Education for 1958-59.

#### **Additions and Adaptations to Existing Schools in 1958.**

(a) Clarksfield Secondary Modern School — new Sanitary Blocks.

(b) St. Mary's Roman Catholic School building ceased to accommodate senior pupils on 31st December and will admit pupils of junior school age in January, 1958.

**School Accommodation.** — The average number of children on the registers in December, 1957, was 18,770, an increase of 325 compared with the previous year. The distribution is as follows:—

	Sen. & Jun.	Infants
County Primary and Sec. Modern Schools ...	8,684	3,436
Voluntary Primary and Sec. Modern Schools	3,275	1,552
	—	—
	11,959	4,988
	—	—
Counthill Grammar School .....	603	
Greenhill Grammar School .....	445	
Hathershaw Sec. Technical School .....	461	
Junior School of Art .....	48	

#### **Special Schools:—**

Beever Special School—

Deaf and Partially Deaf ..... 22

Scottfield Special School—

Physically Handicapped ..... 31

Chaucer Special School—

Educationally Subnormal ..... 104

Waterhead Special School—

Partially Sighted ..... 15

Strinesdale Open-Air School—

Resident ..... 64

Non-resident ..... 30

## MEDICAL INSPECTION

### Periodic Medical Inspection

The periodic medical inspection of three age groups has been continued and 4,790 children were examined at these inspections.

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

Entrants .....	1,721
11 year old .....	1,927
Leavers .....	1,142
	4,790
	4,790

Of the 1,721 entrants examined, 479 (27.83 per cent) were found to have been vaccinated against smallpox. This compares with 30.83 per cent for the previous year.

The following figures show the incidence of certain defects in the 4,790 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 .....	70	14.61
Nose or Throat .....	258	53.86
Speech .....	80	16.70
Cervical Glands .....	62	12.94
Heart and Circulation .....	35	7.31
Lungs .....	100	20.87
Hernia .....	24	5.01
Epilepsy .....	11	2.29
Orthopædic .....	203	42.37

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

### General Condition of Children Inspected

All children whose physical condition is considered to be unsatisfactory are referred for special examination and investigation of the medical and social factors which appertain.

Of the 4,790 children examined, 20 were classified as unsatisfactory, which is .42 per cent of those examined.

### Special Inspection

The medical officers made 2,472 special inspections and 4,094 re-inspections. These inspections were made mostly at the clinics or in the schools.



## Audiometry

The routine testing by pure tone audiometry continued throughout the year and 979 children were examined by the "pure tone sweep test." The children who failed the test were referred to the school clinic for re-examination and the following is a summary of these examinations:—

No. of children tested ..... 979

No. referred for investigation ..... 38

Summary of children referred:—

Found on re-test to have normal hearing ..... 8

For re-test or further observation ..... 16

Unable to respond to test ..... 2

Already under investigation by own medical practitioner ..... 5

Referred to Aural Clinic ..... 7

All the children referred to the Aural Clinic were seen by the Consultant Aural Surgeon and the following conditions were found and the necessary treatment recommended:—

Enlarged adenoids ..... 1

Enlarged tonsils and adenoids ..... 2

Deafness ..... 3

Cerumen ..... 1

## Colour Vision

Tests for colour vision using the Ishihara Charts were commenced in April last year. This test should be carried out on children in the 11 year old age group but until such time as all secondary school children have had this test at the 11 year old level it is also being applied to children examined as leavers. During the year, 1,927 children in the 11 years age group were tested and 62 defects (51 boys, 11 girls) were recorded. There were 1,142 leavers tested and 33 defects (29 boys, 4 girls) were recorded.

## 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 ..... 152

General condition of leavers examined:—

Satisfactory ..... 152

Unsatisfactory ..... —

Defect or Disease Requiring Treatment:—

Eyes:

Vision ..... 3

Skin ..... 1

Ears:

Hearing ..... 1

Others ..... 2

## Uncleanliness Examinations

During the year 48,992 first inspections for cleanliness and 3,283 re-inspections were carried out. The figure for first inspections shows little change over the previous year (49,316) but there has been a fall in the number of re-inspections required (3,918 in 1956) because of the decreased incidence of infestation noted during the year. The school nurses made 356 visits to schools for first inspections and 425 visits for re-inspections.

The number of individual children found to be infested was 1,027 representing 5.47 per cent of the school population, and compares with 1,315 (7.13 per cent) in the previous year.

Whilst it is encouraging to see a fall in incidence this problem is still far from being solved and continues to absorb a good deal of the nurses' time. In addition to the inspections in the school much time is spent giving advice and help in the clinics and in some cases visiting the home. Suitable insecticides and combs are on sale at the clinic, and parents are shown how to use them. Unfortunately, however, many of those parents most in need of advice are unco-operative.

Children with severe degrees of infestation requiring exclusion from school are becoming less common and only 6.33 per cent of children found to be infested were excluded. Cleansing notices were served in accordance with the provisions of Section 54 of the Education Act, 1944, in five cases. In one of these it was necessary to proceed to compulsory cleansing. No parents were prosecuted under this section during the year.

## EMPLOYMENT OF SCHOOL CHILDREN

A report on each of the 1,142 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 199 children from one or more of the following categories of work:—

1 Heavy manual work .....	10
2 Sedentary work .....	1
3 Indoor work .....	—
4 Work involving prolonged standing much walking or quick movement from place to place .....	12
5 Exposure to bad weather .....	27
6 Work involving wide changes in temperature .....	20
7 Work in a damp atmosphere .....	25
8 Work in a dusty atmosphere .....	28
9 Work involving much stooping .....	5
10 Work near moving machinery or moving vehicles .....	6
11 Work at heights .....	4
12 Work requiring normally acute vision .....	112
13 Work requiring normal colour vision .....	23
14 Work requiring the normal use of hands .....	3
15 Work involving the handling or preparation of food ...	3
16 Work requiring freedom from damp hands or skin defects	5
17 Work requiring normal hearing .....	6

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 372 and the occupations were as follows:—

Newspaper delivery .....	340
Errand Boys .....	8
Dancing and Acting .....	10
Shop Assistants .....	14

## 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:—

	1956		1957	
Entrants .....	1,788	95.2 %	...	1,640 95.29%
11 year old .....	1,101	72.48%	...	1,479 76.65%
Leavers .....	163	14.69%	...	200 17.51%

## 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 the Oldham and District General Hospital which is held each Monday afternoon and Wednesday morning.

The Consultant Pædiatrician, Dr. D. Hilson, is 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, and attends regular meetings when any problems are discussed. Co-operation is further effected by the Senior Medical Officer, Dr. J. Starkie, making regular visits to the pædiatric ward at the Oldham and District General Hospital when Dr. Hilson conducts a ward round.

Mr. J. Norman Appleton is employed as Consultant Aural Surgeon and undertakes the examination of deaf and partially deaf children. He also supervises the children in the Special School for Deaf and Partially Deaf Children.

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. No children were provided with individual hearing aids during the year.

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.

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, 1,185 children made 5,528 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 16 compared with 31 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 .....	7
School children .....	16
Adults:—	
Male .....	7
Female .....	9
	— 16
	—
	39

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

## 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, 1,695 examinations were made (Dr. MacInnes 541; Dr. Hardman 1,154) and spectacles were prescribed or changed in 1,242 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 K. S. Roberts continued to undertake eight sessions per week throughout the year. Dr. F. Janus is the Consultant responsible for the Clinic.

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

The Scottfield Orthoptic Clinic has continued to be very busy and during the year 2,463 attendances were made, over 200 being by pre-school children. There were 97 new cases referred to the clinic and 38 of these were pre-school children.

It is encouraging to see that children are, on the whole, being referred to the clinic much sooner after the onset of the squint than they used to be. This earlier referral does help to prevent complications, especially with regard to the vision in the squinting eye. This, in my opinion, is due to the co-operation of the child welfare centres and the school clinics, as well as with general practitioners in the town, and not least with the teachers in the various schools who often notice squints before the parents do so.

During the year the waiting list for orthoptic treatment has been reduced from seven months to four months, and at the end of the year only 21 children were awaiting treatment.

In certain cases operative treatment is advised, and these children are referred to the Oldham Royal Infirmary and admitted without undue delay. During the year, 42 children received such treatment (Oldham Royal Infirmary—42, Manchester Royal Eye Hospital—0).

On the 31st December, 13 children were awaiting admission to hospital for operative treatment (Oldham Royal Infirmary—12, Manchester Royal Eye Hospital—1).

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

Cases on register, 1st January ..... 632

Cases referred during the year:—

Oldham Royal Infirmary .....	53	
Scottfield Ophthalmic Clinic .....	43	
Ophthalmic Medical Practitioners .....	1	
	—	97

Cases removed from register:—

Cured .....	7	
Cosmetically very good .....	1	
Left the district .....	10	
Withdrawn by parent .....	4	
Left School .....	5	
Died .....	1	
	—	28

Cases on Register, 31st December ..... 701

Attendances during the year:—

Treatments .....	598
Occlusions .....	251
Tests .....	733
Observations .....	881
	— 2463

## 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 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, 42 sessions were held and 154 new cases were examined. The total number of attendances was 493.

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

At the beginning of the year 53 children were awaiting operative treatment for tonsils and/or adenoids, and at the end of the year this number was 80.

The number of children receiving operative treatment during the year was 93 compared with 82 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, 84 school children were referred to the clinic for the following defects:—

Defect	No. of Cases
Flat Feet .....	26
Inverted Feet .....	5
Everted Feet .....	1
Other Foot Deformities .....	9
Knock Knee .....	23
Hammer Toes .....	1
Other Deformities of Toes .....	7
Postural Defects .....	11
Spastic .....	1
Depressed Sternum .....	—

### Hospital Schools

At the beginning of the year, 10 school children (5 boys and 5 girls) were in hospital schools.

During the year, information was received that 7 school children (5 boys and 2 girls) were admitted to these schools for the following conditions:—

Pulmonary tuberculosis .....	3
Rheumatic carditis .....	1
Rheumatic fever .....	1
Incontinence .....	1
Overweight .....	1

There were 10 children (6 boys and 4 girls) discharged from these schools during the year.



At the end of the year, 7 children (4 boys and 3 girls) were in the following hospital schools:—

Wrightington Hospital School .....	2
Abergele Sanatorium School .....	3
Leasowe Children's Hospital School .....	1
St. Joseph's Heart Hospital School .....	1

### Convalescence

Arrangements exist for selected school children to be sent for convalescence and the cost is met by the Education Committee. The usual period of convalescence is four weeks but this is extended in special cases.

During the year, 5 children (3 boys and 2 girls) were sent to the following convalescent homes:—

Taxal Edge Convalescent Home .....	4
Margaret Beavan Home, Heswall .....	1

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### SCHOOL DENTAL SERVICE

Again it has not been possible to maintain the comprehensive service which was provided in previous years. In spite of advertisements in the recognised journals we have been unable to bring the full-time dental staff up to establishment.

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

In February, Mr. Roy Hilton, a local dental practitioner, offered to undertake one session per week at the school dental clinic. This gesture was greatly appreciated, especially as he had to meet the heavy demands of his own general dental practice.

In May, Mrs. J. Gibson terminated her appointment as part-time Assistant Dental Officer.

In September, approval was given for Dr. T. W. Sherratt, L.D.S., Assistant School Medical Officer, who had been undertaking one evening session per week, to undertake occasional day time sessions when his services were available. This arrangement ceased in December as he had tendered his resignation as Assistant School Medical Officer.

In October, Mr. E. Twelves was appointed Assistant Dental Officer. Prior to joining the staff Mr. Twelves held a permanent commission as a dental officer in the Royal Air Force.

The overall effect of these staff changes resulted in the total number of sessions worked at the school dental clinics to approximate closely to the figure for the previous year.

It has not been possible to expand the orthodontic service owing to shortage of staff.

Reduced staff and an increasing demand for dental treatment is creating a most serious problem. The increase in the incidence of dental decay and the inability of the school dentists to visit the schools at reasonably short intervals has resulted in an increasing number of children attending the clinics for the relief of toothache.

The Maternity and Child Welfare Dental Services are provided by the staff of the School Dental Service but it has not been possible to expand these services.

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. The following were the age groups and numbers of pre-school children examined:—

1 year .....	4	3 years .....	129
2 years .....	32	4 years .....	117

Last year reference was made to the "Report of the Committee on Recruitment to the Dental Profession," which was prepared under the chairmanship of Lord McNair.

The Oldham Executive Council received the Report and appointed a Sub-Committee to consider, and if possible implement, the recommendations. The Sub-Committee has met on several occasions and the Medical Officer of Health and the Principal School Dental Officer are both members of the Committee. The two main recommendations which have been discussed are:—

### 1. Dental Health Education

Emphasis should be given to the prevention of dental disease and any scheme whereby strict oral hygiene and correct diet are taught and ultimately carried out must produce beneficial results. The use of films, co-operation of the medical, nursing and teaching professions, are all mediums whereby dental health propoganda can be brought to the adult and child population.

### 2. The Fluoridation of Domestic Water Supplies.

It has been known for many years that people living in areas where the natural fluoride content of the drinking water is at least one part per million have considerably less dental decay than people living in areas where the fluoride content falls below this level. This fact led the Americans to add fluoride to domestic water supplies

in certain areas where the natural occurring fluoride was deficient. After a period of more than ten years it has been shown conclusively that dental decay in children is reduced by as much as 60%. Also there was no evidence that the consumption of water fluoridated to a level of one part per million has any harmful effects on those who drink it.

In 1952 the Government sent a mission to the United States of America and Canada to study fluoridation in operation and to advise on the desirability of instituting fluoridation in this country. Their findings were entirely satisfactory. As a result certain selected areas in this country are carrying out fluoridation of their water supply in order to demonstrate the effectiveness of artificial fluoridation in preventing dental decay under the conditions prevalent in this country, i.e., when related to our diet and climate. The methods used for adding fluoride to the water supply are relatively inexpensive and the equipment used is similar to that already in use in this country for the treatment of water.

Oldham is one of the areas where the fluoride content of the drinking water is considerably below the level necessary to reduce dental decay. This must be one of the main factors contributing to the high incidence of dental decay among our children.

As a preventive measure against dental decay artificial fluoridation of the drinking water should be put into operation as soon as possible if we are to combat dental decay which has such harmful effects on the general health of the population.

Recruitment to the School Dental Service is still very poor. As stated in previous reports the few dental surgeons wishing to enter this service are able to select appointments with authorities which are residentially more attractive than many of the industrial areas. At the present time a Royal Commission is considering the remuneration of doctors and dentists employed in the National Health Service. If the findings of this Commission result in increased remuneration for these dentists then unless a corresponding adjustment is made to the salary scale of public dental officers recruitment to the School Dental Service will become far more difficult.

### **Equipment**

The policy of replacing old equipment at the school dental clinics has continued. During the year the main items purchased were a Servitor Unit, a Spittoon, and two modern operating lights.

### **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, 6,587 children received a periodic dental inspection. Of the children inspected, 4,868 were found to have dental defects and 4,072 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 consideration.

The dental inspections were carried out on school premises and use of a portable light has greatly helped, particularly during the winter months.

(b) **Special Inspections.** — During the year, 4,221 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 7,948 children referred for treatment following periodic and special inspections, 5,309 accepted and received treatment and the total number of attendances was 11,329.

3,807 fillings were inserted in permanent teeth and 283 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 (304). This type of work is the first to be sacrificed when the staffing arrangements are inadequate.

The number of permanent teeth extracted was 3,114 as compared with 3,467 for the previous year. Many of these teeth were extracted for orthodontic reasons. It was necessary to extract 6,592 temporary teeth.

During the year, 139 general anæsthetic sessions were held and 1,464 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, 51 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.

Unfortunately this work has to be kept to a minimum due to the adverse staffing conditions.

The following is a summary of the work undertaken during the year:—

New cases commencing treatment ...	59
Cases completing treatment .....	40
Attendances .....	924
“Fixed” appliances fitted .....	6
“Removable” appliances fitted .....	122
“Mouth screens” fitted .....	10

## X-ray Examinations

Full use has been made of the X-ray unit installed at Cannon Street Clinic and 283 films were taken.

## Dentures

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

Eight 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 the Oldham and District General Hospital. Under this arrangement, 4 children were referred. In addition, 2 children were referred to the Manchester Dental Hospital.

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

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## CHILD GUIDANCE

The Child Guidance Clinic is held at 60, Gainsborough Avenue, and Dr. M. J. Dale, the Medical Director, attended for two regular sessions per week. Mr. Worthington, Educational Psychologist, attends for two sessions per week. The establishment provides for

the appointment of a Psychiatric Social Worker but this post was unfilled throughout the year. The psychiatric social work was carried out partly by the Educational Psychologist and partly by the Director.

Dr. Dale resigned her appointment as Medical Director and ceased duty on the 31st October. Dr. Arthur Pool was approached and agreed to attend on a sessional basis and see children who were referred for his opinion and advice. It was also agreed that the social histories and any other visits or enquiries should be undertaken by the Mental Health Officers of the Public Health Department.

The following table shows the grouping of intelligence quotients of 90 children who were examined:—

I.Q.	Boys	Girls	Total
Untestable .....	1	—	1
70 and under .....	5	4	9
71—85 .....	10	9	19
86—95 .....	11	6	17
96—114 .....	13	11	24
115—129 .....	11	3	14
130 and over .....	4	2	6
	—	—	—
	55	35	90
	—	—	—

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

CASES REFERRED ..... 44

(Source of reference)—

Director of Education .....	10
School Medical Officers .....	21
General Practitioners .....	9
Probation Officer .....	2
Hospitals .....	1
Others .....	1

RECOMMENDATIONS ..... 47

(including 3 cases from previous year)

(a) Treatment and observation .....	9
(b) Cases to be reviewed .....	6
(c) Cases closed after investigation .....	23
(d) Admission to special school .....	1
(e) Admission to hospital .....	1
(f) Admission to approved school .....	1
(g) Care of Children's Officer .....	1
(h) Awaiting examination at 31st December ...	5

CASES TREATED DURING YEAR ..... 15



## 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
95	38	16	11	19	17	11	8	—	1	—	216

### Reinforcing Injections (1st and 2nd)

1,389.

## Smallpox

No case occurred during the year.

## Vaccination Against Smallpox

During the year, 136 children of school age received primary vaccination and 51 were re-vaccinated. These figures include 48 primary vaccinations and 35 re-vaccinations of school leavers who were offered vaccination.

## Meningococcal Infections

Two cases occurred during the year. They were both boys, aged 9 years, and each made a complete recovery.

## Measles

There were 1,320 cases notified compared with 60 cases in the previous year.



Measles assumed epidemic proportions during the first five months of the year and the majority of these cases were notified during this period.

### Scarlet Fever

There were 48 cases notified compared with 106 in the previous year.

### Whooping Cough

There were 41 cases notified. Of these, 14 had received the full course of protective injections and were classified as follows:—

Severe	Moderate	Mild
1	6	7

### Dysentery

During the year, 37 cases of dysentery were notified and confirmed. In all cases the Sonnè organism was isolated.

In December an outbreak occurred at St. Peter's Infants' School and 19 cases were ascertained and confirmed as Sonnè dysentery. Enquiry at the school revealed that cases of diarrhoea had been occurring amongst the children. The outbreak was not associated with school meals. All confirmed cases were excluded from school until negative fæces specimens had been obtained.

### Acute Poliomyelitis

In December, 1 case of poliomyelitis (paralytic) was notified and confirmed. This was a boy of 9 years and he developed paralysis of both legs. He had not been registered for vaccination against poliomyelitis.

### Poliomyelitis Vaccination

In 1956, poliomyelitis vaccination was made available to children born in the years 1947 to 1954 (both inclusive). The vaccine was in such limited supply that only selected groups of children within this age range could be protected. These groups were selected centrally and Medical Officers of Health advised accordingly.

At the beginning of the year advice was received from the Ministry of Health that regular supplies of vaccine should be available and Medical Officers of Health were given authority to make their own selection of age groups for vaccination.

In May, poliomyelitis vaccination was offered to a new age group, i.e., children born in the years 1955 and 1956, and the offer to children born in the years 1947 to 1954 (both inclusive) who had not yet been registered was renewed and made continuous. Parents accepting this offer were requested to register before August, and as a result 611 children born in the years 1947 to 1952 (both inclusive) were registered.

In November, further extensions of the vaccination programme were announced and local health authorities were now asked to make a continuous offer of vaccination to children born in the years 1943 to 1946 (both inclusive).

Local health authorities were advised that the supply of British vaccine had been increased but, to enable the extended programme to be carried out it was necessary to supplement the British supply by importing Salk vaccine manufactured in Canada and the United States of America. Before use, this vaccine would be required to pass the same safety and other tests, which were being applied to the British vaccine. Parents who refused Salk vaccine would be given an opportunity to have their children vaccinated at a later date with British vaccine though it was not possible to say when this would be. No priority was to be given to any particular age group apart from those children remaining to be vaccinated from the original registrations. This extended offer of vaccination was made to parents and they were also given the choice to have the vaccination carried out by their own doctor if they so desired. A personal letter was addressed to parents of all children in attendance at school, and these were distributed through the head teachers, who gave their full co-operation. No children for whom consent was given from this most recent offer had been vaccinated at the end of of the year.

The following table shows the number of children born in the years 1947/53 who were vaccinated with two injections during the year:

Years of birth	1947	1948	1949	1950	1951	1952	1953	Total
Number vaccinated	560	519	461	428	349	215	287	2819

## Influenza

The widespread outbreak of influenza of the "Asian" type which affected many parts of the country in the late summer and autumn was first noticed among Oldham school children in early September. One death occurred in a boy aged 5 years who was attending an Oldham school but resident in an adjacent district.

So far as school children were concerned the disease was, on the whole, mild and no serious sequelæ of the illness were brought to notice. The infection spread rapidly and the first reports of excessive absenteeism came from the secondary schools. Very soon, however, all the schools were affected and no particular portion of the town escaped.

The disorganisation of school work was considerable. The total school attendance continued to fall until the 20th September on which day there were 9,386 absentees—almost exactly half of the 18,690 children on roll. Attendances commenced to improve from this date and on the 11th October were nearly 90% on roll.

Teachers were also included among the victims, and up to 15% were absent daily during the height of the outbreak.

## School Exclusion

The following rules for the exclusion from school of cases and contacts of infectious diseases have been approved by the Ancillary Services Sub-Committee.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
Scarlet Fever ...	7 days after discharge from hospital or home isolation but not less than 21 days from the onset of the disease subject to the patient being free from "cold in the head," discharge from nose or ear, sore throat or septic spots.	Children — no exclusion. Persons engaged in the preparation or service of school meals to be excluded until Medical Officer of Health certifies that they may resume work.
Diphtheria .....	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.
Measles .....	10 days from the appearance of the rash if child appears well.	Children attending nursery schools and classes should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes to be immediately excluded. A child who is known with certainty to have had the disease need not be excluded.
German Measles	7 days from the appearance of the rash.	No exclusion.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
Whooping Cough ...	28 days from the beginning of the characteristic cough.	Children attending infant and nursery schools and nursery classes to be excluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded. Where there is proof of contacts having been immunised against whooping cough, exclusion is not necessary.
Mumps .....	7 days from the subsidence of all swelling.	No exclusion.
Chicken Pox ...	14 days from the date of appearance of the rash.	No exclusion.
Smallpox .....	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.
Poliomyelitis ...	6 weeks. Will usually require much longer period for recovery.	21 days.
Encephalitis .....	6 weeks.	21 days.
Meningococcal Infection ...	6 weeks.	21 days.
Typhoid Fever } Dysentery } Food Poisoning }	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.

## B.C.G. Vaccination

Under the Health Committee's proposals for the Prevention of Illness, Care and After-Care, the following arrangements are in operation :—

**Vaccination of Contacts.**—In accordance with Ministry of Health Circular 72/49, arrangements are made for selected contacts of known tuberculosis cases to receive this form of vaccination. The arrangements are under the control and supervision of Dr. H. S. Bagshaw, Chest Physician. During the year, 31 school children (21 males, 10 females) who were found to be Mantoux negative received B.C.G. vaccination. Subsequent Mantoux tests were positive.

**Vaccination of School Children.** — In accordance with Ministry of Health Circular 22/53 the vaccination of older school children has been continued. The parents of children who would reach 13 during the year were offered B.C.G. vaccination. The arrangements are under the control of the Medical Officer of Health and medical officers who have received special instruction in B.C.G. vaccination undertake these duties.

The following figures relate to the work undertaken during the year :—

No. of children offered B.C.G. ....	1535
No. of acceptances .....	1039
Percentage accepting .....	67
No. excluded on medical grounds .....	11
No. completing skin testing .....	991
No. positive .....	171
Percentage positive .....	17
No. negative .....	820
No. receiving vaccination .....	814

## Pulmonary Tuberculosis

During the year 3 school children were notified and accepted as tuberculosis minus (sputum negative or absent).

No death occurred from pulmonary tuberculosis.

### Case 1/57

A boy aged 4 years was admitted to hospital and diagnosed miliary tuberculosis. He was transferred to Abergele Sanatorium and was still resident there at the end of the year, his condition being much improved.

### Case 2/57

A girl aged 4 years attending the Chest Clinic as a contact of a positive case was diagnosed pulmonary tuberculosis and admitted to Wrightington Sanatorium. At the end of the year she was still resident there and making satisfactory progress.

**Case 3/57**

A boy aged 9 years attending the Chest Clinic as a home contact of a positive case was diagnosed pulmonary tuberculosis and admitted to Abergele Sanatorium. At the end of the year he was still resident there and his condition had improved.

**Non-Pulmonary Tuberculosis**

During the year, one case was notified and accepted. This was a girl aged 9 years with lupus of the face.

**DEATHS IN SCHOOL CHILDREN**

During the year, six deaths occurred in Oldham children attending schools maintained by the Education Authority. The following are brief details of these cases:—

**Case 1**—A girl aged 15 years. Death was due to:—

- 1 (a) Bronchial pneumonia.
- (b) Internal hydrocephalus due to cerebral tumour.

This child was admitted to hospital in June, 1955, after an illness of about five weeks duration. She was transferred to a neuro-surgical unit where a diagnosis of cerebral tumour was made and operative treatment was carried out. After a further period at home she died in hospital.

**Case 2**—A boy aged 11 years. Death was due to:—

- 1 (a) Peritonitis.
- (b) Appendicectomy.

This child was admitted to hospital for a routine appendicectomy. He developed peritonitis and died 7 days after the operation. A post-mortem confirmed this.

**Case 3**—A boy aged 13 years. Death was due to:—

- 1 (a) Peripheral circulatory failure.
- (b) Operation for intestinal obstruction due to a congenital band.

This boy was admitted to hospital very ill, with evidence of intestinal obstruction and was operated upon soon after admission. He came round from the anæsthetic but collapsed about 6 hours later and died 1 hour afterwards.

**Case 4**—A boy aged 9 years. Death was due to:—

“Laceration of brain following fracture of skull caused by being accidentally knocked down by a motor lorry.”

Inquest.

**Case 5**—A boy aged 13 years. Death was due to:—

- 1 (a) Pulmonary oedema.
- (b) Acute bronchitis. Myocardial insufficiency.
- 2 Muscular dystrophy.

This boy attended the Scottfield Special School for Physically Handicapped Pupils, but ceased attendance owing to his increasing disability and was provided with home tuition. He received specialist care and treatment for many months.

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

- 1 (a) Acute leukæmia.

This boy was admitted to hospital after 2 weeks' illness. He was seen by a specialist of the Department of Hæmatology, Manchester Royal Infirmary, and for a time improved, but finally relapsed. Post-mortem examination showed there was cerebral leukæmic infiltration.

In addition to the above deaths, the following deaths also occurred:—

A girl aged 6 years. Death was due to:—

- 1 (a) Acute cardiac failure.
- (b) Left basal pneumonia.
- (c) Whooping cough.

This child had an attack of whooping cough complicated by pneumonia. Her condition improved, but she collapsed suddenly and died in a few minutes six weeks after the onset of the disease.

This girl attended a non-maintained school.

A boy aged 7 years. Death was due to:—

“Fracture of the skull and dislocation of the cervical spine caused by being accidentally knocked down by a motor omnibus.”

This boy attended a maintained school in the adjacent County Area.

Inquest.

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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 facilities of the School Health Service are available to the children attending these schools and classes. During the year the medical officers made 27 routine visits.

## HANDICAPPED PUPILS

The early ascertainment of the handicapped pupil is one of the most important functions of the School Health Service, and the provision of special education for these children is the duty of the Education Authority. Efficient and comprehensive provision continues to be made for these children and the facilities available are fully described in subsequent pages of the report.

Some pupils can be ascertained in early infancy, this especially applies when the cause of the defect is congenital or present at birth. The Health Visitors 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 early ascertainment is 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.

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, 2 children were seen and the following recommendations received:—

(a) Favourable position in class .....	1
(b) For special observation .....	1

### Ineducable Children

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



During the year, eleven children (three aged 5, two aged 6, two aged 7, one aged 8, two aged 11 and one aged 14) were reported to the Local Health Authority as "ineducable." The children aged 11 and 14 years were found ineducable after being admitted to Chaucer Special School.

**(a) Blind Pupils:—**

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

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

Liverpool School for the Blind .....	1
St. Vincent's School for the Blind .....	2
Henshaw's Institution for the Blind .....	1

No pupils were ascertained during the year and none admitted to special residential schools.

One boy, resident at Henshaw's Institution for the Blind, reached the age of 16 years, and was transferred to the Yorkshire School for the Blind, York, to continue his education and to be taught the craft of brush making.

**(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 .....	10	5	15
(4 from other areas)			
Number admitted during the year .....	1	—	1
(1 from other areas)			
Number discharged:—			
At age 16 .....	—	1	1
(1 from other areas)			
Transferred to ordinary school ...	1	1	2
(1 from other areas)			
Number on register, 31st December ...	10	3	13
(3 from other areas)			

In July, one boy, aged 6 years, was admitted to the school at the request of the Lancashire County Council.

One girl from the Lancashire County was discharged on reaching 16 years of age, but had not been placed in suitable employment at the end of the year.

Dr. F. Janus, Consultant Ophthalmic Surgeon, at periodic intervals examines the children, and the Head Teacher of the school is also present to discuss any problems that may arise.

All children considered to be suitable for admission are also referred to him with a view to determining whether they would benefit from attendance at the school.

### (c) Deaf Pupils:—

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

These pupils are usually admitted to the Beaver Special School.

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

During the year, a boy aged 4 years was admitted to the school at the request of the Lancashire County Council.

During the year, two girls and one boy were discharged on reaching 16 years of age. One girl was apprentice to a dressmaker, the other girl took up sewing in a garment factory, and the boy commenced work with a funeral furnisher.

### Residential Special Schools

At the beginning of the year, 6 children (3 boys and 3 girls) were maintained by the Authority in the following residential special schools:—

St. John's Residential School, Boston Spa .....	1
Royal Cross School for the Deaf:—	
Junior Department, Kirkham .....	2
Senior Department, Preston .....	1
Royal Residential Schools for the Deaf,	
Manchester .....	2

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

**(d) Partially Deaf Pupils:—**

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

These pupils are admitted to the Beaver Special School.

	Boys	Girls	Total
Number on register, 1st January ..... (4 from other areas)	7	5	12
Number admitted during the year ... (1 from other areas)	—	1	1
Number discharged during the year ... (— from other areas)	—	1	1
Number of register, 31st December ... (5 from other areas)	7	5	12

During the year, a girl aged 10 years was admitted to the school at the request of the Lancashire County Council.

One girl aged 16 years was discharged and commenced work with a local electrical company.

A boy aged 10 years who was admitted to the Needwood Residential School, Burton-upon-Trent, in 1954 continued to attend there throughout the year.

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 the Oldham and District 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 four classes provided for such children, one (Beever County

Junior School) for children between 7 and 9 years, two (Freehold County Junior School) for children between 7 and 11 years, and one (Waterloo Secondary Modern School) for children between 11 and 15 years. In September the class held for children between the ages of 11 and 15 years was discontinued. Each of the special classes provided 20 places and at the end of the year there was accommodation available for 60 children.

During the year Dr. B. A. Murray and Dr. Monica B. Pool attended a course of instruction on the ascertaining of educationally subnormal children and mental defectives. They are not yet approved by the Ministry of Education under Section 11 of the School Health Service and Handicapped Pupils Regulations, 1953.

During the year, 144 examinations in respect of 131 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 .....	11
(b) Requiring statutory supervision on leaving school .....	9
(c) For admission to Chaucer Special School ...	12
(d) For admission to Special Class .....	12
(e) For further supervision .....	73
(f) No further supervision required .....	27

### Residential Special Schools

No children were attending residential special schools at the beginning of the year and there were no admissions 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 .....	59	41	100
(26 from other areas)			
Number admitted during the year ...	9	9	18
(4 from other areas)			
Number discharged during the year ...	13	4	17
(2 from other areas)			
Number on register, 31st December ...	55	46	101
(29 from other areas)			
Children discharged during the year:—			
At age 16 .....	10	1	11
(2 from other areas)			

	Boys	Girls	Total
Ineducable .....	2	3	5
(- from other areas)			
Left the district .....	1	-	1
(- from other areas)			

There were 2 children from other areas (West Riding County Council 1, Lancashire County Council 1) discharged.

All the 11 children discharged at the age of 16 years were notified to the Local Health Authority (Oldham 9, West Riding County Council 1, Lancashire County Council 1).

After leaving school 1 boy was admitted to the Industrial Centre, 8 boys and 1 girl were subsequently found suitable employment, and 1 boy (Lancashire County Council) had not been placed in any suitable employment or occupation.

**(f) Epileptic Pupils:—**

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

No cases were ascertained as requiring admission to special residential schools during the 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 14 years, who had been resident at the Arlesford Place Residential School for maladjusted children since 1952, returned home in October and was placed under the care of the Children Committee. He was still under observation as a maladjusted child at the end of the year.

The following 3 boys were previously recommended for admission to special schools for maladjusted children:—

A boy aged 10 years who was admitted in September to Chaigeley School, Thelwall, near Warrington; a boy aged 8 years who was under the care of the Children Committee and was considerably improved at the end of the year, and a boy aged 12 years who was awaiting admission to Shotton Hall Special School, Harmer Hill, near Shrewsbury, but was sent to St. George's R.C. Approved School, Freshfields, Southport, following his appearance in the Juvenile Court.

A girl, aged 12 years, was ascertained during the year as requiring admission to a special school for maladjusted pupils, and she was placed on the waiting list for admission to St. Peter's School, Horbury.

#### (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 nine children admitted during the year with the following defects:—

Post-poliomyelitis .....	1
Cerebral palsy .....	2
Achondroplasia .....	1
Rheumatic heart disease .....	1
Congenital heart disease .....	3
Hydrocephalus and spina bifida .....	1

	Boys	Girls	Total
Number on register, 1st January .....	13	12	25
(1 from other areas)			
Number admitted during the year ...	5	4	9
(1 from other areas)			
Number discharged during the year ...	3	2	5
(1 from other areas)			
Number on register, 31st December ...	15	14	29
(1 from other areas)			
Children discharged or died:—			
At age 16 .....	1	1	2
Fit to attend ordinary schools ...	—	1	1
Died .....	2	—	2

One girl, who left school on reaching the age of 16 years, was found employment as a machinist in a local factory. One boy, who left school on reaching the age of 16 years, had not been found suitable employment at the end of the year. He suffered from hæmophilia and was severely handicapped.

A boy aged 5 years who was suffering from a congenital heart defect and was admitted to Scottfield Special School in January, died in July. He was resident in the Lancashire County area, and last attended the school 5 weeks prior to his death. A boy aged 13 years who had been attending Scottfield Special School and suffered from muscular dystrophy, died in December.

### Residential Special Schools

Two children suffering from cerebral palsy were in special schools throughout the year. A boy aged 13 years with spastic diplegia who was admitted to Singleton Hall Special School, Poulton-le-Fylde, in 1955, and a girl aged 11 years with spastic quadraplegia who was admitted to Holly Bank Special School, Huddersfield, in 1954.

### Home Tuition

Two boys, aged 13 years and 8 years, were receiving home tuition at the beginning of the year and tuition was continued throughout the year.

A boy, aged 14 years, who had both legs amputated following an accident, received home tuition for a period of five weeks prior to his return to an ordinary school. A boy, aged 13 years, who suffered from muscular dystrophy, commenced home tuition, but died in December. A girl, aged 11 years, with paralysis following poliomyelitis, commenced home tuition during the year.

At the end of the year two boys (aged 14 and 9 years) and one girl (aged 12 years), were receiving home tuition.

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

*“ Pupils who on account of defect or lack of speech not due to deafness require special educational treatment.”*

Speech therapy is available on a sessional basis at the Gower Street Centre under the direction of the Speech Therapist, Miss J. E. 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.

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 J. E. Woodhead for the following report:—

I should again like to express my appreciation to the head teachers and teachers who have given the children attending for treatment their sympathy and support. Their willing co-operation has helped some of the cases to be brought to a successful conclusion.

The printing of the small booklets entitled, “ Advice to Parents whose child stammers,” has been a successful development. Parents appreciate some concrete help to which they can refer following the initial interview.

The following figures were submitted:—

**Group Therapy for Stammerers**

Number on register, 1st January .....	31
(- from other areas)	
Number admitted during the year .....	16
(1 from other areas)	
Number discharged during the year .....	21
(- from other areas)	
Number on register, 31st December .....	26
(1 from other areas)	

The following is the classification, according to improvement, of the 21 children discharged:—

Satisfactory speech .....	11
Improved .....	3
Unsatisfactory attendance .....	1
Withdrawn by parents .....	2
Left the district .....	3
Treatment deferred .....	1

The following details relate to the number of children on the waiting list for treatment:—

At 1st January .....	31
Removed whilst on waiting list .....	7
At 31st December .....	27

**Other Speech Defects**

No. on register, 1st January .....	22
(- from other areas)	
Number admitted during the year .....	55
(1 from other areas)	
Number discharged during the year .....	59
(- from other areas)	
Number on register, 31st December .....	18
(1 from other areas)	

The following is the classification, according to improvement, of the 59 children discharged:—

Satisfactory speech .....	41
Much improved .....	4
No improvement .....	1
Dual defect — satisfactory articulation — transferred for treatment for stammer .....	3
Cleft palate cases—improved .....	2
Unsatisfactory attendance .....	2
Treatment deferred .....	5
Withdrawn by parents .....	1



The following details relate to the number of children on the waiting list for treatment:—

At 1st January .....	55
Removed whilst on waiting list .....	11
At 31st December .....	57

#### Pre-School Children

On register, 1st January .....	13
Referred during the year .....	2
Transferred to school children waiting list .....	7
Left the district .....	1
On register, 31st December .....	7

#### (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 ...	0	3	3
Sub-normal nutrition and debility	2	2	4
Bronchitis and asthma .....	9	17	26
	—	—	—
Totals	11	22	33
	—	—	—

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.

### 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 the Oldham and District 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.

In September the whole-time teacher resigned on reaching retiring age, and the post was still unfilled at the end of the year.

## HOLIDAY CAMPS FOR DIABETIC CHILDREN

The Authority again agreed to provide diabetic children with two weeks' holiday at a holiday camp sponsored by the Diabetic Association.

Arrangements were made for one girl, aged 14 years, to attend one of these camps for a two weeks' holiday, but unfortunately she was admitted to hospital and unable to attend.

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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 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, 259 children enjoyed a stay at the camp school. The cost to the parents is 15s. 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 organisation 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, 11 Oldham boys were examined by the assistant medical officers and 10 were passed as fit to attend the centre.

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

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 the responsibility of the Principal School Medical Officer and he is assisted by the medical officers of the Department in these examinations.

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

During the year, 50 candidates (18 males, 32 females) were examined and a medical report completed and forwarded with form 4 RTC 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.

### **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 28RQ together with a medical report to the Ministry of Education and an X-ray examination is compulsory.

During the year, 31 medical reports (11 males, 20 females) were completed.

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

- (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 take advantage of the facilities provided by the Mass Miniature Radiography Service for periodic examination.
- (iii) All staff employed in the School Health Service are X-rayed on appointment and at regular intervals are referred to the Medical Director of the Unit for X-ray examination.

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### MEDICAL RESEARCH COUNCIL

This large scale clinical trial referred to in previous reports has continued throughout the year. Oldham is one of the authorities participating in the trial, the volunteers being young adults who left secondary modern schools during the 18th months September, 1951, to March, 1953.

During the year, the Unit visited the Borough in February and August to make follow-up examinations of the young adults already admitted to the scheme and 560 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 p.m.

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

I am indebted to Dr. G. S. Hunter, Physician-in-Charge of the Unit, for the following report:—

“The Tuberculosis Vaccines Clinical Trial in which Oldham Local Health Authority are co-operating with the Medical Research Council continued throughout 1957. The young people in Oldham who are taking part joined the scheme while they were still at school during 1951 and 1952; they are now 19 to 21 years old. One thousand volunteers originally joined the scheme, and, of these, well over 700 still live in Oldham. Some of the rest have left the area, but the majority of the absentees are on National Service with the Armed Forces.

Each of the participants in the trial still living in Oldham was visited during the year by a Health Visitor and each was invited to attend the Medical Research Council's mobile mass radiography unit. This unit visited the Community Centre, Clegg Street, in February and again in August. In February the attendance was less than in previous years. Special efforts were made by the Medical Officer

of Health and his staff to increase the attendance in August. The Health Visitors made an extra visit to the defaulters; employers were approached by the Medical Officer of Health and gave valuable help; and a car service was arranged for some of the defaulters by Health Visitors, the Women's Voluntary Service, and the Medical Research Council staff.

As a result of these efforts very nearly 60% of our volunteers attended during the year; three-quarters of these came in August, when the total attendance exceeded 300.

There was been close collaboration in this investigation between the Medical Officer of Health and his staff and the Medical Research Council. It is a great pleasure to acknowledge the energetic help given by the Oldham Authorities in this national research project.

As regards the trial itself, no fresh progress report was issued in 1957. The report of 1956 showed that the protection from the vaccines against tuberculosis lasted for at least four years after the vaccination was given. How much longer this protection will last cannot be decided until this trial has continued for a few more years.

Although B.C.G. can make a substantial contribution to the control and prevention of tuberculosis, other methods are also of paramount importance. The provision of B.C.G. vaccination for the school-leaving population does not mean that efforts in other directions aimed at the prevention of tuberculosis can be relaxed."

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## PROVISION OF MEALS

I am indebted to Miss F. Jolley, School Meals Organiser, for the following report:—

In January, St. Hugh's Church of England Primary School Kitchen was put into operation for the cooking and service of meals to the Infant School children. The kitchen is designed to cater for both the Infant and Junior Departments.

The St. Stephen's Church of England School dining centre at Lowermoor Liberal Club was closed in March and the children were accommodated in a room at Gower Street Centre. The room has been redecorated and fitted with a washup and sterilizing sink unit.

New formica topped tables with tubular frames with matching chairs have replaced the old type of furniture at Werneth Junior and Infant School, Scottfield Physically Handicapped School and Waterloo Secondary Modern and Infant School dining centres. The bright contrasting colours are very attractive and the formica surface tops of the tables are more hygienic.

This year the following adaptations have been carried out in the Authority's kitchens. The floor of Derker Nursery Kitchen has been retiled and a new stainless steel sink unit with formica topped cupboard units has been installed. Canopies for extracting steam from cooking equipment and sterilizing sink units have been erected in St. Anne's and St. Mary's Kitchens and Hollinwood and Hollins Secondary Modern School's sculleries. The cooking equipment in use at Derker Kitchen has been replaced and an additional washup unit has been fitted. Canopies are to be erected over the cooking equipment and the sterilizing sinks to extract the steam. Provision has been made inside all kitchens for the washing of hands at a separate hand wash-bowl.

A choice of menu, either for the first or second course and at some kitchen dining centres a choice for both courses has been provided and is proving very successful with the senior children, where the meals are cooked and served on the premises. Experiments are being carried out at other schools with a choice of menus where container meals are served.

There are now sixteen kitchens providing meals for school children. Three nursery schools and three nursery classes also have meals cooked and served on the premises. The average number of children having school dinners per day at the end of the year was:—

On payment .....	6790
Free .....	523
	—————
	7313
	—————

## Milk in Schools

The provision of free milk to all children in schools maintained by the Authority and non-maintained schools has been continued.

The average number of individual children provided with milk was 15,789 and during the year 2,966,710 one-third pints of milk were consumed.

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## PHYSICAL EDUCATION

### Report of the Chief Organiser of Physical Education

(Mr. W. C. S. Morgan)

#### 1. Staff

The normal staffing establishment included the Chief Organiser, the Woman Organiser of Physical Education (Mrs. M. Henshall), two full-time and two part-time pianists, and four full-time and one part-time teachers of swimming. One vacancy for a full-time teacher of swimming remained unfilled.

## 2. Physical Activities

Facilities for indoor physical activities in both secondary and primary schools remained fairly adequate. Secondary schools in all cases had equipped gymnasia. With two exceptions, namely Derker and Robin Hill, showering facilities were also available. In the majority of primary schools, both infant and junior, portable climbing agility apparatus was available.

In some cases fully qualified specialist teachers were not always available for schools where their services were desirable.

The supply of plimsolls, small apparatus and games materials was maintained at the same satisfactory level as has been possible in recent years.

Courses were held for teachers in "Movement" and in "English Country Dancing." Demonstrations were given for teachers in infant schools and for women specialist teachers in secondary schools.

## 3. Games and Athletics

The new and improved school playing fields which became available during the latter part of the previous year were again available only for restricted use. In order to maintain the grass surfaces in satisfactory condition it appeared that such use should continue to be limited. The Parks Department also continued to co-operate by making their grounds available to the schools as required.

## 4. Swimming Instruction

The Authority's regulations and arrangements for swimming instruction were continued in operation. Instruction was given by specialist teachers of swimming and in some cases by members of schools' staffs. It was unfortunate that a teaching vacancy could not be filled. This resulted in a reduction in amount of time given to the instruction of boys. Arrangements could only be made for them to attend the baths every other week instead of weekly as formerly.

**MEDICAL INSPECTION RETURNS**

Year ended 31st December, 1957

**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 Pupils examined in each:—

Entrants .....	1721
11 year olds .....	1927
Leavers .....	1142
Total .....	4790
Number of additional Periodic Inspections .....	—
Grand Total .....	4790

**B—Other Inspections**

Number of Special Inspections .....	2472
Number of Re-inspections .....	4094
Total .....	6566

**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 III (3)	Total individual pupils (4)
Entrants .....	3	108	94
11 year olds .....	81	102	164
Leavers .....	31	24	53
Total .....	115	234	311
Additional Periodic Inspections .....	—	—	—
Grand Total .....	115	234	311



**D—Classification of the Physical Condition of Pupils Inspected in the Age Groups Recorded in Table 1A.**

Age Groups Inspected (1)	Number of Pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)
Entrants	1721	1711	99.42	10	.58
11 year olds	1927	1918	99.53	9	.47
Leavers	1142	1141	99.91	1	.09
Additional Periodic Inspections	—	—	—	—	—
Total	4790	4770	99.58	20	.42

**Table II**

**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 .....                 | 48,992 |
| 2. Total number of individual pupils found to be infested ...   | 1,027  |
| 3. Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) | 5      |
| 4. Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)  | 1      |

Table III

### Return of Defects found by Medical Inspection in the Year Ended 31st December, 1957.

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

#### A—Periodic Inspections

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requiring Treatment	Requiring Observation
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin .....	1	44	3	29	11	137
5	Eyes—						
	(a) Vision ...	3	14	31	211	115	414
	(b) Squint ..	24	46	1	14	28	80
	(c) Other ....	1	8	—	14	2	33
6	Ears—						
	(a) Hearing .	6	20	2	29	19	85
	(b) Otitis Media ...	1	32	2	13	11	59
	(c) Other ....	1	6	1	4	4	18
7	Nose and Throat ...	18	119	1	13	39	219
8	Speech .....	5	48	2	3	13	67
9	Lymphatic Glands ...	10	30	—	3	17	45
10	Heart .....	1	13	—	9	1	34
11	Lungs .....	—	54	1	14	2	98
12	Develop- mental—						
	(a) Hernia ..	3	8	1	2	6	18
	(b) Other ...	1	20	2	12	5	61
13	Orthopædic—						
	(a) Posture .	—	3	—	4	3	14
	(b) Feet .....	15	8	4	12	31	32
	(c) Other ....	20	28	1	21	35	88
14	Nervous System—						
	(a) Epilepsy .	—	2	—	4	—	11
	(b) Other ...	—	—	—	1	—	5
15	Psychological—						
	(a) Develop- ment ...	—	20	—	3	2	30
	(b) Stability.	—	3	—	3	—	13
16	Abdomen .....	1	4	1	5	3	55
17	Other .....	—	36	2	8	2	102

## B—Special Inspections

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

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin .....	701	15
5	Eyes—		
	(a) Vision .....	91	16
	(b) Squint .....	7	1
	(c) Other .....	70	5
6	Ears—		
	(a) Hearing .....	9	2
	(b) Otitis Media ..	23	5
	(c) Other .....	34	4
7	Nose and Throat ...	9	3
8	Speech .....	5	3
9	Lymphatic Glands ...	—	—
10	Heart .....	—	1
11	Lungs .....	—	3
12	Developmental—		
	(a) Hernia .....	—	—
	(b) Other .....	—	—
13	Orthopædic—		
	(a) Posture .....	—	—
	(b) Feet .....	2	1
	(c) Other .....	12	1
14	Nervous System—		
	(a) Epilepsy .....	—	—
	(b) Other .....	—	—
15	Psychological—		
	(a) Development ..	—	—
	(b) Stability .....	—	1
16	Abdomen .....	2	—
17	Other .....	291	37

**Table IV****Treatment of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools)**

NOTES.—In Groups 1, 2 and 3 treatment 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), or provided otherwise than by the Authority (i.e., known by the Authority to have been provided, including treatment carried out in school clinics by the Regional Hospital Board).

**Group 1—Eye Diseases, Defective Vision and Squint**

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint .....	66	—
Errors of refraction (including squint) .....	1695	906
Total .....	1761	906
Number of pupils for whom spectacles were prescribed .....	1467	767

**Group 2—Diseases and Defects of Ear, Nose and Throat**

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear .....	—	15
(b) for adenoids and chronic tonsillitis ...	—	468
(c) for other nose and throat conditions ...	—	20
Received other forms of treatment .....	62	19
Total .....	62	522
Total number of pupils in schools who are known to have been provided with hearing aids		
*(a) in 1956 .....	—	—
(b) in previous years .....	27	—

\*NOTE.—A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

**Group 3—Orthopaedic and Postural Defects**

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments ...	—	641

**Group 4—Diseases of the Skin (excluding uncleanness for which see  
Table II)**

	Number of cases treated or under treatment during the year by the Authority
Ringworm— (i) Scalp .....	—
(ii) Body .....	7
Scabies .....	16
Impetigo .....	42
Other skin diseases .....	227
<b>Total .....</b>	<b>292</b>

**Group 5—Child Guidance Treatment**

	Number of cases treated or under treatment during the year by the Authority
Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority .....	15

**Group 6—Speech Therapy**

	Number of cases treated or under treatment during the year by the Authority
Number of pupils treated by Speech Therapists under arrangements made by the Authority .....	124

**Group 7—Other Treatment Given**

	Number of cases treated or under treatment during the year by the Authority
(a) Number of cases of miscellaneous minor ailments treated by the Authority .....	136
(b) Pupils who received convalescent treat- ment under School Health Service arrangements .....	5
(c) Pupils who received B.C.G. vaccination ...	814
(d) Other than (a), (b) and (c) above (specify)	
1—Boils and other septic conditions .....	128
2—Cuts, bruises and abrasions .....	279
3—Other minor accidents .....	222
<b>Total (a)—(d) .....</b>	<b>1584</b>

**Table V****Dental Inspection and Treatment**

1.	Number of pupils inspected by the Authority's Dental Officers :—		
	(a) At Periodic Inspections .....		6587
	(b) As Specials .....		4221
	(c) Total (Periodic and Specials) .....		<u>10808</u>
2.	Number found to require treatment .....		8744
3.	Number offered treatment .....		7948
4.	Number actually treated .....		5309
5.	Attendances made by pupils for treatment .....		11329
6.	Half-days devoted to:—		
	(a) Periodic Inspection .....		45½
	(b) Treatment .....		1049½
	Total (a) and (b) .....		<u>1095</u>
7.	Fillings :—		
	Permanent Teeth .....		3807
	Temporary Teeth .....		283
	Total .....		<u>4090</u>
8.	Number of teeth filled :—		
	Permanent Teeth .....		3411
	Temporary Teeth .....		265
	Total .....		<u>3676</u>
9.	Extractions :—		
	Permanent Teeth .....		3114
	Temporary Teeth .....		6592
	Total .....		<u>9706</u>
10.	Administrations of general anæsthetics for extraction .....		1464
11.	Orthodontics:—		
	(a) Cases commenced during the year .....		59
	(b) Cases carried forward from previous year .....		46
	(c) Cases completed during the year .....		40
	(d) Cases discontinued during the year .....		4
	(e) Pupils treated with appliances .....		116
	(f) Removable appliances fitted .....		122
	(g) Fixed appliances fitted .....		6
	(h) Total attendances .....		924
12.	Number of pupils supplied with artificial dentures .....		65
13.	Other operations:—		
	Permanent Teeth .....		2790
	Temporary Teeth .....		228
	Total .....		<u>3018</u>

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

Under the Education Act, 1944 :—	Male	Female	Total
(a) Section 57 (3) .....	6	5	11
(b) Section 57 (4) .....	—	—	—
(c) Section 57 (5):—			
On leaving special schools .....	8	1	9
On leaving ordinary schools .....	—	—	—
	<u>14</u>	<u>6</u>	<u>20</u>

**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 Boarding Homes ... ..	—	—	—	—	33	9	14	2	—	58
B. Handicapped Pupils newly assessed as needing educational treatment at Special Schools or in Boarding Homes .....	—	—	—	—	40	8	12	1	—	61
On or about 31st Jan., 1957										
C. Number of Handicapped Pupils from the area:—										
(i) on the registers of Special Schools as										
(a) Day Pupils ... ..	—	10	4	7	67	30	72	—	—	190
(b) Boarding Pupils ..	4	—	6	1	29	2	—	2	—	44
(ii) Boarded in Homes ...	—	—	—	—	—	—	—	—	—	—
(iii) attending independent schools under arrangements made by the Authority	—	—	—	—	—	—	—	—	—	—
Total (C) ...	4	10	10	8	96	32	72	2	—	234
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 convalescent homes)	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	—	4	—	—	—	4
E. Number of Handicapped Pupils from the area requiring places in Special Schools (including any such children who had not reached the age of 5 years and any such children who had reached the age of 5 years but whose parents had refused consent for their admission to a special school):—										
(i) Day	—	—	—	—	2	—	1	—	—	3
(ii) Boarding	—	—	—	—	—	—	—	1	—	1
F. Were on the registers of hospital special schools .....										7

In accordance with Ministry of Education form 21M this table only relates to Handicapped Pupils residing within the County Borough