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COUNTY BOROUGH OF OLDHAM



ANNUAL REPORT
OF THE
Principal School Medical Officer

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

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(from 20th May, 1963)

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Deputy Director

G. R. Pritchett, M.A.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,

OLDHAM, June, 1964.

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 1963.

In October, Dr. J. T. Chalmers Keddie relinquished his office as Principal School Medical Officer and retired after nearly 32 years in your service. I was honoured to commence duty as his successor on November 1st, 1963.

The outstanding work and devotion to duty of Dr. Keddie needs no comment from me; suffice it to say that I have been set a very high standard to emulate, and which, with your co-operation and sometimes, indulgence, I hope to fulfil.

We wish him a long and happy retirement in the best of health.

Miss Moordaff, your Superintendent School Nurse, who had previously been seconded for work in Morocco, resigned in July to take up a permanent appointment there. We wish her every success in the interesting and exacting field she has chosen. She has been succeeded by her former deputy, Miss C. Williamson, who I am sure will continue to give you the same loyal and efficient service as she has done in the past.

The medical staffing position appears more favourable than it has been for some time, though there is still one vacancy which it has not been possible to fill. The School Dental Service is still in a parlous state, though a little more part time assistance has become available and the introduction of evening sessions for older children has been successful. There is little doubt that the fluoridation of public water supplies has become a matter of even greater urgency as there is little likelihood of the School Dental Service becoming fully staffed except in some of the more attractive parts of the country. The transfer of the Gower Street Dental Clinic from the old school premises to a new, purpose built double-surgery unit in the grounds, was effected at the end of the year and should provide more attractive conditions for staff and patients alike.

I am pleased to welcome Mr. Alan Sherliker to the staff of the School Health Service. With his able assistance it will now be possible to set up an audiology department which should prove to be of immense benefit to those children handicapped by auditory defects. The many problems of the deaf child are unfortunately not nearly so well recognised as those of the visually handicapped. The blind have always attracted a deep measure of public sympathy, whereas the deaf and hard of hearing have often been subjected to

mild ridicule from the lay public, hence the reluctance of many deaf people to wear hearing aids. Deprivation of hearing can be almost as distressing and incapacitating as deprivation of sight, and enlightened and sympathetic handling of this defect must be sought for and encouraged. Unrecognised hearing defects can and do lead to delinquency or maladjusted behaviour, or a child may be quite wrongly labelled as mentally retarded until a correct diagnosis is arrived at following referral for poor scholastic progress. The early detection and correct treatment, both medical and educational, of these cases, is essential in order to avoid deep seated psychological trauma and much unhappiness, as well as to ensure that every facility is afforded to the child for useful and gainful employment in later years.

The number of school nurses is still below establishment and expansion in some services will not be possible until this position is corrected by further recruitment. The volume of work undertaken in the minor ailment clinics at Scottfield and Gower Street is gradually diminishing as a result of the policy of nurses treating the children in certain selected school premises. This also minimises the amount of school time lost by pupils travelling to and from clinics and lessens the risk of street accidents involving schoolchildren. Any measure which separates children from road traffic must be looked upon with favour, even if it causes no little inconvenience, as it must do in those schools which act as centres for minor ailment treatment. It is hoped shortly to inaugurate a School Chiropody Service, thereby further curtailing attendances at minor ailment clinics and releasing medical and nursing staff for more specialised duties.

With 8 weekly sessions operating at the Speech Therapy clinic, we are now in the happy position of being without a waiting list. At the end of last year, the waiting list was 98 and the year before, 173.

The practice of holding three routine medical examinations during the child's school life must continue at present. The replacement of the routine examination at the eleven year old level by a selective examination is under active consideration, but this is not meant to be a time saving procedure and indeed, if done properly must take up more of the school medical officer's time. Present staff commitments may mean that this worthwhile experiment be deferred for the time being.

In spite of the constant efforts of nursing staff and teachers, the incidence of head infestation remains disturbingly high, 5.29% of children being affected. This can only be put down to parental apathy even allowing for unsatisfactory housing conditions.

The Child Guidance Clinic continues to provide an excellent and much needed service and by careful screening, unsuitable cases can be directed to other agencies, resulting in a more rapid turnover and

only a small waiting list. The Clinic is closely linked with the School Psychological Service and there is free interchange at all levels. The work of both sections however, is greatly hampered by the inability to fill the vacancy for a social worker.

There was no undue school absence due to infectious diseases during the year and no deaths from this cause. Four children were notified as suffering from pulmonary tuberculosis, three of them being contacts of another case in the family. The importance of contact tracing in tuberculosis work cannot be over emphasised. There were eight deaths in schoolchildren during the year, two being due to accidents. Accidental death is now one of the major causes of death in children and young adults and no effort must be spared to educate children and parents alike in the dangers on the roads and in the home.

The number of boys examined for the purposes of physical fitness for referral to Attendance Centres has risen from 37 last year to 45 in the year under review. These figures could be disturbing as indicative of a rise in juvenile delinquency, or reassuring as demonstrative of more determined action by the police and juvenile courts. It is neither the duty nor prerogative of a medical officer to moralise, however tempted he may be so to do, and I would just point out that of the 17,000 and upwards children attending your schools, this figure forms a very small percentage indeed (0.26%).

I wish to express my sincere thanks to the Chairman and members of the Ancillary Services Sub-Committee, and also to the Director of Education and his staff for the kind welcome and co-operation accorded to me since my appointment. The members of all branches of the School Health Service staff have continued to show to me the same loyalty as to my predecessor and my thanks are due to them for their efficient work during the year. Last, but by no means least, it pleases me to express my gratitude for the close and willing co-operation of the Head Teachers and their staffs. With the multiplicity of medical procedures now existing, it must be forgiven if they sometimes think that the real work of Education is interfering with the smooth running of the School Health Service, but in all seriousness each is dependent on the other and it is our duty to maintain the child in such health as to benefit from the excellent educational facilities available to him.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

BASIL GILBERT,

Principal School Medical Officer.

SCHOOL HEALTH SERVICE

Principal School Medical Officer

J. T. Chalmers Keddie, M.B., Ch.B., D.P.H. (to 31-10-63)

Basil Gilbert, M.R.C.S., L.R.C.P., D.P.H. (from 1-11-63)

Senior School Medical Officer

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

School Medical Officers

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

Isabelle B. Barrie, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.

E. M. R. Stuart, M.B., B.Ch., B.A.O.

J. H. Dransfield, M.A. (Oxon), L.M.S.S.A.

Principal School Dental Officer

J. Fenton, L.D.S.

Dental Officer

J. H. Woolley, 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. (Cantab), M.B., B.Chir., F.R.C.P.(E),

M.R.C.P., M.R.C.S., D.C.H. *Paediatrician*

Ophthalmic Surgeon

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

Child Guidance Clinic

Consultant Psychiatrists

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

Dr. John Johnson, M.B., Ch.B., M.R.C.P.(E), D.P.M.

Educational Psychologists

Anne-Marie Beattie, B.A. (Hons.)

Robert T. Beattie, B.A. (Cantab.)

Audiologist

Alan Sherliker, Dip. Aud., Cert. T. of Deaf (Manchester)

(from 1-8-63)

Speech Therapy

Mrs. Audrey M. Carter
Mrs. Joan Bayliss (from 2-10-63)

Orthoptist

Miss Elisabeth Schofield, D.B.O. (to 31-5-63)
Mrs. B. M. Janus, D.B.O. (from 20-6-63)

Superintendent School Nurse

Miss A. W. Moordaff, S.R.N., H.V. Cert. (to 7-7-63)
Miss C. Williamson, S.R.N., S.C.M., H.V. Cert. (from 8-7-63)

Deputy Superintendent School Nurse

Miss C. Williamson, S.R.N., S.C.M., H.V. Cert. (to 7-7-63)
Mrs. C. Smith, S.R.N., S.C.M., H.V. Cert. (from 25-10-63)

Senior School Nurse

Mrs. H. Emmott, S.R.N., S.R.F.N., H.V. Cert.

School Nurses

'A' Mrs. J. Chapman	'A' Miss S. E. Nixon
'A' Mrs. S. Clayton	'B' Mrs. S. Seddon
'B' Miss I. Fisher (to 20-3-63)	'A' Mrs. M. A. Sencicle
'C' Mrs. D. Hardwick	'A' Miss M. Slater
'A' Mrs. M. Hartley	'A' Mrs. C. Smith (to 24-10-63)
'B' Mrs. P. Reeve	'A' Mrs. A. M. Walshe
'B' Mrs. H. Hughes (to 24-4-63)	'G' Mrs. H. Manuel*
'B' Mrs. E. M. Hulme	(from 30-9-63)
'B' Mrs. D. Higginbottom	'E' Mrs. D. Spencer*
'F' Mrs. S. King	(to 19-7-63)
'A' Mrs. M. McKenna	'D' Mrs. H. Eglin*
'A' Mrs. N. M. McWiggin	'E' Mrs. O. Knott*

Nursing Auxiliary

Mrs. E. Doolan, S.E.A.N.

'A' S.R.N., S.C.M., H.V. Cert.
'B' S.R.N., H.V. Cert.
'C' R.S.C.N., H.V. Cert.
'D' S.R.N., S.C.M., S.R.F.N.
'E' S.R.N.
'F' S.R.N., R.S.C.N., H.V. Cert.
'G' S.R.F.N.

* Temporary—Part-time.

SCHOOL CLINICS

Minor Ailment Clinics

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

Dental Clinics

Eagle Street	—By Appointment
Gower Street	—By Appointment
Gainsborough Avenue	—By Appointment

Ophthalmic Clinic

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

Orthoptic Clinic

Scottfield	—By appointment only.
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Consultant Aural Clinic

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

Gainsborough Avenue	(By appointment only).
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Child Guidance Clinic

Honeywell Lane Child Welfare Centre	—By appointment only.
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ANNUAL REPORT

STAFF

Dr. J. T. C. Keddie retired as Principal School Medical Officer on October 31st, 1963, and Dr. B. Gilbert commenced duty on November 1st, 1963.

There has been no other change in the medical staffing of the department. The post which became vacant at the end of last year has still not been filled, despite repeated advertising.

The staffing of the Dental Service continued to be unsatisfactory, but we have once again been fortunate to obtain the services of part-time Dental Officers for a limited number of sessions.

During the year it has been possible to operate the Child Guidance Clinic fairly regularly. Dr. Arthur Pool, Consultant Psychiatrist, has continued to undertake one session per week and Dr. J. Johnson, Consultant Psychiatrist, another session.

Mrs. Anne-Marie Beattie, Educational Psychologist, has undertaken three sessions weekly at the clinic in addition to attending the two sessions held by the Consultant Psychiatrists. The services of Mr. Robert T. Beattie, Psychologist in the Health Department, are also available.

Miss E. Schofield, Orthoptist, left the service in May, and in spite of considerable advertising and circularisation of the vacancy to all the Training Schools in England, it was not possible to appoint a successor. Mrs. B. M. Janus, a qualified orthoptist, offered her services in a casual capacity until a permanent replacement could be found. It was, therefore, possible to re-open the Clinic towards the end of June. Mrs. Janus has undertaken two sessions per week fairly regularly, thus ensuring that the more serious cases have received regular treatment.

It was not possible to make a full time appointment to fill the vacant post of additional speech therapist as no applications were forthcoming. In October, however, we were fortunate to obtain the services of Mrs. Joan Bayliss for two sessions per week. Mrs. Audrey M. Carter continued to undertake six sessions per week.

During the year the post of part-time Audiologist was established and arrangements were made for Mr. Alan Sherliker, Deputy Head-teacher of the Beaver Special School for the Deaf and Partially Hearing, who holds the Diploma in Audiology, to devote three sessions per week to Audiological work.

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 is still under construction:—
St. Alban's Roman Catholic Secondary School.
- (2) Henshaw's Church of England Secondary School is being substantially enlarged and remodelled. Work will commence early in 1964 on the second stage of the Breezehill County Secondary School.
- (3) The following school has been included in the building programme approved for the Oldham Authority for 1964/65:—
Street Farm County Secondary School—First instalment.
- (4) The following kitchen and dining room was completed during the year:—
Roundthorn County Primary School.
- (5) The following new dental clinic was completed and occupied during the year:—
Gower Street Dental Clinic.

No new schools were completed during the year.

School Accommodation

The number of children on the register in December, 1963, was 17,589, a decrease of 447 compared with the previous year. The distribution is as follows:—

	Senior	Junior	Infant	Total
County Schools	3,470	4,422	2,628	10,520
Voluntary and Aided Schools	1,479	2,742	1,002	5,223
	—	—	—	—
Totals	4,949	7,164	3,630	15,743
	—	—	—	—
Counthill Grammar School ...	607			
Greenhill Grammar School ...	455			
Hathershaw Technical High School	443			
Junior School of Art	48			

Special Schools:—

Senior and Junior

Beever Special School:

Deaf and Partially Hearing 31

Scottfield Special School:

Physically Handicapped 26

Marland Fold Special School:

Educationally Sub-normal 117

Waterhead Special School:

Partially Sighted 15

Strinesdale Open-Air School:

Resident 30

Non-resident 74

MEDICAL INSPECTION

Periodic Medical Inspection

The periodic Medical inspection of three age groups has been continued, and 4,119 children were examined at these inspections.

The number of children examined is as follows:—

Entrants	1,346
11 year-olds	1,460
Leavers	1,313
	—
	4,119
	—

In addition 157 children in nursery schools and classes were examined.

Of the 1,346 entrants examined, 737 (54.75 per cent) were found to have been vaccinated against smallpox. This compares with 51.36 per cent for the previous year.

The following figures show the incidence of certain defects in the 4,276 who were examined:—

Disease or Defect	No. of children requiring treatment or observation for the Defect	Incidence of the defect per 1,000 children examined
Otitis Media	52	12.16
Nose and Throat	77	18.01
Speech	66	15.43
Cervical Glands	12	2.81
Heart and Circulation	31	7.25
Lungs	56	13.09
Hernia	21	4.91
Epilepsy	18	4.21
Orthopaedic	79	18.48

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

General Condition of Children Inspected

Of the 4,276 children examined at periodical medical inspections 1 was classified as unsatisfactory, which is 0.02 per cent of those examined.

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.

Special Inspection

The Medical Officers made 1,532 special inspections and 1,988 re-inspections at the clinics or in the schools.

Colour Vision

All children at the 11-year-old periodic medical inspection are tested with the Ishihara Charts for any colour vision defect. During the year 1,460 children were tested and 7 boys were found to have a colour vision defect. No girls were found to have defective colour vision.

Secondary Grammar Schools

All children are examined prior to entering grammar schools and school nurses make an annual visit to test the vision 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	310
General condition of leavers examined:	
Satisfactory	310
Unsatisfactory	—
Defect or disease requiring treatment:	
Eyes—Vision	4
Heart	1

Uncleanliness Examinations

Statistical details of school nurses' work in connection with head infestation are as follows, with 1962 figures in parenthesis:—

Nurses' first inspections in schools	43,218	(45,898)
Nurses' re-inspections in schools ...	3,006	(3,592)
Number of school visits for first inspection	243	(252)
Number of school visits for re-inspection	384	(377)
Number of individual children found to be infested	931	(920)

The figure of 931 individual children found to be infested represents 5.29 per cent of the school population (5.10 per cent in 1962).

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 1,003 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 87 children from one or more of the following categories of work:—

1—Heavy manual work	5
2—Sedentary work	—
3—Indoor work	—
4—Work involving prolonged standing, much walking, or quick movement from place to place	4
5—Exposure to bad weather	12
6—Work involving wide changes in temperature	5
7—Work in damp atmosphere	7
8—Work in dusty atmosphere	10
9—Work involving much stooping	1
10—Work near moving machinery or moving vehicles ...	3
11—Work at heights	3
12—Work requiring normally acute vision	34
13—Work requiring normal colour vision	24
14—Work requiring the normal use of hands	1
15—Work involving the handling or preparation of food	4
16—Work requiring freedom from damp hands or skin defects	2
17—Work requiring normal hearing	4

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 375, and the occupations were as follows:—

Newspaper delivery	327
Shop assistants	11
Delivery boys	13
General assistants	23
Farmwork	1

CO-OPERATION WITH PARENTS, TEACHERS, SCHOOL WELFARE 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 inspection is as follows.

	1962		1963	
Entrants	1643	93.35%	1288	95.69%
11 year olds	1151	75.43%	1047	72.40%
Leavers	342	19.16%	255	19.42%

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. Until July the Oldham and District General Hospital Management Committee provided an Orthopaedic Clinic at Gainsborough Avenue. A Paediatric Out-Patients' Clinic is held at the Oldham and District General Hospital each Monday afternoon and Wednesday morning, and twice a month on Friday afternoon.

The Consultant Paediatrician, Dr. D. Hilson, is retained 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 School Medical Officer, Dr. J. Starkie, making regular visits to the paediatric ward at the Oldham & District General Hospital when Dr. Hilson conducts a ward round.

Mr. J. Norman Appleton is retained as Consultant Aural Surgeon and undertakes the examination of deaf and partially hearing children. He also supervises the children in the Special School for Deaf and Partially Hearing 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. Ten children were provided with individual hearing aids during the year.

Dr. F. Janus is retained 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 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 868 children made 4,375 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 of the Ministry of Education Medical Inspection Returns.

Scabies

The number of cases in school children totalled 46, compared with 43 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	33
School children	46
Adults:—	
Female	29
Male	17

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 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, 1,788 examinations were undertaken by Dr. L. B. Hardman, and spectacles were prescribed or changed in 1,240 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

The clinic is under the supervision of Dr. F. Janus, Consultant Ophthalmic Surgeon, and Dr. L. B. Hardman, Ophthalmic Surgeon. Miss E. Schofield was employed full time in the Clinic until she resigned at the end of May to take up a hospital appointment in Buckinghamshire. Despite widespread advertising no applications were received for the vacant post and the Clinic ceased to operate from the beginning of June. However, we were extremely fortunate, in that Mrs. B. M. Janus a qualified orthoptist, offered her services part-time until a full time replacement could be acquired. The Clinic re-opened towards the end of June when Mrs. Janus commenced and she has undertaken two sessions per week fairly regularly, thus ensuring that the more serious cases have received regular treatment.

The following details relate to the Clinic:—

There were 1,063 attendances made by school children and there were 55 new cases referred. In certain cases operative treatment is advised and the children concerned are referred to the Oldham Royal Infirmary and admitted without undue delay.

Attendances during the year:—

Treatment	151
Occlusions	150
Tests	695
Observations	67

 1,063
Ear, Nose and Throat Defects

Children found to be suffering from these defects are referred to the Scottfield Aural Clinic, where, 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 child's name is immediately placed on the waiting list for admission.

During the year, 44 sessions were held and 65 new cases were examined. The total number of attendances was 418.

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 49 children were awaiting operative treatment for tonsils and/or adenoids, and at the end of the year the number was 17.

The number of children receiving operative treatment during the year was 58 compared with 103 in the previous year.

Orthopaedic Defects

The arrangements for schoolchildren to receive treatment at the Orthopaedic Clinic continued until July, when Dr. M. F. Johnstone retired. From that time, children requiring orthopaedic treatment have been referred to the Orthopaedic Department of the Oldham Royal Infirmary. The majority of cases require advice and exercises, and only a few cases require surgical treatment. Physiotherapy and ultra violet ray treatment was available at the Gainsborough Avenue Clinic for the remainder of the year.

During the year 12 schoolchildren were referred to the clinic for the following defects:—

Defect	No. of Cases
Flat Feet	3
Inverted Feet	1
Knock Knees	3
Other Deformities of Toes	1
Postural Defects	2
Hallux Valgus	1
Other Defects	2

Convalescence

Arrangements exist for selected schoolchildren 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, 4 children (2 boys and 2 girls) were sent to the following convalescent homes:—

Taxal Edge Convalescent Home, Whaley Bridge, Derbyshire	2
West Kirby Convalescent Home	1
Boarbank Hall Convalescent Home, Grange-over- Sands	1

SCHOOL DENTAL SERVICE

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

The staffing of the School Dental Service has again been extremely difficult. It has not been possible to make any full-time appointments. A number of dental surgeons have been engaged on a part-time basis but unfortunately some of these appointments are only of short duration. The net result has been that the total number of treatment sessions has been fewer than the previous year. This of course is reflected in the total amount of treatment carried out. Nationally, there has been considerable improvement in recruitment to the school dental service in many areas, and some authorities have been able to bring their staff up to full establishment. Dental surgeons entering the School Dental Service are able to select areas which are more attractive residentially than Oldham. In addition there is a shortage of dental surgeons in general practice in Oldham.

It is pleasing to report the opening of a new dental clinic at Gower Street. This modern dental clinic replaces the old clinic at Gower Street which has given many years of yeoman service. The new clinic is similar in construction to the dental clinic at Eagle Street which was opened in 1960. It provides excellent working conditions and is equipped with modern dental equipment. It is appreciated by the staff and also the children and parents who attend. It is hoped that it will be possible to replace the dental clinic at Gainsborough Avenue by a similar type of modern clinic in the not too distant future. The provision of first-class working conditions should help in the recruitment of staff to the School Dental Service.

The appointment of a Dental Hygienist was made in order to stimulate Dental Health Education. Dental Hygienists have special training in the teaching of oral hygiene and correct diet with relation to the prevention of dental decay. Visits are made to the schools and instruction given to the children, use is made of films, posters, pamphlets etc. In addition, they are trained to scale and polish teeth. This appointment should help considerably in improving the standard of oral hygiene and consequently help to reduce the amount of dental decay.

During the year it has not been possible to carry out routine dental inspections for all the schoolchildren. This is to be regretted since lengthy intervals between routine dental inspections inevitably result in many children having to seek treatment for the relief of toothache. Once again it is necessary to report the large number of children attending the clinic as "casuals". Routine dental inspections have provided evidence of many of the older children obtaining dental treatment through the General Dental Practitioner Service of the National Health Service.

The staff of the School Dental Service have provided a dental service for expectant and nursing mothers and also pre-schoolchildren. Unfortunately, it has not been possible to expand this very important service.

Voluntary evening sessions have been worked at the dental clinics at Eagle Street and Gainsborough Avenue. This is an excellent means of treating the older children who find it difficult to attend during school hours since it disrupts school lessons particularly when taking examinations. There were 85 sessions held during the year.

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.

(a) *Periodic Inspections.* — During the year, 4,512 children received a periodic dental inspection. Of the children inspected, 3,970 were found to have dental defects and 2,246 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, 3,358 children received special inspections at the dental clinics. These are usually children who have developed toothache or who attend the clinics for advice regarding 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.

Of the 7,214 children referred for treatment following periodic and special inspections, 4,695 accepted and received treatment and the total number of attendances was 11,256.

5,294 fillings were inserted in permanent teeth and 396 fillings were put in temporary teeth.

The number of permanent teeth extracted was 2,764, as compared with 3,151 for the previous year. Many of these teeth were extracted for orthodontic reasons. It was necessary to extract 6,254 temporary teeth.

2,229 schoolchildren received a general anæsthetic for the extraction of teeth. In addition, pre-schoolchildren 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. Dr. B. H. Lees and Dr. N. L. Gilburn also undertake regular weekly sessions as Anæsthetists.

Orthodontic Treatment

During the year 64 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	28
Cases completing treatment	20
Attendances	506
"Fixed" appliances fitted	nil
"Removable" appliances fitted	71
"Mouth screens" fitted	11

X-ray Examinations

Full use has been made of the X-ray unit installed at Eagle Street Clinic and 289 films were taken.

Dentures

82 partial dentures were constructed for children who had lost teeth, usually as a result of accidents.

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 6 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 SERVICE

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

Staff

Consultant Psychiatrists

Dr. Arthur Pool

Dr. John Johnson

Educational Psychologist

Mrs. Anne-Marie Beattie

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

The following table shows the grouping of intelligence quotients of the 85 cases dealt with during the year:—

I.Q.	Boys	Girls	Total
70 and under	2	1	3
71—85	10	5	15
86—95	13	5	18
96—114	23	11	34
115—129	4	3	7
130 and over	1	2	3
	—	—	—
	53	27	80
Awaiting test at 31st December, 1963	2	1	3
Closed before psychological test carried out	1	—	1
Not tested	—	1	1
	—	—	—
	56	29	85
	—	—	—
Cases referred			50
New cases			43
Old cases re-opened			7
Sources of reference:			
Director of Education			7
School Medical Officers			11
General Practitioners			17
Headteachers			5
Probation Officer			3
Speech Therapist			1

Consultant Pædiatrician	3
Children's Officer	1
Casualty Department—O.R.I.	1
County Medical Officer	1
	— 50
Recommendations	50
(a) treatment at Clinic	16
(b) visiting by Mental Welfare Officer	6
(c) cases to be reviewed	7
(d) admission to Adolescent Psychiatric Unit	1
(e) cases closed after treatment	7
(f) cases closed after investigation and follow-up	6
(g) cases closed — not investigated (refused to attend interviews)	1
(h) individual tuition	1
(i) awaiting examination at 31st December, 1963	5
	— 50
CASES TREATED AT CLINIC DURING THE YEAR	51
ENURESIS CASES TREATED WITH PAD AND BUZZER APPARATUS	6
CASES REFERRED FOR E.E.G. DURING THE YEAR	5
DR. POOL—25 sessions. DR. JOHNSON—23 sessions.	
Diagnostic interviews	42
Psychiatric interviews	29
Psychotherapy	64
Home visits	1
Hospital visits	2
Other interviews	2
EDUCATIONAL PSYCHOLOGIST	
Psychological Tests:	
Diagnostic	39
Re-Tests	8
Group therapy sessions	103
Interviews	54
School visits	11
Home visits	1
Psychotherapy	38
Other visits	1
Individual tuition sessions	20

SCHOOL MEDICAL OFFICERS

Medicals	31
Interviews	1

MENTAL WELFARE OFFICERS

Social histories	36
Home visits	276
School visits	5
Escort duties	509
Other visits	16
Play therapy	13
Searches	2

SCHOOL PSYCHOLOGICAL SERVICE

Cases dealt with during the year by Mrs. Anne-Marie Beattie Educational Psychologist	27
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Sources of Referral:—

School Medical Officers	13
Head Teachers	9
Director of Education	5

Several of these cases were transferred to the Child Guidance Clinic files in view of the necessity for further treatment.

In addition an assessment of 25 children at Clarksfield County Secondary Modern school was conducted, with regard to their placement in an officially established special class for educationally retarded children at this school.

The services of Mr. Robert T. Beattie, Senior Psychologist to the Local Authority were also available.

THE AUDIOLOGICAL SERVICE

This year the Education Committee approved the establishment of an Audiological Service as a section of the School Health Service. In June, Mr. Alan Sherliker completed the course in Advanced Audiology at Manchester University, Department of Audiology and Education of the Deaf and was appointed part-time audiologist with effect from the 1st August, 1963.

I am indebted to Mr. Alan Sherliker for the following report:—

The work of the service will be directed to the problems of ascertainment, training, parent guidance, educational placement and rehabilitation of deaf and partially hearing children within the Borough. It will include:—

- 1—The supervision of the audiometric "sweep" testing of all school entrants to be carried out by the school nurses.
- 2—The supervision of the Hearing Screening tests of pre-school children to be administered by the Health Visitors.
- 3—Full audiometric and speech discrimination assessments of school children and pre-school children as referred by the Otologist, the Principal School Medical Officer, Health Visitors and Head Teachers.
- 4—Guidance to the parents of all children diagnosed as deaf or partially hearing.
- 5—Guidance of deaf and partially hearing children in the use of Hearing Aids, Lipreading and Auditory training—as far as possible from the initial fitting of the aid.
- 6—Help to teachers who have partially hearing pupils in their classes.

Early ascertainment of any hearing impairment is imperative. To this end in the period September to December, 1963, courses and practical training sessions were held on the hearing screening tests of pre-school and audiometric sweep testing of school children for Health Visitors and School Nurses at various schools and clinics.

The routine testing by pure tone audiometry continued throughout the year in the Authority's 36 Infant Schools and Departments and 1,597 children (5 year olds) were examined by the "pure tone sweep test." 207 children failed the test and were referred for re-examination at either Beever Special School for the Deaf and Partially Hearing or at the Public Health Department, where they were re-tested to ascertain their thresholds of acuity for pure-tones by both air and bone conduction. Many of these children were also given speech discrimination tests.

The following is a summary of the 207 cases referred for re-examination:—

Found on re-test to have normal hearing and speech discrimination	41
Did not attend for re-test	38
Children screened at the end of 1963 and still awaiting re-test	22
Already under investigation by own Medical Practitioner	5

For re-test next school sweep or during 1964	19
Under observation by the School Medical Officers at Scottfield Clinic	36
Treated by School Medical Officers and discharged	6
Already attending Hospital Aural Clinics	12
Referred to Consultant Otologist	28

A summary is given below of the diagnosis made by the Otologist, in respect of the 28 children referred to him:—

(1) Children with bilateral middle ear deafness— For review after tonsils and adenoid operation ...	16
(2) Unilateral perceptive deafness	2
(3) Bilateral perceptive deafness—under clinical super- vision	5
(4) For review after post nasal sinuses examination and bilateral antral wash-outs	3
(5) Discharged after treatment	2

Miscellaneous Investigations

During the year 4 head teachers requested full audiological investigations of children in their schools. Seven children were referred and were given tests of auditory acuity by air and bone conduction and tests of speech discrimination using standardised test material produced by the Department of Audiology and Education of the Deaf at Manchester University.

Summary of children referred:—

Found to have normal response to sound and speech	3
Referred to Aural Clinic	4

The diagnosis made by the Otologist in respect of the 4 children referred to him is shown below:—

Case 1 & 2: Moderate catarrhal deafness—review after operative treatment.

Case 3: Moderate degree of unilateral perceptive deafness—continued under observation.

Case 4: Moderate degree of deafness, mainly perceptive—issue hearing aid and guidance.

The Otologist asked for full audiometric examination of 29 children under his supervision. This was carried out and the results were sent to him.

SUMMARY—

Number of children screened during the year	1,597
Number of children for re-test	207
Number of children for full investigation referred by Otologist or Head Teachers	36
Number of children already attending hospital aural clinics	12
Number of children who have had treatment or who are under observation by School Medical Officers	42
Number of children referred to Otologist at Scottfield Clinic (new cases)	32

In December, 1963, the first pre-school assessment clinic was held at Scottfield Clinic and 8 babies were assessed by Dr. I. Barrie and Mr. Sherliker—2 of these children had been previously assessed at the Manchester University audiological clinic and were referred to our Audiological Service for pre-school guidance. It is hoped to hold pre-school clinics at monthly intervals during 1964.

It is proposed early in 1964 to adapt two rooms at Gainsborough Avenue to serve as an Audiology Clinic. It will be housed in the same building as the Speech Therapy Department. This will have many advantages since often the work of the two departments overlap.

During 1963 a major proportion of time of the service was directed to compiling of information regarding cases already ascertained as having some degree of hearing impairment, so that guidance work could be started.

By the end of the year the register of the audiological service was as follows:—

- 1—3 pre-school partially hearing children and their parents were being given weekly guidance.
(5 pre-school children had been diagnosed as having some hearing impairment).
- 2—8 children of school age using hearing aids in ordinary schools were receiving weekly or fortnightly periods of auditory training or remedial teaching.
- 3—20 children had been ascertained as children with some degree of hearing impairment that will necessitate regular periods of supervision.
- 4—19 children had been ascertained as having persistent conductive type deafness and were under treatment by the Otologist and would require some audiological supervision.
- 5—10 children had been ascertained as having unilateral hearing defects.

During the coming year it is envisaged that there will be considerable advance in the work of the audiological service.

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	1963		Nursery Schools and Classes	PRIMARY SCHOOLS		SECOND- ARY SCHOOLS	ADJACENT AUTHORITIES		
	Cases	Deaths		Infant Depts.	Junior Depts.		Infant Depts.	Junior Depts.	S'c'd'y Schools
Meningococcal Infections	—	—	—	—	—	—	—	—	—
Dysentery	34	—	1	14	10	4	5	—	—
Diphtheria... ..	—	—	—	—	—	—	—	—	—
Measles	532	—	37	450	28	4	12	1	—
Scarlet Fever	58	—	1	34	17	4	2	—	—
Whooping Cough ...	12	—	1	6	4	—	—	—	1
Poliomyelitis	—	—	—	—	—	—	—	—	—
Tuberculosis—									
(a) Pulmonary	4	—	—	1	2	1	—	—	—
(b) Other forms	1	—	—	—	1	—	—	—	—

Diphtheria

No case occurred during the year.

Smallpox

No case occurred during the year.

Meningococcal Infections

No case occurred during the year.

Measles

There were 532 cases compared with 235 cases in the previous year.

Scarlet Fever

There were 58 cases notified compared with 39 cases in the previous year.

Whooping Cough

There were 12 cases notified and confirmed compared with two cases for the previous year. In two cases, the children had received courses of protective immunisation.

Dysentery

There were 34 cases compared with 41 in the previous year. In 29 cases the Sonn  organism was isolated, the remaining 5 cases being clinical.

Acute Poliomyelitis

No cases occurred during the year.

Pulmonary Tuberculosis

During the year, four schoolchildren were notified and accepted as tuberculosis minus (sputum negative or absent).

No death occurred from pulmonary tuberculosis.

Case 1/63

A girl aged six years was referred to the Consultant P dia-trician with a history of coughing and vomiting. She was admitted to Oldham and District General Hospital in January with a positive mantoux and chest infection. She was subsequently diagnosed as tuberculous primary complex. She was discharged from hospital in April, and following a period of convalescence at Lytham St. Annes she resumed attendance at her school in May.

Case 2/63

A girl aged 12 years attended the Chest Clinic in June as a family contact of a case of positive pulmonary tuberculosis. Tuberculin tests proved negative but a month later she complained of not feeling well, loss of appetite and pains in back. Further tuberculin tests were found to be positive and she was diagnosed as erythema nodosum. She commenced domiciliary chemotherapy in July. She made good progress and was fit to resume school in September.

Case 3/63

A boy aged seven years attended the Chest Clinic as a contact of his mother who was admitted to hospital as a case of pulmonary tuberculosis. The boy was diagnosed as having a primary tuberculous infection at the end of October and was admitted to Wrightington Hospital in November. He was still in hospital at the end of the year.

Case 4/63

A girl aged nine years attended the Chest Clinic as a contact of a relative who was admitted to hospital suffering from pulmonary tuberculosis. The girl was diagnosed as having tuberculous primary complex at the end of November and commenced domiciliary chemotherapy. At the end of the year she had not resumed attendance at school.

Non-Pulmonary Tuberculosis

During the year one case was notified and accepted. This was a girl aged nine years who was diagnosed as suffering from tuberculous meningitis. She was admitted to Oldham and District General Hospital in June and discharged in October, following which she had a month's convalescence at Lytham St. Annes. She had not resumed school by the end of the year.

Tuberculosis—Special Investigations

The combined use of tuberculin testing and Miniature 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.

Where a group of children or individuals have been in close contact with an open case (sputum positive) the following procedure is adopted. If the case occurs in school:—

- 1—All staff should be tuberculin tested and X-rayed.
- 2—All children should be tuberculin tested.
- 3—Children who show a positive reaction should be X-rayed.

During the year there were no special investigations undertaken.

TABLE OF CASES OF CERTAIN NOTIFIABLE DISEASES OCCURRING IN SCHOOL CHILDREN
(Aged 5-15 Years)—1936—1963

Year	Meningo- coccal Infec- tions	Dysentery	Diphtheria		Measles	Scarlet Fever	Whooping Cough	Polio- myelitis	Tuberculosis			
			Cases	Deaths					Pulmonary	Other Forms	Deaths	
1936	4	-	215	17	1420	128	292	-	1	15	5	(-)
1937	1	-	218	14	472	158	261	-	4	17	3	(-)
1938	1	1	169	4	922	176	328	-	7	25	5	(2)
1939	-	-	32	2	60	235	50	-	2	17	6	(2)
1940	-	5	47	3	990	99	160	1	1	25	7	(-)
1941	6	-	27	1	224	122	87	-	4	9	-	(-)
1942	4	-	58	-	1075	249	54	1	1	17	-	(-)
1943	2	-	91	1	107	196	137	-	1	17	1	(-)
1944	1	-	48	3	470	342	40	-	-	12	2	(-)
1945	2	1	31	-	131	217	45	-	4	15	4	(2)
1946	-	4	30	2	686	88	71	1	2	5	-	(-)
1947	-	-	39	1	154	61	36	6	2	10	3	(-)
1948	1	47	10	1	517	125	82	-	8	14	2	(-)
1949	-	52	1	-	377	273	62	-	2	4	-	(-)
1950	-	94	1	-	420	165	117	3	1	7	1	(-)
1951	-	129	-	-	526	106	72	1	5	5	2	(1)
1952	1	155	-	-	819	179	45	3	7	5	1	(1)
1953	-	29	-	-	256	148	57	3	7	5	-	(-)
1954	-	174	-	-	427	106	81	3	4	7	-	(-)
1955	1	699	-	-	588	177	2	3	11	9	-	(-)
1956	1	78	-	-	60	106	7	6	5	4	-	(-)
1957	2	37	-	-	1320	48	41	1	3	1	-	(-)
1958	-	638	-	-	442	100	32	1	6	4	-	(-)
1959	1	62	-	-	429	111	36	-	4	2	-	(-)
1960	-	315	-	-	836	57	20	-	4	-	-	(-)
1961	2	44	-	-	184	86	16	3	2	-	-	(-)
1962	-	41	-	-	235	39	2	-	-	-	-	(-)
1963	-	34	-	-	532	58	12	-	4	1	-	(-)

Deaths—Tuberculosis. The figures shown in brackets relate to deaths from Pulmonary Tuberculosis.

School Exclusion

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

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

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
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.
Poliomyelitis ...	6 weeks. Will usually require much longer period for recovery.	21 days.
Encephalitis	6 weeks.	21 days.
Meningococcal Infection ...	6 weeks.	21 days.
Food Poisoning Smallpox Typhoid Fever }	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.
Dysentery	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	Normally no exclusion. If any symptoms suspicious of dysentery — exclude until authorised to re-admit.

IMMUNISATION AND VACCINATION

Diphtheria Immunisation

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.

Prior to the school entrance medical examination the immunisation and vaccination state of each child is checked. Parents are asked to consent to re-inforcing immunisation or, where no primary immunisation has taken place, a course of primary immunisation. On

receipt of parents' consent arrangements are made to visit schools to give this protection. A similar procedure takes place prior to the medical examination of children aged eleven years.

Triple Antigen (protection against diphtheria, whooping cough, and tetanus), first issued in 1957, is still used for primary immunisation for children aged under five years. Children commencing primary immunisation aged over five years receive Diphtheria Tetanus Prophylactic.

The material used for re-inforcing injections in the sixth and eleventh year is Diphtheria Tetanus Prophylactic.

The following table gives the number of children aged 5-14 years (inclusive) who received primary immunisation after entering school:

Primary Immunisation:—

Year of Birth	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	Total
No. Imm.	37	38	13	10	10	15	70	37	1	—	231

Reinforcing Injection (1st and 2nd)—1,310.

Vaccination Against Smallpox

During the year 40 children of school age received primary vaccination and 41 children were re-vaccinated.

Poliomyelitis Vaccination

Vaccination against poliomyelitis is available to all school children.

Oral poliomyelitis vaccine became available in March, 1962, and at the end of 1963 was used exclusively by the Department. The full course consists of three doses, given at intervals of six to eight weeks. Children entering school are offered a re-inforcing dose. During 1963 it was necessary to complete primary vaccination commenced with Salk vaccine, i.e. two doses of oral vaccine after two Salk injections.

The following tables give the number of children aged 5-14 years (inclusive) who received:—

- (a) Third injection of Salk vaccine or one dose of oral vaccine following two injections of Salk.
- (b) Fourth injections of Salk vaccine, or one dose of oral vaccine following three injections of Salk vaccine; or one dose of oral vaccine following two injections of Salk vaccine plus one dose of oral vaccine; or fourth dose of oral vaccine.
- (c) A full course of oral vaccine (three doses).

(a) *Third Doses—Salk and Oral Vaccine—24.*

Birth Year of	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	Total
No. rec. 3rd Inj.	2	2	—	1	1	2	1	—	1	1	11
No. rec. aftr 2 inj. 3rd Oral	4	4	1	—	—	2	2	—	—	—	13
Total	6	6	1	1	1	4	3	—	1	1	24

(b) *Fourth Doses—Salk and Oral—1,685.*

Year of Birth	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	Total
No. rec. 4th inj.	—	—	—	1	—	—	—	—	—	—	1
No. rec. 4th Oral aftr 3 slk	213	394	165	103	85	44	27	7	4	30	1072
No. rec. 4th Oral after 2 Salk & 1 Oral	39	97	90	97	95	93	79	—	—	9	599
No. rec. 4th Oral	2	2	5	2	1	1	—	—	—	—	13
Total	254	493	260	203	181	138	106	7	4	39	1685

(c) *Full Course of Oral Vaccine—(3 doses)—224.*

Year of Birth	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	Total
No. Vacc.	41	35	29	22	22	18	33	10	6	7	223

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, 25 schoolchildren (14 males, 11 females) who were found to be Mantoux negative received B.C.G. vaccination. Subsequent Mantoux tests were positive.

Vaccination of Schoolchildren — In accordance with Ministry of Health Circular 22/53, the vaccination of older schoolchildren has been continued. All children in their second year at a Secondary Modern School (i.e. 12/13 year old group) were offered B.C.G. vaccination. The arrangements are under the control of the Medical Officer of Health, and medical officers on his staff, who have received special instruction in B.C.G. vaccination, undertake these duties.

In the case of children who are strong positive reactors, parents are advised that an X-ray of the chest is necessary. This examination is carried out at the Chest Clinic, Oldham and District General Hospital, and the films are reported upon by Dr. H. S. Bagshaw, who also undertakes any necessary supervision. No case of active tuberculosis was detected in the 11 cases referred for X-ray examination. In 8 cases, there was evidence of healed primary lesions. The others showed no significant abnormality.

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

Number of children offered B.C.G.	1443
Number of acceptances	965
Percentage accepting	70

Number excluded on medical grounds	26
Number excluded having been skin tested and found positive in 1962, during special investigation	41
Number completing skin testing	942
Number positive	113
Number negative	829
Number receiving vaccination	829
Number of children requiring X-ray	11
Number of children X-rayed	11

The headteachers of the Boys' and Girls' Schools of a Direct Grant school in the Borough were again approached with view to their pupils being offered B.C.G. vaccination. They kindly agreed on this occasion and for the first time these facilities were made available to pupils in the eligible age group attending the two schools. As this was the first time that the School had been included in the programme it was decided that all pupils aged 13 years and over should be given the opportunity of having skin tests and vaccination if necessary.

Details are as follows:—

Total number offered B.C.G.	688
Number of acceptances	412
Perecentage accepting	60
Number completing skin testing	398
Number positive	120
Number negative	272
Number receiving vaccination	272
Number of pupils requiring X-ray	1
Number of pupils X-rayed	1

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 5 years. Death was due to:—

“Acute Lymphatic Leukaemia.”

This child was diagnosed as suffering from leukaemia in 1959. She had been under regular hospital treatment and observation from time of making the diagnosis until her death.

Case 2—A girl aged 15 years. Death was due to:—

“ 1 (a) Congestive heart failure.

(b) Dextro Cardia with pseudo truncus arteriosis.”

This child had a congenital heart lesion and had been a cardiac invalid throughout her life. She had attended the special school for physically handicapped pupils all her school life.

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

“Cerebral Haemorrhage.”

Post mortem without inquest.

This boy died suddenly at home. A coroner's post mortem showed the cause of death to be cerebral haemorrhage.

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

“1 (a) Hodgkin's Granuloma.”

This boy's health was noted to be deteriorating in the summer of 1962. He was referred for hospital advice later, and was fully investigated. A diagnosis of Hodgkin's Disease was made and he made no real response to treatment. He died in July, about twelve months after the onset of symptoms.

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

“1 (a) Cardiac failure.

(b) Acute Bronchial Asthma.”

This child had been a severe case of asthma and had been under hospital care regularly since early childhood. She was admitted to the Open Air School at the age of 5 years and continued at that school. She died on the way to hospital, from home, during an acute attack of asthma.

Case 6—A girl aged 13 years. Death was due to:—

“1 (a) Teratoma of ovary (right).”

This child was diagnosed as having malignant ovarian tumour in 1962. In spite of treatment the condition was not curable and she died about 10 months after the diagnosis was made.

Case 7—A boy aged 13 years. Death was due to:—

“Asphyxia due to strangulation (Misadventure).”

Post mortem and inquest.

This boy was accidentally strangled while swinging on a rope suspended from a tree.

Case 8—A boy aged 6 years. Death was due to:—

“Laceration of brain and haemorrhage following fracture of skull. Struck by private motor car in street (Accidental).”

Post mortem and inquest.

This boy was struck by a motor car while walking across a busy road.

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 31 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.

Children Unsuitable for Education at School

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 the Consultant in Mental Deficiency is obtained.

During the year 7 children were reported to the Local Health Authority as being unsuitable for education at school.

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. A boy aged 15 years remained in residence at Henshaw's School for the Blind, Manchester, throughout the year.

A girl aged 6 years was ascertained and admitted to the Liverpool School for the Blind in January.

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	7	9	16
(5 Lancs. C.C.—1 Rochdale C.B.)			
Number admitted during the year	1	2	3
(2 Lancs. C.C.)			
Number discharged			
At the age of 15 years	1	-	1
Transferred to School for the Blind ...	-	1	1
(1 Lancs. C.C.)			
Transferred to Secondary Mod. School	1	-	1
Transferred to Exhall Grange Grammar School	1	-	1
(1 Lancs. C.C.)			
Number on register, 31st December ...	5	10	15
(6 Lancs. C.C.—1 Rochdale C.B.)			

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

Nystagmus and Albinism
Optic Atrophy and Nystagmus
Pendular Nystagmus

A boy aged 9 years was admitted to the school from the Middleton area and a girl aged 10 years from Littleborough commenced attendance at the school, following requests made by their respective Authorities.

The other admission was a girl who resided in Oldham when she was admitted to the School in September. Before the end of the year she went to live in the Lancashire County area, and responsibility for her maintenance was transferred to that Authority.

The boy who left school at the age of 15 years was placed in employment as a casemaker.

Deaf Pupils:—

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

These pupils are usually admitted to the Beever Special School.

	Boys	Girls	Total
Number on register, 1st January	9	4	13
(6 Lancs. C.C.—1 Manchester C.B.)			
Number admitted during the year	—	—	—
Number reclassified to Partial Hearing	4	—	4
(2 Lancs. C.C.)			
Number discharged during the year ...	1	1	2
(1 Lancs. C.C.—1 Manchester C.B.)			
Number on register 31st December	4	3	7
(3 Lancs. C.C.)			

One girl left the school on attaining the age of 16 years and she was found employment as a filing clerk in the office of a local engineering works. The other discharge was a boy aged 7 years, a County Case, who was transferred to a residential school in Manchester.

Residential Special Schools

At the beginning of the year, 4 children (2 girls and 2 boys) were being maintained by the Authority, in the following schools, and 3 were still resident in the schools at the end of the year:—

Royal Cross School for the Deaf:

Senior Department, Preston	2
Royal Residential Schools for the Deaf, Manchester	1

A boy left St. John's School for the Deaf, Boston Spa, at Easter having attained the age of 16 years and was found employment in a Cotton Mill.

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

Partially Hearing 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	9	6	15
(4 Lancs. C.C.)			
Number admitted during the year	5	3	8
(2 Lancs. C.C.)			
Number reclassified from Deaf to partially hearing	4	—	4
(2 Lancs. C.C.)			
Number discharged during the year ...	1	1	2
(2 Lancs. C.C.)			
Number on register 31st December ...	17	8	25
*(7 Lancs. C.C.)			

* One child left Oldham to reside in Royton, during the year and became the responsibility of the Lancashire County Council.

Two boys, aged 8 and 13 years, were admitted to the School at the request of the Lancashire County Council. Three boys (aged 5, 8 and 9 years, and three girls of 3, 7 and 9 years) all residing within the County Borough, were admitted to the School during the year. Two children, a boy and a girl, both County Cases, were discharged during the year, having attained 16 years. They were both found suitable employment.

A boy, now aged 16 years, who was admitted to the Mary Hare Grammar School in September, 1959, was still attending the school 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.

Pupils Suspected of Deafness

Children suspected of deafness are brought to the notice of the School Medical Officers through the usual channels, and the screening tests of hearing being carried out by the Health Visitors at the various Child Welfare Centres. Before such cases are accepted as handicapped pupils however, they are referred to our Audiological Clinic for full investigation. Occasionally, children are referred to Professor Sir A. W. G. Ewing at the Department of Audiology and Education of the Deaf, Manchester University, whose help and advice is greatly appreciated. During the year 4 children were referred to the University Department, and it was recommended that they should receive parent guidance at this Authority's Audiological Clinic prior to their admission to Special Schools at a later date.

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 the special class at Beaver County Junior School. This class provides places for 20 children.

During the year 63 examinations in respect of 57 children were carried out. These examinations are usually held at the Health Office, but some are undertaken in the schools and in special cases, home visits are made.

The following is a summary of the recommendations made:—

- | | |
|--|---|
| (a) Unsuitable for education at school | 6 |
| (b) Marland Fold Special School leavers:— | |
| (i) Formally reported as requiring care and guidance | 4 |

(ii) Not formally reported as requiring care and guidance—For friendly supervision only ...	5
(iii) County Cases—Information passed to the appropriate Authority	2
(c) Recommended for admission to Marland Fold Special School	16
(d) Recommended for admission to Special Class	8
(e) For further supervision	20
(f) Recommended for other forms of schooling	2

There were no admissions to, or discharges from, residential special schools during the year, and at the end of the year there were no Oldham school children resident in special schools.

MARLAND FOLD SPECIAL SCHOOL

Educationally subnormal children who require more specialised education than can be provided in a special class are admitted to the Marland Fold Special School.

	Boys	Girls	Total
Number on register, 1st January	67	44	111
(9 Lancs. C.C.—6 West Riding C.C.)			
Number admitted during the year	16	10	26
(2 West Riding C.C.)			
Number discharged during the year	12	7	19
(2 Lancs. C.C.)			
Number on register 31st December	71	47	118
(7 Lancs. C.C.—8 West Riding C.C.)			
Children discharged during the year:—			
(a) At age 16	7	4	11
(2 Lancs. C.C.)			
(b) Transferred to County Special School...	1	—	1
(c) Transferred to Residential Special School	1	—	1
(d) Left the district	2	1	3
(e) Committed to Approved Schools	1	1	2
(f) For health reasons	—	1	1

There were 11 children who left school on reaching the age of 16 years (9 Oldham, 2 Lancashire County).

Of the 9 Oldham children who left, 4 were considered to require care and guidance after leaving school and were formally reported to the Local Health Authority. Of these children, one boy and one girl were placed in suitable employment. The other two, both boys, were placed in the Arthurs Industrial Centre. Information on the

other 5 Oldham children was passed to the Local Health Authority, for friendly supervision only and all (2 boys and 3 girls) were placed in suitable employment.

The two Lancashire County cases, both boys, were found suitable employment.

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."

Two boys both aged 6 years were admitted to Colthurst House Residential Special School in January and they were both still in residence at the end of the year. A boy aged 10 years was ascertained as requiring a place in a Special School and was admitted to Soss Moss Residential Special School in May, and he was still attending the School at the end of the year.

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.

The following were resident in special schools at the beginning of the year:—

A boy aged 16 years, who was admitted to Chaigeley School, Thelwell, Warrington, in April, 1960, left the school at Easter.

A boy aged 13 years who was admitted to Chaigeley School in September, 1961, remained resident at the school throughout the year.

In February, the Authority took over responsibility for the maintenance of a boy aged 7 years, at Childscourt School, Lattiford House, near Wincanton, Somerset. This boy had been ascertained by the Lancashire County Authority and admitted to the school when his parents were resident in the County area. They had since moved to an address within the County Borough of Oldham.

No cases were ascertained during the year, as requiring admission to special residential schools, and no cases were admitted.

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 11 children admitted during the year with the following defects:—

Spina bifida	1
Congenital heart disease	1
Cerebral Palsy	2
Perthes Disease	1
Cerebral Palsy and Epilepsy	1
Congenital dislocation of hips	3
Left-sided palsey following intra-cranial haemorrhage	1
Fractured Femur	1

	Boys	Girls	Total
Number on register, 1st January	10	13	23
(3 Lancs. C.C.)			
Number admitted during the year	6	5	11
(1 Lancs. C.C.)			
Number discharged during the year	1	6	7
(1 Lancs. C.C.)			
Number on register, 31st December	15	12	27
(3 Lancs. C.C.)			

Children discharged:—

Died	—	1	1
Admitted to Hospital School	—	1	1
Transferred to ordinary School	—	2	2
Transferred to Residential School	1	—	1
(1 Lancs. C.C.)			
Unfit to continue attendance	—	2	2

The girl who died was 15 years of age and suffered from congenital heart disease.

RESIDENTIAL SPECIAL SCHOOLS

Seven children were on the register of residential special schools at the beginning of the year and they continued to attend the schools throughout the year.

The following 5 children were resident at Bethesda Special School, Cheadle, Cheshire:—

- (a) A girl aged 11 years suffering from multiple congenital deformities of the legs.—Admitted September, 1959—(V.L.)
- (b) A boy of 13 years with cerebral palsy (spastic quadriplegia)—Admitted February, 1960—(L.P.)
- (c) A boy aged 7 years, suffering from Spina Bifida with paraplegia.—Admitted September, 1961—(D.W.)
- (d) A boy 10 years of age, suffering from cerebral palsy, (right hemiplegia).—Admitted September, 1961—(M.W.)
- (e) A girl aged 6 years, suffering from paralysis following poliomyelitis.—Admitted September, 1962—(T.G.)

The following children were resident at Talbot House School, Glossop:—

- (a) A girl aged 10 years, with cerebral palsy (spastic quadriplegia).—Admitted October, 1960—(G.B.)
- (b) A girl aged 7 years, suffering from simple spastic diplegia.—Admitted August, 1962—(I.B.)

During the year the following children were admitted to residential special schools:—

Case 1—A girl aged 9 years suffering from cerebral palsy (spastic quadriplegia) was admitted to Holly Bank School, Huddersfield in January—(I.M.)

Case 2—A boy of 10 years suffering from Spina Bifida, was admitted to Bethesda School, in September—(M.J.D.)

In March, the Authority took over financial responsibility for a boy aged 10 years who was attending Bethesda School. This boy, who suffers from cerebral palsy (spastic quadriplegia) was admitted to the school when his parents were resident in the Cheshire County area. They moved to an address within the County Borough of Oldham, at the beginning of the year—(R.B.)

A boy aged 11 years suffering from cerebral palsy (spastic quadriplegia) and optic atrophy, was admitted to The Spastic Society's Assessment Centre at Hawksworth Hall, Nr. Leeds, in September. Difficulty had been experienced in placing this boy in a

suitable residential school, because of his dual handicap. He was admitted to the Hawksworth Hall Centre for a period of assessment and was still in attendance at the close of the year.

There were no discharges from residential special schools during the year.

HOME TUITION

A girl aged 13 years and a boy of 8 years received home tuition during the year.

Pupils Suffering from Speech Defect:—

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

Speech therapy is available on a sessional basis at the Gainsborough Avenue Clinic, under the direction of Mrs. Audrey M. Carter. Eight sessions are held weekly, one being divided between two schools which are visited weekly. Marland Fold Special School is visited for one session weekly.

Group therapy for stammerers is held on two afternoons a week.

Individual treatment for certain cases of stammer and for speech defects is available by appointment.

Pre-school children found to have speech defects are also referred to Mrs. Carter, 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 parents are seen and advice is given. The children are kept under surveillance.

I am indebted to Mrs. Audrey M. Carter for the following report:—

The work of the department has continued during the year at the Gainsborough Avenue Centre. Sessions have been held regularly at Limeside School and Parish Church School. In October, a weekly session was started at Marland Fold Special School.

The most pleasing feature of the year was the clearing of the waiting list. It is now possible to see children immediately they are referred. The children at present on the waiting list have all been seen and are waiting until greater maturity or until hospital treatment is completed.

In October Mrs. Joan Bayliss was appointed for two sessions weekly. We are pleased to have her help in the department.

I wish to express my appreciation to head teachers and School Health Service staff, who have given me the utmost support and co-operation.

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

Number on register at 1st January:—

With speech defect	38
With stammer	17
	—
	55
	—

Number admitted during the year

With speech defect	62
With stammer	14
	—
	76
	—

Number discharged during the year

With speech defect	42
With stammer	9
	—
	51
	—

Number on register at 31st December

With speech defect	58
With stammer	22
	—
	80
	—

The 51 children mentioned above were discharged for the following reasons:—

With stammer:—

Satisfactory speech	8
Left the district	1

With speech defect:—

Satisfactory speech	37
Withdrawn—no co-operation	3

Spastics:—

Transferred to Residential Schools	2
--	---

Number on Waiting List 31st December:—

With stammer	8
With speech defect	24

Withdrawn from Waiting List during year:—

Treatment no longer needed	22
Left the district	6
Refused	8

Number of parents interviewed	179
Number of parents' appointments not kept, no excuse given	78
Schools visited concerning special cases	5

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
Recurrent Bronchitis/Asthma	6	4	10
Recurrent respiratory infections	3	2	5
Debility	3	3	6
Social problems	—	1	1
Chorea	1	—	1
Epilepsy	1	—	1
	—	—	—
Totals	14	10	24
	—	—	—

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.

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.

Each party consists of 28 children (14 boys and 14 girls) with two teachers (one of each sex) or 28 children of one sex. In the main, single sex parties used the camp during the summer, only three schools sent mixed parties.

The parties assemble at their ordinary schools at 9 a.m. on a Monday, and return the following Friday afternoon, leaving the school at about 1-30 p.m. In some cases the duration of the stay is extended to include the week-end. A total of 302 children visited for a stay of one week, and one school, involving 23 children stayed for the week-end. The children were conveyed to and from the camp by special 'bus. All children are medically examined before proceeding to the camp school.

The curriculum allows the children who are 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.

The cost to the parents is 17/6 per week per child, but no child is debarred from attending because of the parents' inability to meet this charge. An extra charge is made to parties staying over the week-end.

The camp is also utilised throughout the year by various youth organisations who arrange for parties to attend at 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 45 Oldham boys and 3 boys from adjacent areas were examined by the school medical officers and were passed as fit to attend the centre, with the exception of three boys who were found temporarily to be unfit.

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 90 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 72 candidates (23 males, 49 females) were examined and a medical report completed and forwarded with form 4 RTC to the appropriate college authority.

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

All the candidates agreed to an X-ray examination.

Entrants to the Teaching Profession

Entrants to the teaching 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 38 medical reports (21 males, 17 females) were completed.

Ministry of Health 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.

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 112 new entrants were examined and of these two were classified as unsuitable for employment. One applicant was found to be suffering from a chronic infection of the ears and the other suffered from a heart condition.

PROVISION OF MEALS

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

Roundthorn County Primary School kitchen and dining centre opened in November, 1963. The kitchen has been remodelled from the former Roundthorn County Infants school and is of modern design and decor. Stainless steel heavy cooking and wash-up equipment have been installed and the working surfaces are of formica. The junior department of the school is using the family service mode of dining whilst the infants use the cafeteria system.

The Authority's 1962-63 programme for alterations and hygienic improvements have included the installation of several stainless steel wash-up units. The dining hall floors at Higginshaw and Alexandra dining centres have been surfaced with gaily coloured lino tiles, and Werneth kitchen's vegetable and larder stores floors have been tiled with quarry tiles. Several kitchens and dining centres have been installed with improved methods of heating.

The programme of interior and exterior decorating of kitchens and skulleries has been carried out by the Authority.

Replacement of items of modern heavy equipment such as mixing machines, boiling pans, steaming and roasting ovens have been undertaken where necessary.

The month of July saw the innovation of a residential course for school meals supervisors at Castleshaw Camp School. The programme included practical catering demonstrations and lectures on the various aspects of the school meals service. The Authority now has one central kitchen and 26 self contained canteens—providing meals for school children. Meals are also cooked and served on the premises for three nursery schools and three nursery classes. The average number of children having school meals per day at the end of the year was:—

On payment	8,635
Free	844

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 16,002 and during the year, 2,896,433, one third pints of milk were consumed.

The milk provided is T.T. pasteurised and is regularly tested by officers of the Public Health Department.

PHYSICAL EDUCATION

I am indebted to Miss M. A. G. Richardson, the Woman Organiser of Physical Education and Mr. L. F. Reid, Man Organiser of Physical Education, for the following report:—

1. Staff

The staff consisted of the Organisers of Physical Education, Miss M. A. G. Richardson and Mr. L. F. Reid. Four full-time and three part-time accompanists for dance in schools. Two full-time men swimming instructors, two full-time and one part-time women swimming instructresses.

Staffing in schools for physical education is still a problem particularly on the women's side, but considering the general shortage of specialist women throughout the country Oldham has been fortunate to increase slightly the number of staff for this subject. In addition we are grateful to the many teachers of other subjects and several married teachers who are helping part-time to ensure that the girls of the town have some form of physical education and so help in the general health and welfare of the pupils.

2. Conditions in Schools

- (a) Facilities for indoor work in most schools are adequate, although there are still a few older primary school buildings where indoor space is inadequate or non-existent, while in some primary schools the dual use of space for indoor physical education and school meals causes problems. Where space permits, large apparatus is plentiful and some out-dated and worn apparatus has been replaced during the year. In the new primary schools the provision of folding portable apparatus and fixed apparatus hinged to the walls has been greatly appreciated by pupils and staff alike. Portable and fixed apparatus in secondary schools has been maintained and kept in a satisfactory state of repair. The supply of plimsolls has continued to meet all demands and the majority of pupils are now making some effort to have suitable garments for physical activities, although many secondary girls have inadequate footwear for games on the playing fields.

Cleanliness of gymnasias, ancillary rooms and halls has continued to show a slight improvement in spite of the difficulties of the severe winter.

- (b) Facilities for outdoor work are still inadequate and rather poor in some cases. Many secondary school girls are still prevented from playing any games on grass. The Parks

Department continues to make many of their facilities available, but again on the girls' side the problem is more difficult as the parks department have no hockey pitches. Improvements have been made in the provision for cricket and athletics, but much still remains to be done.

With the general improvement in staffing, a few more teachers have been able to accompany the children to the baths and take an active part with the swimming instructors in the swimming lessons.

The demand by pupils for voluntary classes after school hours in life saving, with the examinations for the Royal Life Saving Society Awards as a climax, has increased and excellent results have been obtained from the two classes held in the Spring and Autumn Terms. In addition, more individual schools have held their own life saving classes, again after school hours, and so a large number of children in the schools have gained awards.

As in previous years three girls and three boys attended Outward Bound Mountain Courses at Eskdale and Rhowniar—each lasting four weeks.

3. Conclusion

Finally, a great debt of gratitude is due to many teachers who have given generously of their own time attending lectures, demonstrations and courses in Oldham and further afield for further training in different branches of physical education. In addition, many have worked conscientiously and unselfishly in connection with school and town games, athletics and swimming teams as well for sports days, swimming galas and holidays for winter sports and canoeing.

Year ended 31st December, 1963

PART 1—Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

NOTES:—Tables A and B relate only to medical inspections of pupils attending maintained schools prescribed in Section 48(1) of the Education Act, 1944. Pupils found at Periodic Inspections to require treatment for a defect are not excluded from columns (7), (8), and (9), by reason of the fact that they are already under treatment for that defect.

Columns (7), (8), and (9), relate to individual pupils and not to defects.

TABLE A—Periodic Medical Inspections

Age Groups Inspected (By years of birth)	No. of Pupils Inspected (2)	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		SATISFACTORY		UNSATISFACTORY		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)			
1959 and later	857	857	100	—	—	1	13	13
1958	585	584	99.83	1	0.17	1	11	12
1957	56	56	100	—	—	—	4	4
1956	5	5	"	—	—	—	—	—
1955	—	—	—	—	—	—	—	—
1954	—	—	—	—	—	—	—	—
1953	1	1	100	—	—	—	—	—
1952	971	971	"	—	—	44	26	70
1951	488	488	"	—	—	14	6	20
1950	—	—	—	—	—	—	—	—
1949	2	2	100	—	—	—	—	—
1948 and earlier	1311	1311	"	—	—	32	15	47
Total	4276	4275	99.98	1	0.02	92	75	166

TABLE B—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	1,532
Number of Re-inspections	1,988
Total	3,520

TABLE C—Infestation with Vermin

NOTES:—All cases of infestation, however slight, are included in this Table.
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 ...	46,224
(b) Total number of individual pupils found to be infested ...	931
(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)	—

TABLE D—Screening Tests of Vision and Hearing

1. (a) Is the vision of entrants tested? ...	No.
(b) If so, how soon after entry is this done?	N/A.
2. If the vision of entrants is not tested, at what age is the first vision test carried out?	Children in their second year at an infants school. Ages vary from 5+ to 6+.
3. How frequently is vision testing repeated throughout a child's school life?	Annually.
4. (a) Is colour vision testing undertaken?	Yes.
(b) If so, at what age?	10 years to 11 years of age.
(c) Are both boys and girls tested? ...	Yes.
5. By whom is vision and colour testing carried out?	School Medical Officer and Health Visitor.
6. (a) Is audiometric testing of entrants carried out?	Yes.
(b) If so, how soon after entry is this done?	As soon as possible during the first year at school.
7. If the hearing of entrants is not tested, at what age is the first audiometric test carried out?	N/A.
8. By whom is audiometric testing carried out?	Health Visitor/School Nurses.

PART II—Defects found by Medical Inspection during the year

TABLE A—Periodic Inspections

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

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	1	28	1	16	4	30	6	74
5	Eyes—								
	(a) Vision	2	6	32	292	58	270	92	568
	(b) Squint ...	6	42	3	15	4	33	13	90
	(c) Other	1	3	—	17	1	8	2	28
6	Ears—								
	(a) Hearing ..	1	15	2	15	4	8	7	38
	(b) Otitis Media ...	2	18	4	17	—	11	6	46
	(c) Other	—	4	—	3	—	—	—	7
7	Nose and Throat ...	2	59	—	3	1	12	3	74
8	Speech	5	46	—	1	2	12	7	59
9	Lymphatic Glands ...	—	7	—	1	—	4	—	12
10	Heart	—	14	1	5	—	11	1	30
11	Lungs	—	30	—	8	—	18	—	56
12	Develop-mental—								
	(a) Hernia ...	1	5	1	—	6	8	8	13
	(b) Other	—	11	—	5	3	16	3	32
13	Orthopædic—								
	(a) Posture ..	—	5	1	1	—	3	1	9
	(b) Feet	1	6	—	7	7	8	8	21
	(c) Other	4	14	1	9	2	10	7	33
14	Nervous System—								
	(a) Epilepsy .	—	10	—	1	—	7	—	18
	(b) Other	—	3	—	1	—	1	—	5
15	Psycho-logical—								
	(a) Develop-ment	—	7	—	—	—	10	—	17
	(b) Stability .	—	8	—	—	—	10	—	18
16	Abdomen	—	4	—	5	—	10	—	19
17	Other	—	18	—	1	—	14	—	33

TABLE B—Special Inspections

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

Defect Code No.	Defect or Disease	SPECIAL INSPECTIONS	
		Pupils requiring Treatment	Pupils requiring Observation
(1)	(2)	(3)	(4)
4	Skin	511	22
5	Eyes:		
	(a) Vision	345	188
	(b) Squint	1	6
	(c) Other	21	6
6	Ears:		
	(a) Hearing	9	8
	(b) Otitis Media ..	7	1
	(c) Other	7	6
7	Nose and Throat	6	18
8	Speech	15	20
9	Lymphatic Glands ...	—	2
10	Heart	3	22
11	Lungs	2	20
12	Developmental:		
	(a) Hernia	1	4
	(b) Other	—	18
13	Orthopædic:		
	(a) Posture	—	1
	(b) Feet	2	8
	(c) Other	7	9
14	Nervous System:		
	(a) Epilepsy	—	3
	(b) Other	2	10
15	Psychological:		
	(a) Development ..	—	12
	(b) Stability	—	10
16	Abdomen	—	5
17	Other	134	60

*PART III—Treatment of Pupils Attending Maintained
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	37
Errors of refraction (including squint)	3,272
Total	3,309
Number of pupils for whom spectacles were prescribed	2,408

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	48
(b) for adenoids and chronic tonsilitis	606
(c) for other nose and throat conditions	182
Received other forms of treatment	9
Total	845
Total number of pupils in schools who are known to have been provided with hearing aids:	
* (a) in 1963	10
(b) in previous years	47

* A pupil recorded under (a) above is not 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	435
(b) Pupils treated at school for postural defects	—
Total	435

TABLE D—Diseases of the Skin

(excluding uncleanliness, for which see Table C of Part 1)

	Number of cases known to have been treated
Ringworm:	
(a) Scalp	—
(b) Body	1
Scabies	45
Impetigo	3
Other skin diseases	267
Total	316

TABLE E—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	51

TABLE F—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	131

TABLE G—Other Treatment Given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	428
(b) Pupils who received convalescent treatment under School Health Service arrangements	4
(c) Pupils who received B.C.G. vaccination ...	1,101
(d) Other than (a), (b) and (c) above.	
Please specify:	
Orthoptic	324
Total	1,857

Dental Inspection and Treatment Carried Out by the Authority

(a) Dental and Orthodontic work:

1. Number of pupils inspected by the Authority's Dental Officers:—	
i At periodic inspections	4,512
ii As specials	3,358
Total (1)	<u>7,870</u>
2. Number found to require treatment	7,214
3. Number offered treatment	5,490
4. Number actually treated	<u>4,695</u>

(b) Dental work (other than orthodontics). (Note: Figures relating to orthodontics are not included in Section (b))

1. Number of attendances made by pupils for treatment, excluding those recorded at (c) i below	11,256
2. Half days devoted to:	
i Periodic (school) inspection	33
ii Treatment	1,016
Total (2)	<u>1,049</u>
3. Fillings:	
i Permanent teeth	5,294
ii Temporary teeth	396
Total (3)	<u>5,690</u>
4. Number of teeth filled:	
i Permanent teeth	4,938
ii Temporary teeth	384
Total (4)	<u>5,322</u>
5. Extractions:	
i Permanent teeth	2,764
ii Temporary teeth	6,254
Total (5)	9,018
6. Administration of general anaesthetics for extraction	2,229
7. Number of pupils supplied with artificial teeth	82
8. Other operations:	
i Crowns	16
ii Inlays	6
iii Other Treatment	3,379
Total (8)	<u>3,401</u>

(c) Orthodontics:

i Number of attendances made by pupils for orthodontic treatment	506
ii Half days devoted to orthodontic treatment	64
iii Cases commenced during the year	28
iv Cases brought forward from the previous year	186
v Cases completed during the year	20
vi Cases discontinued during the year	Nil
vii Number of pupils treated by means of appliances	71
viii Number of removable appliances fitted	71
ix Number of fixed appliances fitted	—
x Cases referred to and treated by Hospital Orthodontists	6

*Handicapped Pupils Requiring Education at Special Schools Approved
Under Section 9 (5) of the Education Act, 1944, or Boarding In
Boarding Homes*

	Blind	Partially Sighted	Deaf	Partial Hearing	Physically Handicapped	Delicate	Maladjusted	Educationally Sub-Normal	Epileptic	Speech Defects	Total
During the calender year ended 31st December, 1963:											
A. Number of handicapped pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes .....	...	1	1	3	8	18	...	20	1	...	52
B. (i) Number of these children who were newly placed in Special Schools (other than Hospital Special Schools) or Boarding Homes .....	...	1	...	3	6	14	...	15	1	...	40
(ii) Number of children who were assessed prior to the 1st January, 1963, and were newly placed in Special Schools (other than Hospital Special Schools) or Boarding Homes .....	...	...	1	1	7	5	1	3	2	...	20
On or about 23rd Jan., 1964:											
C. Number of Handicapped Pupils from the Authority's area who were:											
(i) requiring places in Special Schools											
(a) as Day Pupils .....	...	...	...	...	...	...	...	5	...	...	5
(b) as Boarding Pupils	1	...	1	1	3	...	...	2	...	...	8
(ii) included at (i) but had not reached the age of 5 years and were awaiting											
(a) day places .....	...	...	...	...	...	...	...	...	...	...	...
(b) boarding places ...	...	...	...	...	1	...	...	...	...	...	1
(iii) included at (i) who had reached the age of 5 years but whose parents had refused consent to their admission to a Special School were awaiting											
(a) day places .....	...	...	...	...	...	...	...	...	...	...	...
(b) boarding places ...	...	...	...	...	1	...	...	...	...	...	1

Continued overleaf

	Blind	Partially Sighted	Deaf	Partial Hearing	Physically Handicapped	Delicate	Maladjusted	Educationally Sub-Normal	Epileptic	Speech Defects
D. Number of Handicapped Pupils:										
(i) on the registers of										
(1) Maintained Special Schools as										
(a) Day Pupils .....	...	9	4	17	24	74	...	103	...	...
(b) Boarding Pupils .....	...	...	...	...	3	30	...	...	1	...
(2) Non-maintained Special Schools as										
(a) Day Pupils .....	...	...	...	...	...	...	...	...	...	...
(b) Boarding Pupils	2	1	4	1	9	...	1	...	2	...
(ii) on the register of independent schools under arrangements made by the Authority	...	...	...	...	...	...	...	...	...	...
(iii) Were boarded in homes and not already included under (i) and (ii) above .....	...	...	...	...	...	...	...	...	...	...
E. Number of Handicapped Pupils (irrespective of the areas to which they belong) were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944:										
(i) in hospitals .....	...	...	...	...	...	...	...	...	...	...
(ii) in other groups (e.g., units for spastics, convalescent homes)	...	...	...	...	...	...	...	...	...	...
(iii) at home .....	...	...	...	...	1	...	...	...	1	...

Number of Children on whom Information has been passed to the Local Health Authority for the Purpose of the Mental Health Act, 1959.

	Male	Female	Total
Children unsuitable for education at school ...	2	5	7
School leavers who are considered to require care and guidance:—			
On leaving special schools	3	1	4
On leaving ordinary schools	—	—	—
	5	6	11