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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.

1959

COUNTY BOROUGH OF OLDHAM



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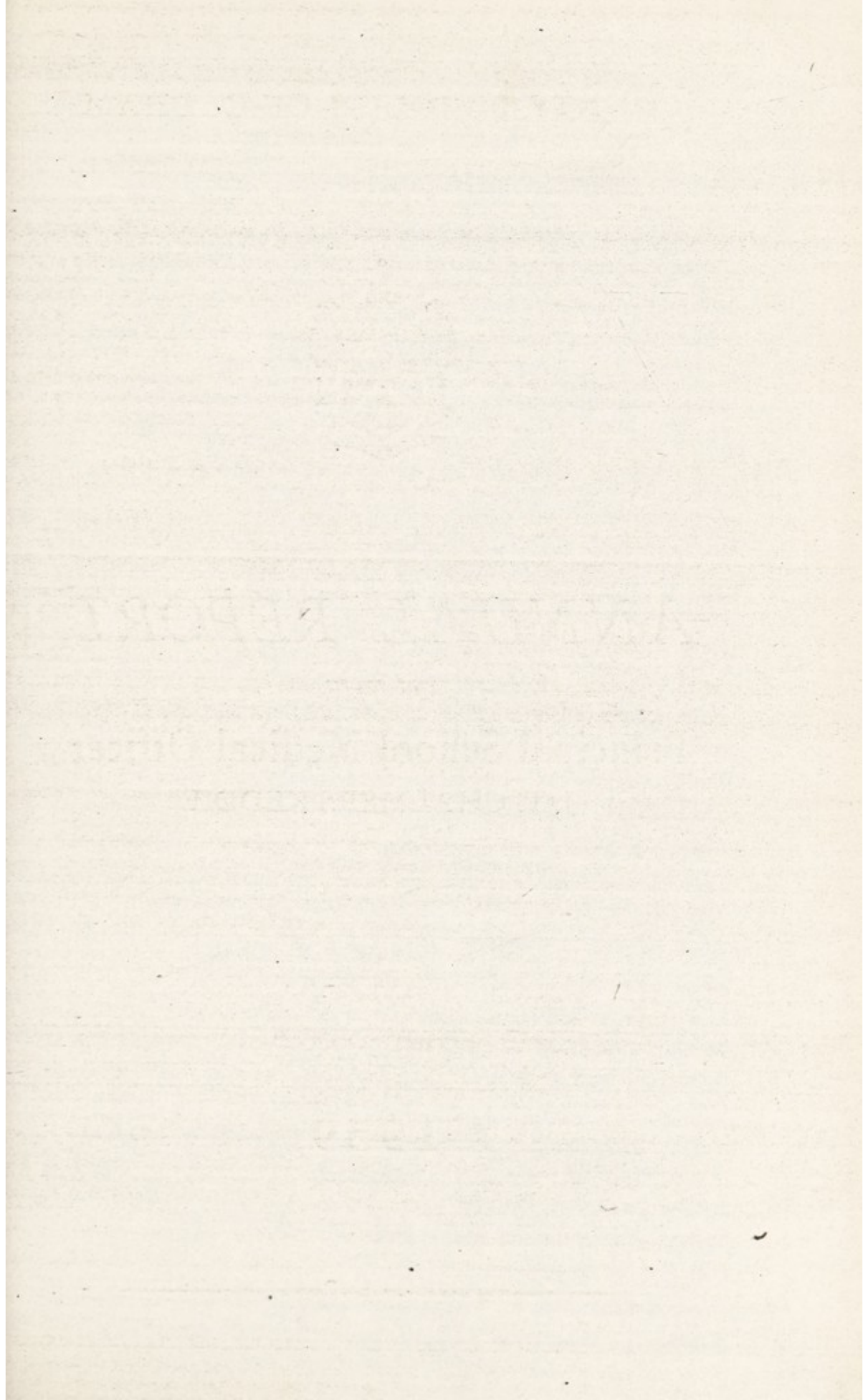


TABLE OF CONTENTS

	page
Members of the Committee	4
Introduction	5
Staff	8 & 11
Clinics	10
School Hygiene, Accommodation and Attendance	12
Medical Inspection	13
Audiometry	14
Colour Vision	14
Uncleanliness Examinations	15
Employment of School Children	16
Hospital and Specialist Services	17
Arrangements for Treatment	18
Hospital Schools	21
Convalescence	22
School Dental Service	22
Child Guidance	26
Infectious Diseases	28
Poliomyelitis Vaccination	29
School Exclusion	30
B.C.G. Vaccination	32
Tuberculosis	32
Deaths in School Children	35
Nursery Schools and Classes	36
Handicapped Pupils	36
Hospital Teaching	46
Castleshaw Camp School	46
Attendance Centre—Medical Examinations	47
Medical Examination of Teachers and Entrants to Courses of Training	47
Medical Research Council	48
Examination of School Meals Staff	49
Provision of Meals	49
Physical Education	50
Ministry of Education Medical Inspection Returns	52

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(1959/60)

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SCHOOL HEALTH DEPARTMENT,

TOWN HALL,

OLDHAM,

December, 1960.

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 1959.

It is regretted that the publication of this report is much delayed. This is entirely due to difficulties in staffing, particularly to changes in the clerical staff. Early in the year the Senior Clerk in charge of the School Health Service obtained his Public Health Inspector's Certificate and was promoted. Other clerical staff in the School Health Service were also promoted. These changes and difficulties in medical staffing are the causes of delay in the appearance of this report.

Once again there were changes in the medical staff. Dr. H. Bailey left in February having been appointed Deputy Medical Officer of Health and Principal School Medical Officer to the County Borough of Stoke and Dr. Monica Pool left in July. Dr. G. C. Inerfield joined the staff in February thus filling a vacancy which had existed for seven months. In March, Dr. H. C. Jennings succeeded Dr. H. Bailey and Dr. D. R. Edmiston joined us in June. For the latter half of the year numerically the medical staff was stronger than it had been for some years though as Dr. B. Gilbert was taking the D.P.H. at Manchester University his service was only equivalent to that of a part-time officer. It is fortunate that we have a Senior Medical Officer, Dr. J. Starkie, as otherwise the more senior medical responsibilities of the service could not be performed. In recent years the service has sadly lacked officers with experience and maturity and it is to be regretted that there is every likelihood of this state of affairs continuing.

Whereas one views the medical staffing with concern the staffing of the School Dental Service can only be described as deplorable. Only the minimal service is being maintained and the Senior Dental Officer has no easy task. He is constantly on the look-out for new recruits to the service and his personal efforts have secured from time to time some short term temporary help. Here again the immediate future shows no hope of any material change and the increase in dental caries among school children increases our problems. It remains to be seen whether the end of National Service will ease our problem in this field. It is admitted and agreed that dental health education has a part to play in preventive dentistry, but it is quite impossible for a campaign even on the very modest scale to be organised and maintained when less than two full-time dental officers have to care for the urgent dental needs of a school population of over 18,000 children and in addition provide a skeleton service for the expectant mothers and pre-school children.

In this dull picture one bright feature must be mentioned. The days of the dental clinic at Cannon Street are numbered and new premises are on the way. The old premises are required for the activities of the Youth Organiser whose department is expanding. It was not possible for a suitable building to be found which could be adapted and equipped so it is the intention to erect a new building of non-traditional type on land adjacent to the present clinic.

Infectious diseases again caused no real concern. Measles was prevalent during the first six months of the year, the majority of cases occurring in Infant Departments. There were 36 cases of whooping cough notified and of these 5 had received protective injections against whooping cough. These cases should not occur and can be prevented if parents will only go to the trouble of having their children protected against diphtheria, whooping cough and tetanus. The Health Visitors do yeoman service in urging immunisation to the mothers they meet in the centres and at home. Unfortunately some mothers and fathers cannot be persuaded, and others are too indolent to bring their children to our clinics or to consult their own doctor. It is indeed gratifying to report that no case of poliomyelitis occurred and that vaccination against this disease has been pursued with vigour and with success.

There were 4 cases of pulmonary tuberculosis notified and accepted and all made satisfactory progress, three returning to school before the end of the year. Only 2 cases of non-pulmonary tuberculosis were brought to notice, both being cases of tuberculous meningitis. It is with regret that I have to record that one of these children died—a girl of twelve years. In spite of full inquiry and investigation the source of infection was not ascertained and fortunately no further case of tuberculosis occurred among the close contacts. This case is fully reported.

I would refer you to the details of medical inspection and treatment contained in the body of the Report. Orthopaedic defects, and nose and throat defects show the greatest incidence, 34.75 and 31.13 respectively among every thousand children examined. These figures may give a wrong impression of the health of our school children as they include a fairly large number of minor defects requiring observation or very simple treatment. It can be said without any degree of doubt that our children today are indeed hale and hearty and this especially applies to the girls. For formal proof only two children were classed as "unsatisfactory" on examination. Tests for colour vision using the Ishihara Charts were continued and again a number of boys (36) were found to have a colour vision defect but the girls appear markedly less prone to this particular defect—only 1 being found with a defect.

The school nurses continued their 'uncleanliness inspections' but the percentage of children found to be infested in some degree remains constant, varying round a figure of 6 per cent. This is disappointing but it is gratifying that gross infestation is now comparatively rare. It is difficult to reduce this 'hard core' but persistent pressure is maintained on the 'chronic' offenders.

There has been no change in the facilities for treatment and close co-operation has been maintained with the staff of the local hospitals. At the end of the year 57 children were on the waiting list for tonsil and adenoids operation. This may seem a formidable number, but many of these children can be kept waiting for some months without any material harm. Scabies sprang into sudden prominence—55 school children requiring treatment—the highest number for some years. It is gratifying to report that the Orthoptic Clinic functioned efficiently throughout the year, but the Speech Clinic was closed from the end of July following the resignation of Miss Woodhead.

The deaths occurring among school children have again been recorded and for the year total, 8. Of these deaths, 4 were due to accidents, 2 being caused by road accidents and 2 being associated with childish play and adventure. Of the remaining deaths, 1 was due to an acute abdominal emergency, 1, which has already been discussed, due to tuberculous meningitis and in the other 2 cases death occurred shortly after admission to hospital the illness being of very brief duration.

The present School Health Service owes its inception to the Education (Administrative Provision) Act, 1907. Under this Act in 1908 the then Medical Officer of Health (Dr. James B. Wilkinson, M.D., C.M., D.P.H., F.C.S.) was appointed Superintendent Medical Officer to the Education Committee. An Assistant School Medical Officer was appointed at a salary of £200 rising by annual increments of £20 to a maximum of £260 and a School Nurse was appointed at a salary of £75 rising by increments of £5 to a maximum of £100. In the same year as the Act (1907) a Memorandum on Medical Inspection (Circular 576) was issued. This laid down not less than three medical examinations during the school life of a child:—

1. At or soon after admission to school.
2. At or about the 3rd year of school life (about age 7 years).
3. At or about the 6th year of school life (about age 10 years) or before the departure of the child into working life.

There was an urgent need for these examinations and the routine work and development of the School Health Service has played no small share in the marked physical improvement of the young generation. New problems now face the Service. The early ascertainment and subsequent care and supervision of the handicapped child is an increasing responsibility and in this field our service is well to the fore. The behaviour problems and habits of some of our young adolescents demand careful enquiry and investigation but this can and should only be undertaken by skilled and experienced officers. To remain static is to regress, and we must in due course review the Service and make changes to meet the needs of the new and rapidly changing generation.

During the year two faithful and loyal officers left the service of the Authority on their retirement. Dr. Neil MacInnes had served the Committee for many years as Ophthalmic Surgeon but in recent years his duties had been confined to the Refraction Clinic. He was well known to many parents and in some cases must have treated not only the children, but in their youth the parents themselves. Miss J. E. Woodhead, the Speech Therapist, retired at the end of July. Miss Woodhead was one of the pioneers in this field and was appointed to these duties in 1933. This is yet another instance of the vision of the Committee in embarking upon a new method of treatment in its very early days. The Committee was fortunate to secure such a highly competent and enthusiastic officer who was devoted to her duties and never spared herself for the children under her care. I also wish to record the very willing and helpful co-operation which she always gave to myself and my staff.

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

I am also grateful to the Chairman and Members of the Ancillary Services Sub-Committee for their continued support and wish to place on record how very much I appreciate their help and enthusiasm. Finally, my thanks are again due to the Director of Education and his staff and to the teachers for the help and co-operation which they so willingly afford to myself and my staff.

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

H. Bailey, M.B., Ch.B., D.P.H. (to 28-2-59)

Monica B. Pool, M.B., Ch.B., D.C.H. (to 19-7-59)

Basil Gilbert, M.R.C.S., L.R.C.P.

G. C. Inerfield, L.R.C.P., L.R.C.S. L.M. (from 23-2-59)

H. C. Jennings, M.B., Ch.B., (from 16-3-59)

D. R. Edmiston, M.B. Ch.B., D.P.H. (from 15-6-59)

Principal School Dental Officer

J. Fenton, L.D.S.

Dental Officers

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

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

Consultants

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

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

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

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

Ophthalmic Surgeons

N. MacInnes, M.A., M.B., Ch.B. (to 27-1-59)

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

Child Guidance Clinic

Consultant Psychiatrist

Dr. Arthur Pool, M.B., Ch.B., M.R.C.P., D.P.M.

Educational Psychologist

J. Ryan, M.A.

Orthoptist

Mrs. H. Heald (née Wetton) 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★ Miss T. Dolan (to 31-3-59) | *O★ Mrs. O. M. Knott |
| ※ Mrs. I. Hartley (died 30-9-59) | ※ Mrs. M. McKenna |
| ※ Mrs. C. Reeves | ※ Miss S. E. Nixon |
| *O★ Mrs. D. Spencer (from 6-4-59) | ※ Mrs. A. M. Walshe |
| ※ Mrs. C. Smith | ※ Mrs. N. Carey |
| ※ Miss M. Hall | X Mrs. B. Buckley |
| Mrs. B. Stott | *O● Mrs. H. Eglin |
| ※ Mrs. S. Clayton | X Miss I. Fisher |
| ※ Mrs. M. A. Sencicle | ※ Mrs. W. Frost (from 1-10-59) |
| (from 1-7-59) | ※ Miss J. Hitchen (from 1-7-59) |
| ※ Miss M. Slater (from 1-7-59) | |

Nursing Auxiliary

Mrs. E. Doolan

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

SCHOOL CLINICS

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)
	"	2 p.m.	
	Wednesday	2 p.m.	
	Thursday	4 p.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

Honeywell Lane —By appointment only.

ANNUAL REPORT

STAFF

In February Dr. G. C. Inerfield succeeded Dr. B. A. Murray who resigned in June of the previous year. Dr. H. Bailey left the service in February having been appointed Deputy Medical Officer of Health and Deputy Principal School Medical Officer, Stoke-on-Trent, and was succeeded by Dr. H. C. Jennings. In July Dr. Monica B. Pool left the service and was succeeded by Dr. D. R. Edmiston.

The staffing of the Dental Service continued to be unsatisfactory, although we were fortunate to obtain the services of Dental Officers for limited part-time sessions.

Dr. Arthur Pool continued to assist as Consultant Psychiatrist at the Child Guidance Clinic, and Mr. J. Ryan, Psychologist devoted two sessions per week to this service. Unfortunately the post of full-time Educational Psychologist was still unfilled at the end of the year.

Mrs. H. Heald (née Wetton) Orthoptist, who was employed in a full-time capacity, changed over to part-time sessions, and at the end of the year was devoting eight sessions per week to this service.

Miss J. E. Woodhead, Speech Therapist, resigned at the end of July, and this post was vacant for the remainder of the year.

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.

SCHOOL HYGIENE, ACCOMMODATION AND ATTENDANCE

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

- (1) The following new school was completed and occupied during the year:—

Alt County Primary School.

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

(a) Breezehill County Secondary School.

(b) Holy Rosary Junior and Infant School, Fitton Hill Estate.

- (3) The following new dining room and kitchen was under construction but not ready for occupation at the end of the year:—

Hathershaw County Primary School.

- (4) The following new dining room and kitchen was completed during the year:—

Freehold County Primary School.

- (5) The only new school in the building programme approved for Oldham by the Ministry of Education for 1960/61 is the No. 2 Fitton Hill County Primary School.

- (6) The following additions and adaptations were under construction but not ready for occupation at the end of the year:—

(a) Castleshaw Camp School.

(b) Greenhill Grammar School—new lavatory block

(c) New dental clinic—Cannon Street.

School Accommodation.—The number of children on the register in December, 1959, was 18,666, a decrease of 116 compared with the previous year. The distribution is as follows:—

	Senior	Junior	Infant	Total
County Schools	4,088	4,506	3,201	11,795
Voluntary Schools	1,321	2,068	1,541	4,930
	—	—	—	—
Totals	5,409	6,574	4,742	16,725
	—	—	—	—
Counthill G. S.	674			
Greenhill G. S.	487			
Hathershaw Technical High School	480			
Junior School of Art	48			

Special Schools:—	Sen. & Junr.
Beever Special School—	
Deaf and Partially Deaf,	25
Scottfield Special School—	
Physically Handicapped	24
Chaucer Special School—	
Educationally Subnormal	107
Waterhead Special School—	
Partially Sighted	13
Strinesdale Open Air School—	
Resident	30
Non-resident	53

MEDICAL INSPECTION

Periodic Medical Inspection

The periodic medical inspection of three age groups has been continued and 4,214 children were examined at these inspections.

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

Entrants	1,217
11 year old	1,576
Leavers	1,421
	4,214

In addition, 476 children in nursery schools and classes were examined.

Of the 1,217 entrants examined, 429 (35.25 per cent.) were found to have been vaccinated against smallpox. This compares with 31.57 per cent. for the previous year.

The following figures show the incidence of certain defects in the 4,690 children who were examined:—

Defect or Disease	No. of children requiring treatment or observation for the Defect	Incidence of the defect per 1,000 children examined
Otitis Media	85	18.1
Nose or Throat	146	31.13
Speech	63	13.43
Cervical Glands	21	4.47
Heart and Circulation	40	9.53
Lungs	38	8.1
Hernia	13	2.77
Epilepsy	7	1.07
Orthopædic	173	34.75

Further details of defects found, etc., are given in Part II 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 4,690 children examined 2 were classified as unsatisfactory, which is 0.05 per cent, of those examined.

Special Inspection

The medical officers made 2,221 special inspections and 2,305 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 1,397 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	1,397
No. referred for investigation	26

Summary of children referred:—

Found on re-test to have normal hearing	12
For re-test or further observation	4
Attending Dept. of Education of the Deaf, Manchester University	1
Already attending Aural Clinic	4
Referred to Aural Clinic	5

The 5 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 tonsils and adenoids	2
Deafness	2
Cerumen	1

Colour Vision

Tests for colour vision using the Ishihara Charts were commenced in April 1956. 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, 1,576 children in the 11 years age group were tested and 11 defects (11 boys) were recorded. There were 1,421 leavers tested and 37 defects (36 boys, 1 girl) 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	279
General condition of leavers examined:—	
Satisfactory	279
Unsatisfactory	—
Defect or Disease Requiring Treatment:—	
Eyes:	
Vision	2
Orthopædic:	
Feet	2

Uncleanliness Examinations

Statistical details of school nurses' work in connection with head infestation are as follows with 1958 figures in brackets:—

Nurses first inspections in schools	55,784	(50,390)
Nurses re-inspections in schools	6,341	(5,145)
Number of school visits for first inspection	382	(343)
Number of school visits for re-inspection	540	(439)
Number of individual children found to be infested	1,123	(1,176)

An increase in the number of school visits and total examinations will be noted. This does not give the whole picture of the work involved as advice on the subject with demonstration and help in cleansing in suitable cases is part of the normal work of clinics and home visits.

The figure of 1,123 individual children found to be infested represents 6.01% (6.26% in 1958) of the school population, a figure which has shown only small variations in recent years. As in the past more attention has been paid to schools with a high proportion of infested children and to families with a poor record in this respect. It is disappointing to find that the total number of infested children

does not decrease, particularly as effective insecticides are available and easily applied but on the credit side there has undoubtedly been a decrease in the number of severe infestations with impetiginised sores in recent years.

No cleansing notices in accordance with Section 54 of the Education Act, 1944, were served during the year.

EMPLOYMENT OF SCHOOL CHILDREN

A report on each of the 1,142 children examined as secondary school 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 77 children from one or more of the following categories of work:—

1 Heavy manual work	10
2 Sedentary work	—
3 Indoor work	—
4 Work involving prolonged standing, much walking, or quick movement from place to place	5
5 Exposure to bad weather	5
6 Work involving wide changes in temperature	1
7 Work in damp atmosphere	7
8 Work in a dusty atmosphere	7
9 Work involving much stooping	—
10 Work near moving machinery or moving vehicles	2
11 Work at heights	3
12 Work requiring normally acute vision	24
13 Work requiring normal colour vision	26
14 Work requiring the normal use of hands	3
15 Work involving the handling or preparation of food	2
16 Work requiring freedom from damp hands or skin defects	5
17 Work requiring normal hearing	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 417 and the occupations were as follows:—

Newspaper delivery	328
Errand Boys	27
Dancing and Acting	27
Shop Assistants	34
Farmer's Boy	1

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:—

	1958		1959	
Entrants	1,617	93.84%	1,114	91.54%
11 year old	1,350	75.04%	1,207	82.93%
Leavers	207	14.97%	265	11.61%

HOSPITAL AND SPECIALIST SERVICES

The Child Guidance and Orthoptic Clinics are the only specialist services maintained by the Education Committee. Other specialist provision is made by the Manchester Regional Hospital Board through the Oldham and District Hospital Management Committee which provides an Orthopædic Clinic at Gainsborough Avenue where school children can attend, and a Pædiatric Out-Patients' Clinic at 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. Five 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 the 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 928 children made 4,319 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 Part III.

Scabies

The number of cases in school children totalled 55 compared with 12 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	12
School Children	55
Adults:—	
Female	25
Male	4

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

During the year, 2,136 examinations were made (Dr. MacInnes 38; Dr. Hardman 2,098) and spectacles were prescribed or changed in 1,491 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

Mrs. H. Heald, Orthoptist, is employed on a sessional basis and Dr. F. Janus is the consultant responsible for the clinic.

I am indebted to Mrs. Heald for the following details:—

There were 1,918 attendances made by school children and 39 attendances made by pre-school children. There were 123 new cases referred to the clinic and 29 of these were pre-school children.

There is no waiting list for orthoptic treatment now and the children receive attention as soon as they have been referred to the clinic.

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 41 children received such treatment (Oldham Royal Infirmary—40, Manchester Royal Eye Hospital—1).

On the 31st December, 12 children were awaiting admission to hospital for operative treatment (Oldham Royal Infirmary—12, Manchester Royal Eye Hospital—0).

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

Cases on register, 1st January	783
Cases referred during the year:—	
Oldham Royal Infirmary	68
Scottfield Ophthalmic Clinic	52
Ophthalmic Medical Practitioners	3
	— 123
Cases removed from register:—	
Cosmetically very good	3
Left the district	3
Cured	1
	— 7
Cases on Register, 31st December	870
Attendances during the year:—	
Treatments	270
Occlusions	532
Tests	706
Observations	410
	— 1,918

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, 39 sessions were held and 88 new cases were examined. The total number of attendances was 388.

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 52 children were awaiting operative treatment for tonsils and/or adenoids, and at the end of the year this number was 57.

The number of children receiving operative treatment during the year was 64 compared with 66 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, 78 school children were referred to the clinic for the following defects:—

Defect	No. of Cases
Flat Feet	20
Inverted Feet	—
Everted Feet	4
Other Foot Deformities	4
Knock Knee	31
Hammer Toes	—
Other Deformities of Toes	9
Postural Defects	12
Spastic	—
Depressed Sternum	1

Hospital Schools

At the beginning of the year, 4 school children (1 boy and 3 girls) were in hospital schools.

During the year, information was received that 5 school children (4 boys and 1 girl) were admitted to these schools for the following conditions:—

Pulmonary Tuberculosis	3
Non-Pulmonary Tuberculosis	1
Partial Paralysis of both legs.	1

There were 5 children (1 boy and 4 girls) discharged from these schools during the year.

At the end of the year, 4 children (4 boys) were in the following hospital schools.

Wrightington Hospital School	2
Rochdale Orthopædic Hospital School	1
Robert Jones and Agnes Hunt Orthopædic Hospital School	1

Convalescence

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

During the year, 12 children (8 boys and 4 girls) were sent to the following convalescent homes:—

Tanllywynfan Home, Colwyn Bay	8
Taxal Edge Home, Whaley Bridge	4

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:—

Once again it is necessary to report that inability to obtain dental staff has prevented the provision of a fully comprehensive school dental service.

During the year no full time appointments have been made and the only additional help has been from dental officers employed in a part-time capacity.

The improved salary scales for full-time dental officers, which were agreed during the year, do not appear to have increased recruitment to the school dental service.

It now remains a matter of speculation as to whether the termination of National Service in 1960 will provide some newly qualified dentists who are interested in the school dental service. Even so, there are so many vacancies in the school dental service that they could choose authorities with more attractive amenities than industrial towns such as Oldham.

Mr. R. Hilton, L.D.S. who has assisted in a part-time capacity, has stated his intention of terminating his appointment owing to increasing demands from his private practice. We are indebted to Mr. Hilton for his valuable service during the last few years.

The Minister has announced that the Training School for Dental Ancillaries will open in October, 1960. Since the training is for a two year period it will be a considerable time before these ancillaries are available in sufficient numbers to have an appreciable effect on the staffing of the school dental service.

The number of dentists practising under the National Health Dental Service in Oldham has not increased during the year and hence children have great difficulty in obtaining dental treatment through this service.

In the field of preventive dentistry, dental health education could play an important part in reducing the amount of dental decay. Particularly is this the case where the indiscriminate eating of carbohydrates (sweets, biscuits, etc.) between meals is concerned. The consumption of biscuits and the drinking of milk at school break, combined with the absence of subsequent cleaning of the teeth, must play a very large part in the ever increasing dental decay in children's teeth.

The number of children who are having to wear partial dentures to replace front teeth which have had to be extracted as a result of rampant dental decay is surely a sad reflection on our dietetic and oral hygienic habits. This state of affairs is all the more tragic when one considers the advances which have been made in the physical development of children in post war years. Also the great reduction in the incidence of children's diseases which have been brought about by immunisation, the improvement in living conditions and the higher standard of living enjoyed by so many. **Yet dental decay is increasing** and remains a major problem of any Health Service.

The Government has now agreed to increase the size of the Dental Schools in an effort to train more dentists. In the meantime, until more dentists are available, serious consideration should be given to the fluoridation of drinking water which has been proved an effective and harmless method of reducing dental decay.

Approval of plans for the new dental clinic to replace the clinic at Cannon Street has been obtained and commencement of building should begin early in the new year. Future policy should provide for the replacement of the other dental clinics which are housed in old buildings which have been adapted for the purpose.

A progressive policy of replacing old equipment by modern and more efficient equipment has been continued. The latest addition has been the ordering of the new high speed drill (air turbine). These drills are now being used extensively in dental practice.

Improvement in working conditions at the dental clinics should play a part in helping to recruit staff.

The Maternity and Child Welfare Dental Service is provided by the staff of the school dental service but unfortunately, as a result of the staffing situation, it has not been possible to expand this very important service.

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

1 year	9	3 years	142
2 years	34	4 years	147

The lengthy period between routine school inspections has been the main reason why so many children attend the dental clinics as "specials" (i.e. without appointment) and usually are complaining of toothache.

Equipment

The policy of replacing old equipment at the school dental clinics has continued, and a number of items were purchased during the year.

Dental Inspection

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

(a) **Periodic Inspections.** — During the year, 4,199 children received a periodic dental inspection. Of the children inspected, 3,224 were found to have dental defects and 2,731 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, 3,419 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 (Part IV).

Of the 6,031 children referred for treatment following periodic and special inspections, 5,158 accepted and received treatment and the total number of attendances was 12,477.

5,648 fillings were inserted in permanent teeth and 279 fillings were put in temporary teeth. In addition 4 gold inlays were inserted. There has been a drop in the number of fillings inserted in temporary teeth as compared with the previous year, 528. This type of work is the first to be sacrificed when the staffing arrangements are inadequate.

The number of permanent teeth extracted was 3,377 as compared with 3,849 for the previous year. Many of these teeth were extracted for orthodontic reasons. It was necessary to extract 5,393 temporary teeth.

During the year, 140 general anæsthetic sessions were held and 1,639 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, 67 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	72
Cases completing treatment	23
Attendances	914
"Fixed" appliances fitted	7
"Removable" appliances fitted	119
"Mouth screens" fitted	12

X-ray Examinations

Full use has been made of the X-ray unit installed at Cannon Street Clinic and 226 films were taken.

Dentures

One hundred and ten partial dentures were constructed for children who had lost front teeth, usually as a result of accidents.

Five 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, 5 children were referred. In addition, 6 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.

CHILD GUIDANCE

The Child Guidance Clinic is held at the Honeywell Lane Child Welfare Centre.

Dr. Arthur Pool, Consultant Psychiatrist, continued to assist by undertaking one regular weekly session, and Mr. J. Ryan, Psychologist, devoted two sessions per week to this service.

Social histories and home visits continued to be undertaken by the Mental Health Officers of the Health Department.

The following table shows the grouping of intelligence quotients of the 58 cases dealt with during 1959:—

I.Q.	Boys	Girls	Total
Untestable	—	1	1
70 and under	1	1	2
71—85	8	4	12
86—95	5	1	6
96—114	15	8	23
115—129	4	2	6
130 and over	2	2	4
	—	—	—
	35	19	54
	—	—	—

At the end of the year no cases were awaiting test and 4 cases had been closed before testing.

CASES REFERRED, RE-REFERRED AND RE-OPENED	23
(Source of reference):—	
Director of Education	4
School Medical Officers	4
General Practitioners	8
Headteachers	4
Probation Officer	1
Children's Officer	1
Family Service Unit	1
	— 23
RECOMMENDATIONS	33
(including 10 cases from previous year)	
(a) Treatment	6
(b) Cases to be reviewed	4
(c) Cases closed after investigation	17
(d) Care of Children's Officer	1
(e) Residential School for Maladjusted Boys...	1
(f) Visiting by Mental Health Officer	2
(g) Observation	2
	— 33
CASES TREATED DURING YEAR	20
DR. POOL, No. of sessions undertaken	38
Diagnostic interviews	23
Psychiatric interviews	113
Group Therapy sessions	43
School visits	2
Home visits	2
Other interviews	2
EDUCATIONAL PSYCHOLOGIST	
Psychological Tests:—	
Diagnostic	24
Re-tests	8
Play Therapy sessions	43
School visits	1
ASSISTANT MEDICAL OFFICERS	
Medical examinations	24
School visits	4
Interviews	2
MENTAL HEALTH OFFICERS	
Social histories	25
Home visits	127
School visits	2
Other visits	4
Interviews	2

INFECTIOUS DISEASES

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

DISEASE	1959		Nursery Schools and Classes	PRIMARY SCHOOLS		SECONDARY SCHOOLS	ADJACENT AUTHORITIES		
	Cases	Deaths		Infant Depts.	Junior Depts.		Infant Depts.	Junior Depts.	S'c'd'y Schools
Meningococcal Infections	- x	- x	—	—	- x	—	—	—	—
Dysentery	325	- x	21 x	169	94	24 x	2 x	1 x	4 x
Diphtheria	—	- x	—	—	—	—	—	—	—
Measles	864	- x	19	733	14	1 x	18	1	- x
Scarlet Fever	57	- x	3 x	35	15	3 x	8 x	- x	- x
Whooping Cough	20	- x	3	11	6	- x	- x	- x	- x
Poliomyelitis	- x	- x	- x	- x	- x	- x	- x	- x	- x
Tuberculosis—									
(a) Pulmonary	4	—	—	2	1	1	—	—	—
(b) Other forms	*2	*1	—	—	1	*1	—	—	—

(* 1 case not notified—see deaths in school children, Case 4).

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

Primary

5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.	14 yrs.	15 yrs.	Total
11	10	1	5	—	—	—	—	1	—	—	28

Reinforcing Injections (1st and 2nd)—431

Smallpox

No case occurred during the year. ✓

Vaccination Against Smallpox

During the year 24 children of school age received primary vaccination and 10 were re-vaccinated.

Meningococcal Infections

One case occurred during the year. A girl aged 8 years was admitted to hospital with a clinical diagnosis of meningococcal meningitis. She made a complete recovery and returned to school on discharge home.

Measles

There were ⁸³⁶~~429~~ cases compared with ⁴²⁹~~442~~ cases in the previous year. The disease was prevalent during the first six months of the year when 417 cases occurred. These were the continuation of the epidemic of the previous year.

Scarlet Fever ⁵⁷

There were ~~111~~ cases notified compared with ¹¹¹~~100~~ in the previous year. ✓

Whooping Cough ²⁰

There were ⁸⁶~~86~~ cases notified. Of these ⁵~~5~~ had received the full course of protective injections and were classified as follows:—

Severe	Moderate	Mild
1	1	2 4

Dysentery

During the year, ³¹⁵~~62~~ cases of dysentery were notified and in ³⁰⁸~~59~~ cases the Sonné organism was isolated. The disease was prevalent during the ^{last six months}~~last three months~~ of the year. *March*

The following schools were affected:— cases *Scho*

Roundthorn Infants	10	<i>invol</i>
Hathershaw Infants	9	<i>his</i>
St. Hugh's Infants	9	
Werneth Infants	6	
Werneth Juniors	4	

The remainder were isolated cases spread over the Borough.

Acute Poliomyelitis

No case occurred during the year. ✓

Poliomyelitis Vaccination

During the year vaccination against poliomyelitis was available to all children of school age.

Vaccination consists of two injections given at an interval of not less than three weeks and a third injection not less than seven months after the second injection.

During the year 4,315 children completed the primary course of two injections of poliomyelitis vaccine, and 7,859 children, who had previously completed the primary course, received the third injection.

The following tables detail:—

(a) No of children who received a primary course of two injections of poliomyelitis vaccine; and

(b) No of children who received a third injection.

(a) **Primary Vaccination**

Year of birth	1944	1945	1946	1947	1948	1949	
Number vaccinated	384	383	421	451	447	388	
Year of birth	1950	1951	1952	1953	1954		Total
Number vaccinated	388	373	362	370	348		4,315

(b) **Third Injections**

Year of birth	1944	1945	1946	1947	1948	1949	
Number vaccinated	568	603	621	953	833	745	
Year of birth	1950	1951	1952	1953	1954		Total
Number vaccinated	728	735	766	727	580		7,859

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.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
German Measles	7 days from the appearance of the rash.	No exclusion.
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, 48 school children (28 males, 20 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.	1775
No. of acceptances	832
Percentage accepting	47
No. excluding on medical grounds	22
No. completing skin testing	773
No. positive	118
Percentage positive	14
No. negative	655
No. receiving vaccination	645

Pulmonary Tuberculosis

During the year, 4 school children were notified and accepted as tuberculosis minus (sputum negative or absent) but in one of these cases a gastric lavage subsequently proved positive.

No death occurred from pulmonary tuberculosis.

Case 1/59

A girl aged 5 years attending the Chest Clinic as a home contact of a positive case was diagnosed pulmonary tuberculosis. She was admitted to Wrightington Hospital and was discharged home after two months satisfactory progress. She was fit for return to school by the end of the year.

Case 2/59

A boy aged 6 years was referred to the Chest Clinic and diagnosed as a case of pulmonary tuberculosis. He was admitted to Wrightington Hospital and was discharged home at the end of the year for Chest Clinic supervision. He returned to school in a part-time capacity.

Case 3/59

A girl aged 13 years, who had previously suffered from tuberculous mediastinal glands and removed from the register in January 1955, was referred to the Chest Clinic. A diagnosis of pulmonary tuberculosis was made and hospital treatment offered but refused. The child received domiciliary treatment and Chest Clinic supervision and progressed satisfactorily to return to school.

Case 4/59

A boy aged 6 years attending the Chest Clinic as a home contact of a positive case was diagnosed tuberculous pleural effusion with a positive gastric lavage. He was admitted to Wrightington Hospital and at the end of the year was still resident there and making satisfactory progress.

Non-Pulmonary Tuberculosis

During the year, one case was notified and accepted and one case escaped statutory notification. The following table shows the localisation of the disease in age groups:—

	5-10 Years	10-15 Years	Total
Tuberculous meningitis	1	1	2

Case 1/59

A girl aged 12 years was admitted to hospital from a Children's Home after an illness of a few days. Her general condition deteriorated and a diagnosis of tuberculous meningitis was made. She received skilled medical care but died 13 days after admission. The diagnosis was confirmed by post mortem. This case was not formally notified.

Case 2/59

A boy aged 7 years was admitted to hospital and subsequently diagnosed tuberculous meningitis. Routine contact examination followed and the father of the boy was found to be a case of pulmonary tuberculosis, sputum positive. The boy was still in hospital at the end of the year and progressing satisfactorily. Gastric lavage yielded a growth of tubercle bacilli.

Tuberculosis—Special Investigations

The combined use of Mantoux or Heaf testing and X-ray examination provides a valuable approach in the tracing of contacts and the ascertaining of early or missed cases of pulmonary tuberculosis where a known source of infection exists.

Investigation 1/59

In March, a teacher in a junior school was notified as suffering from pulmonary tuberculosis (sputum positive). The parents of all children attending the school and the staff were advised of the facilities available. The parents of all the 214 children, and the 6 teachers and 4 other adults in contact, consented to any necessary X-ray examination and skin-testing. X-ray examinations were carried out at the Chest Clinic in respect of 23 children and 8 adults. No case of pulmonary tuberculosis was found as a result of this investigation. There were, however, 9 children referred for further observation.

No. of Children	Investigation 1/59
Heaf Tested	214
Heaf Negative	191
Heaf Positive	23
X-Rayed	23
No. of Staff	
Heaf Tested	10
Heaf Negative	2
Heaf Positive	8
X-Rayed	8

Investigation 2/59

In May, a child from one of the Children's Homes died in hospital from tuberculous meningitis, and skin testing was carried out of all contacts, a total of 24 children and 9 adults. All the adults were positive reactors, and all had chest X-rays at the Chest Clinic, Oldham and District General Hospital. Two were referred for further examination but ultimately no significant abnormality was found in either case. Of the 24 children, only 2 were positive and both these children were X-rayed with negative results.

No. of Children	Investigation 2/59
Heaf Tested	24
Heaf Negative	22
Heaf Positive	2
X-Rayed	2
No. of Staff	
Heaf Tested	9
Heaf Negative	0
Heaf Positive	9
X-Rayed	9

DEATHS IN SCHOOL CHILDREN

During the year, 8 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 10 years. Death was due to:—

1 (a) Pneumococcal meningitis

This child was admitted to hospital and died a few hours after admission. Post mortem examination confirmed the cause of death.

Case 2—A boy aged 6 years. Death was due to:—

“Asphyxia following crushing injury to the chest caused by being trapped between the wall and a moving electric goods hoist on which he and other children were playing.”
Inquest.

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

“Shock and haemorrhage following crushing injuries to chest and upper abdomen caused by being accidentally knocked down by a motor lorry.”
Inquest.

Case 4—A girl aged 12 years. Death was due to:—

1 (a) Tuberculous meningitis.

This girl was admitted to hospital from a Children's Home after an illness of a few days. Her general condition deteriorated and a diagnosis of tuberculous meningitis was made. She received skilled medical care but died 13 days after admission. Post mortem findings showed wide spread tuberculosis.

Contacts were investigated but no source of infection came to light.

Case 5—A boy aged 15 years. Death was due to:—

1 (a) Intercranial haemorrhage.

This boy received injuries following a fall whilst climbing a hill in Derbyshire during an organised school outing. The boy was taken to hospital but died the same day without regaining consciousness.

Inquest.

Case 6—A boy aged 14 years. Death was due to:

“Acute left ventricular failure following intestinal obstruction for which a resection of small intestine and end to end anastomosis of gut had been done.”

Post mortem without Inquest.

This boy was admitted to hospital with symptoms of appendicitis and operated upon two days later. He died about 14 hours after operation.

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

“Shock following multiple injuries caused by being accidentally knocked down and run-over by a Corporation motor omnibus.”

Inquest.

Case 8—A boy aged 12 years. Death was due to:—

1 (a) Subarachnoid haemorrhage.

This boy was admitted to hospital with a very short history of headache, followed by vomiting and coma. A lumbar puncture produced a fluid containing blood. Various resuscitation measures were given but the child went into acute pulmonary oedema and died shortly after admission. Post-mortem showed a large sided frontal haemorrhage, destroying most of the frontal lobe.

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 23 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) For admission to Beaver Special School | 1 |
| (b) For further investigation | 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, 3 children (one aged 6, one aged 7, and one aged 13) were reported to the Local Health Authority as "ineducable". The child aged 13 years was 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 3 boys were in the following schools:—

- | | |
|--|---|
| Liverpool School for the Blind | 1 |
| St. Vincent's School for the Blind | 2 |

One girl, aged 3 years, ascertained in the previous year, was still awaiting admission at the end of the year to one of the recognised Sunshine Homes for Blind Babies.

Two boys, resident at St. Vincent's School for the Blind, changed their domicile during the year to the West Riding County area.

(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	8	4	12
(3 from other areas)			
Number admitted during the year ...	1	2	3
(1 from other area)*			
Number discharged:—			
At age of 16	2	-	2
(- from other areas)			
Left the area	1	-	1
(- from other areas)			
Number on register, 31st December...	6	6	12
(4 from other areas)			

There were 3 children admitted during the year with the following conditions:—

Macular coloboma	1
Myopic	1
*Partial albinism with myopic astigmatism and macular aphasia	1

A boy aged 6 years was admitted to the school at the request of the Lancashire County Authority.

Two boys left school on reaching the age of 16 years. One boy continued a course of typewriting with a view to employment at home and the other was found employment with an educational equipment firm.

(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	6	4	10
(6 from other areas)			

Number admitted during the year ... (3 from other areas)	3	2	5
Number discharged during the year... (— from other areas)	—	—	—
Number on register, 31st December... (9 from other areas)	9	6	15

The following details relate to the cases admitted:—

A girl aged 3 years who was attending the Department of Education of the Deaf, Manchester University

A girl aged 11 years who had been resident at the Royal Cross School for the Deaf, Preston.

Two boys, aged 5 and 3 years, were admitted at the request of the Lancashire County Council, and 1 boy aged 14 years at the request of the Manchester Education Authority.

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

A girl aged 11 years was discharged from the Royal Cross School for the Deaf, Preston, owing to unsuitability and was transferred to Beaver Special School. One boy, resident at the Royal Residential School for the Deaf, Manchester, changed his domicile to the Lancashire County area.

No children were admitted to 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	3	6	9
(4 from other areas)			
Number admitted during the year ...	1	1	2
(— from other areas)			
Number discharged during the year...	1	—	1
(— from other areas)			
Number on register, 31st December...	3	7	10
(4 from other areas)			

During the year a boy aged 5 years, who had been attending the Department of Education of the Deaf, Manchester University, was admitted to the school, and a girl aged 11 years was readmitted following a period in an ordinary school.

One boy was discharged on reaching 16 years of age and was found employment in a handbag warehouse.

A boy aged 12 years, who was admitted to the Needwood Residential School, Burton-on-Trent, in 1954, left during the year having passed for entrance to the Mary Hare Grammar School.

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 three classes provided for such children, one (Beaver County Junior School) for children between 7 and 9 years, and two

(Freehold County Junior School) for children between 7 and 11 years. During the year the two special classes at Freehold County Junior School were discontinued. The one remaining special class provides 20 places.

During the year Dr. B. Gilbert and Dr. D. R. Edmiston attended a course of instruction on the ascertaining of educationally subnormal children and mental defectives.

During the year, 143 examinations in respect of 129 children were carried out. These examinations are usually held at the Health Office, but some are carried out in the schools and, in special cases, home visits are made. The following is a summary of the recommendations made:—

(a) Found to be ineducable	3
(b) Requiring statutory supervision on leaving school	6
(c) For admission to Chaucer Special School ...	11
(d) For admission to Special Class	10
(e) For further supervision	93
(f) No further supervision required	20

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	53	45	98
(31 from other areas)			
Number admitted during the year	11	5	16
(2 from other areas)			
Number discharged during the year ...	8	4	12
(4 from other areas)			
Number on register, 31st December ...	56	46	102
(29 from other areas)			
Children discharged during the year:—			
At age 16	6	4	10
(4 from other areas)			
Ineducable	1	—	1
(— from other areas)			
At age 15	1	—	1
(— from other areas)			

One boy left school a few months prior to reaching the age of 16 years as arrangements had been made for his admission to the Wallingford Farm School, Oxfordshire.

Ten children left school on reaching the age of 16 years (Oldham 6, Lancashire County 2, West Riding County 2).

Five of the Oldham children were notified to the Local Health Authority. Of these, two were subsequently found employment, two admitted to the Industrial Centre, and one boy, a Christmas leaver, had not been placed in employment. One boy who was not notified was also placed in employment.

Of the 4 County cases, one was notified to the Local Health Authority, and all 4 were placed in employment.

In addition one boy attending a Special School in Manchester, but resident in Oldham, was also notified. He was subsequently placed in suitable employment.

(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.

During the year a boy aged 12 years was ascertained as requiring a place in a special school for maladjusted children, and application was made to Chaigley School, Thelwall, Warrington. He was awaiting admission at the end of the year.

A boy aged 12 years, who was admitted to Chaigley School in September, 1957, was still resident there at the end of the year.

A boy aged 14 years, who had been recommended for admission to a special school, but was sent to St. George's R.C. Approved School, Freshfields, Southport, in August, 1957, was licensed home to the care of his mother.

A girl aged 14 years, who was ascertained in 1958 as requiring admission to a special school for maladjusted pupils, but not placed, had so much improved that the case was closed.

(h) Physically Handicapped Pupils:—

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

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

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

Right hemiplegia	1		
Tuberculous knee	1		
Platybasia	1		
Multiple congenital deformities	1		
Congenital heart	2		
		Boys	Girls
Number on register, 1st January	12	11	23
(3 from other areas)			
Number admitted during the year ...	2	4	6
(1 from other areas)			
Number discharged during the year ...	2	3	5
(1 from other areas)			
Number on register, 31st December ..	12	12	24
(3 from other areas)			?
Children discharged:—			
At age 16	—	1	1
Fit to attend ordinary schools ...	1	—	1
Left the area	1	—	1
Admitted to Residential School ...	—	1	1
Excluded as unsuitable	—	1	1

One girl left school on reaching the age of 16 years and was found employment with a firm of mop manufacturers.

Residential Special Schools

Two children suffering from cerebal palsy were in special schools throughout the year. One of these, a boy aged 15 years with spastic diplegia, who was admitted to Singleton Hall Special School, Poulton-le-Fylde, in 1955, was discharged at the end of the year, to await entry into a training college for disabled persons. The other, a girl aged 14 with spastic quadraplegia was admitted to Holly Bank Special School, Huddersfield in 1954.

A girl aged 7 years, suffering from multiple congenital deformities and attending Scottfield Physically Handicapped School, was admitted in September to the Bethesda Special School, Cheadle.

Home Tuition

Two boys, aged 16 and 15 years, were receiving home tuition at the beginning of the year and this was continued throughout the year.

A boy aged 8 years suffering from cerebral palsy commenced home tuition in February.

(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 was available on a sessional basis at the Gower Street Centre until the resignation of Miss J. E. Woodhead, Speech Therapist at the end of July. It was not possible to find a successor, so speech therapy sessions were discontinued for the remaining months of the year.

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 following figures were submitted:—

Group Therapy for Stammerers

Number on register, 1st January	30
(1 from other areas)	
Number admitted during the period	6
(— from other areas)	
Number discharged during the period	10
(— from other areas)	
Number on register, 31st July	26
(1 from other areas)	

The following is the classification, according to improvement, of the 10 children discharged:—

Satisfactory speech	8
Treatment deferred	1
Left the district	1

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

At 1st January	26
Removed whilst on waiting list	4
At 31st July	26

Other Speech Defects

Number on register, 1st January	20
(1 from other areas)	
Number admitted during the year	19
(— from other areas)	
Number discharged during the year	26
(— from other areas)	
Number on register, 31st July	13
(1 from other areas)	

The following is the classification, according to improvement, of the 26 children discharged:—

Satisfactory speech	14
Much improved	4
Treatment deferred	3
No improvement	2
Left the district	1
Attending Chaucer Special School	1
Unsatisfactory attendance	1

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

At 1st January	59
Removed whilst on waiting list	7
At 31st July	74

Pre-School Children

On register, 1st January	4
Referred during the period	3
Transferred to school children waiting list	2
On register, 31st July	5

(j) Delicate Pupils:—

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

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

Admissions during the year were as follows:—

	Boys	Girls	Total
Arrested T.B. and T.B. contacts ...	2	3	5
Sub-normal nutrition and debility...	4	2	6
Bronchitis and asthma	13	7	20
	—	—	—
Totals	19	12	31
	—	—	—

HOSPITAL TEACHING

The Oldham Royal Infirmary and the Oldham and District General Hospital each have a full-time teacher appointed for the children admitted for in-patient treatment.

The teacher at the Oldham and District General Hospital left in August and the position was not filled until November.

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, 271 children enjoyed a stay at the camp school. The cost to the parents is 17s. 6d. 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 organizations who arrange for parties to attend at the week-ends.

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, 20 Oldham boys were examined by the assistant medical officers and 20 were passed as fit to attend the centre.

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 100 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, 96 candidates (30 males, 66 females) were examined and a medical report completed and forwarded with form 4 RTC to the appropriate college authority.

In all but one case, a female aged 43 years, 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, 48 medical reports (23 males, 25 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 to 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.

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 April and November to make follow-up examinations of the young adults already admitted to the scheme and 523 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. D. N. Mitchell, Physician-in-Charge of the Unit for the following report:—

"The follow up of some 1,000 volunteers who joined the Medical Research Council's Clinical Vaccines Trial in 1951/52, when in their final term at various Secondary Modern Schools, in the Oldham area, continued throughout 1959.

Each participant was asked to complete a postal questionnaire and was subsequently visited by a Health Visitor on the staff of the Oldham Health Department. These measures are designed primarily to detect evidence suggestive of tuberculosis morbidity and the Home Visit precedes as nearly as possible an invitation to the volunteer to attend our Mobile X-ray Unit in the area concerned.

The Second Report of the Tuberculosis Vaccines Clinical Trials Committee to the Medical Research Council was published in September, 1959. This report assesses the benefit which accrues from anti-tuberculosis vaccination over a five-year period and shows a percentage reduction in incidence of tuberculosis of 59% for B.C.G. vaccine and 61% for Vole Bacillus vaccine.

It is a pleasure to acknowledge the continuing close collaboration of the School Health Services, Public Health Departments, Chest Clinics and Hospitals with the Medical Research Council in the conduct of the trial.

EXAMINATION OF SCHOOL MEALS STAFF

The scheme for the examination and chest X-ray on appointment of all new entrants to the School Meals Service was continued.

During the year 53 new entrants were examined. In 2 cases commencement of duties was deferred owing to minor skin conditions. One applicant, following X-ray examination, was referred to the Chest Clinic and was found to be unsuitable for employment.

PROVISION OF MEALS

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

The new kitchen and dining room at Alt County Primary School opened on the 5th January. The kitchen is of modern design with up to date equipment. As the dining space is subject to dual use, the furniture provided is stackable. Tables are tubular steel, framed with colourful formica tops. Each table accommodates six children. Provision has been made at the Community Centre, Clegg Street, for

the students of the School of Art and the College of Commerce to have a mid-day meal. The meals are cooked at Hathershaw Technical High School Kitchen, then transported to the Community Centre.

Various improvements to premises and equipment at existing kitchens and sculleries have been carried out during the year. The floor at St. Mary's R.C. school kitchen, the vegetable stores, office and cloakrooms at St. Anne's kitchen have been tiled. New formica topped tables have been fitted in the Westwood County Primary School scullery for the service of meals into the junior hall.

Canopies for extracting steam from cooking equipment and sterilizing sinks have been fitted in Hathershaw, Limehurst school-kitchens and Westwood County Primary School scullery. The heating system in St. Anne's dining halls has been changed from gas to electrical overhead heaters.

Several items of heavy equipment have been replaced. It is the policy to replace with modern stainless steel equipment as it is more durable and hygienic. Day training courses of a practical nature have been held during the August holiday period for the kitchen staff.

The Authority has two central kitchens and eighteen self-contained canteens providing meals for school children. For three nursery schools and three nursery classes, meals are also cooked and served on the premises.

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

On payment	8238
Free	693
	—
	8931
	—

Milk in Schools

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

The average number of individual children provided with milk was 16,118 and during the year, 2,811,155 one third pints of milk were consumed.

PHYSICAL EDUCATION

I am indebted to Mrs. M. Henshall, the Woman Organiser of Physical Education and Mr. A. Etchells, the Man Organiser of Physical Education for the following report:—

1. Staff

The staff consisted of the Woman Organiser (Mrs. M. Henshall), the Man Organiser (Mr. A. Etchells) who commenced duty on January 1st, 1959, two full-time and two part-time pianists and four full-time and one part-time teachers of swimming. The vacancy for one man full-time teacher of swimming was filled, Mr. B. Lord being appointed

2. Conditions in Schools

The staffing position in the secondary and grammar schools with P.E. specialist teachers is still not complete and there are vacancies for both women and men. Non specialist teachers are helping with games in many cases. The storage of small games apparatus has been a difficulty over many years in the older schools built before storage accommodation was considered. The committee has solved this during the current year by supplying to fifty-five schools a specially designed P.E. Cupboard.

3. Courses

During the year a number of courses have been held for teachers and these have been well attended. They are listed as follows:—

- Cricket Course for men teachers.
- Football Course for men teachers.
- Swimming Course for men and women.
- Secondary Course P.E. for men and women.
- Social Hygiene Lecture for women.
- Country Dance evening for men and women.
- Modern Educational Dance Course for women.

4. Games and Athletics

The Parks Department again made their grounds and tennis courts available at certain times to the schools which greatly helped the shortage of good playing areas from which we suffer. The conditions of the school fields after a wet winter were so bad that a Turf Production consultant was invited to make a report on the fields to the Committee. Apparently much needs to be done to put them into condition where play will be possible throughout the year.

5. Swimming Instruction

The vacancy for a man teacher was filled so the boys' swimming programme returned to the full complement. Unfortunately during the year the Robin Hill Baths closed down and thus is lost one bath where 39 classes attended. The reorganisation of classes will necessitate fewer children attending in future.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1959

Part I—Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

Table A—Periodic Medical Inspections

Age Groups Inspected (By years of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	1,179	1,179	100	—	—
1954	453	453	100	—	—
1953	53	53	100	—	—
1952	8	8	100	—	—
1951	3	3	100	—	—
1950	—	—	—	—	—
1949	—	—	—	—	—
1948	921	921	100	—	—
1947	652	652	100	—	—
1946	—	—	—	—	—
1945	—	—	—	—	—
1944 and earlier	1,421	1,419	99.93	2	0.07
Total	4,690	4,688	99.95	2	0.05

Table B—Pupils Found to Require Treatment at Periodic Medical Inspections

(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 (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1955 and later	4	82	83
1954	—	35	35
1953	1	7	7
1952	—	—	—
1951	—	—	—
1950	—	—	—
1949	—	—	—
1948	27	35	62
1947	15	27	41
1946	—	—	—
1945	—	—	—
1944 and earlier	43	36	72
Total	90	222	300

Table C—Other Inspections

NOTES:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	2,221
Number of re-inspections	2,305
	Total 4,526

Table D—Infestation with Vermin

All cases of infestation, however slight, are recorded.

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

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	55,783
(b) Total number of individual pupils found to be infested	1,121
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	—

**Part II—Return of Defects found by Medical Inspection in the
Year Ended 31st December, 1959**

Table A—Periodic Inspections

NOTE:—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	5	19	4	12	9	17	18	48
5	Eyes—								
	(a) Vision	5	9	43	204	42	166	90	379
	(b) Squint ...	10	29	1	13	6	19	17	61
	(c) Other	6	3	—	7	1	6	7	16
6	Ears—								
	(a) Hearing ..	10	9	4	31	1	10	15	50
	(b) Otitis Media ...	5	27	4	21	3	25	12	73
	(c) Other	8	7	—	4	2	3	10	14
7	Nose and Throat ...	24	46	2	14	10	50	36	110
8	Speech	11	33	2	3	4	10	17	46
9	Lymphatic Glands ...	—	11	1	3	1	5	2	19
10	Heart	2	19	—	9	—	10	2	38
11	Lungs	2	14	—	8	—	14	2	36
12	Develop-mental—								
	(a) Hernia ...	3	5	—	2	3	—	6	7
	(b) Other	—	7	4	11	2	32	6	50
13	Orthopædic—								
	(a) Posture ..	2	7	1	9	1	11	4	27
	(b) Feet	5	13	—	12	8	11	13	36
	(c) Other	10	17	10	13	20	23	40	53
14	Nervous System—								
	(a) Epilepsy .	—	4	—	2	—	1	—	7
	(b) Other	—	4	—	1	—	3	—	8
15	Psycho-logical—								
	(a) Develop-ment	2	12	—	3	—	6	2	21
	(b) Stability .	4	11	—	3	1	4	5	18
16	Abdomen	—	4	—	—	1	8	1	12
17	Other	—	3	1	2	—	3	1	8

Table B—Special Inspections

NOTE:—All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	458	23
5	Eyes—		
	(a) Vision	304	113
	(b) Squint	7	7
	(c) Other	36	8
6	Ears—		
	(a) Hearing	5	23
	(b) Otitis Media ..	18	6
	(c) Other	15	7
7	Nose and Throat ...	24	58
8	Speech	31	28
9	Lymphatic Glands ...	—	1
10	Heart	—	22
11	Lungs	1	32
12	Developmental—		
	(a) Hernia	1	2
	(b) Other	2	19
13	Orthopædic—		
	(a) Posture	3	1
	(b) Feet	—	—
	(c) Other	17	17
14	Nervous System—		
	(a) Epilepsy	—	9
	(b) Other	—	4
15	Psychological—		
	(a) Development ..	—	12
	(b) Stability	1	3
16	Abdomen	1	11
17	Other	326	94

Part III—Treatment of Pupils Attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

NOTES:—The following tables show the total numbers of:—

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

Table A—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	54
Errors of refraction (including squint)	3,132
Total	3,186
<hr/>	
Number of pupils for whom spectacles were prescribed	2,319

Table B—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	19
(b) for adenoids and chronic tonsilitis ...	528
(c) for other nose and throat conditions	51
Received other forms of treatment	32
Total	630
<hr/>	
Total number of pupils in schools who are known to have been provided with hearing aids—	
* (a) in 1959	5
(b) in previous years	30

* 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.

Table C—Orthopaedic and Postural Defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	500
(b) Pupils treated at school for postural defects	—
Total	500

Table D—Diseases of the Skin

(excluding uncleanliness, for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm—	
(a) Scalp	—
(b) Body	7
Scabies	67
Impetigo	14
Other skin diseases	310
Total	398

Table E—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	20

Table F—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	75

Table G—Other Treatment Given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	20
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	12
(c) Pupils who received B.C.G. vaccination	645
(d) Other than (a), (b) and (c) above.	
Please specify	
Boils and other septic conditions	70
Cuts, bruises and abrasions	233
Other minor ailments	120
Total (a)—(d)	1,100

Part IV—Dental Inspection and Treatment Carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers:—			
(a) At Periodic Inspections	4199		
(b) At specials	3419		
	Total (1)	7618	
(2) Number found to require treatment		6524	
(3) Number offered treatment		6031	
(4) Number actually treated		5158	
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h)		12477	
(6) Half days devoted to:—			
(a) Periodic (School) Inspection	38		
(b) Treatment	1297		
	Total (6)	1335	
(7) Fillings:—			
(a) Permanent Teeth	5648		
(b) Temporary Teeth	283*		
	* Includes 4 gold inlays. Total (7)	5931	
(8) Number of Teeth filled:—			
(a) Permanent Teeth	5135		
(b) Temporary Teeth	262		
	Total (8)	5397	
(9) Extractions:—			
(a) Permanent Teeth	3377		
(b) Temporary Teeth	5393		
	Total (9)	8770	
(10) Administration of general anaesthetics for extraction		1639	
(11) Orthodontics:—			
(a) Cases commenced during the year		72	
(b) Cases carried forward from previous year		95	
(c) Cases completed during the year		15	
(d) Cases discontinued during the year		23	
(e) Pupils treated with appliances		121	
(f) Removable appliances fitted		119	
(g) Fixed appliances fitted		7	
(h) Total attendances		914	
(12) Number of pupils supplied with artificial teeth		110	
(13) Other operations:—			
(a) Permanent Teeth	3585		
(b) Temporary Teeth	178		
	Total (13)	3763	

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

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	—	2	2	2	31	5	12	—	—	54
B. Handicapped Pupils newly assessed as needing educational treatment at Special Schools or in Boarding Homes	—	1	1	1	25	9	10	1	—	48
On or about 31st Jan., 1959:										
C. Number of Handicapped Pupils from the area:—										
(i) on the registers of										
(1) maintained Special Schools										
(a) as Day Pupils ...	—	9	6	6	52	21	74	—	—	168
(b) as Boarding Pupils	—	—	—	—	30	—	—	—	—	30
(2) Non-maintained Special Schools										
(a) as Day Pupils ...	—	—	—	—	—	—	—	—	—	—
(b) as Boarding Pupils	3	—	4	1	—	3	—	1	—	12
(ii) Boarded in Homes ...	—	—	—	—	—	—	—	—	—	—
(iii) attending independent schools under arrangements made by the Authority	—	—	—	—	—	—	—	—	—	—
Total (C) ...	3	9	10	7	82	24	74	1	—	210
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	—	—	—	—	—	3	—	—	—	—

Continued overleaf

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Sub-normal	Maladjusted	Epileptic	Total
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	—	—	—	—	—	—	4	—	—	4
(ii) Boarding	—	—	—	—	2	3	—	1	—	6
F. Were on the registers of hospital special schools										4

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

