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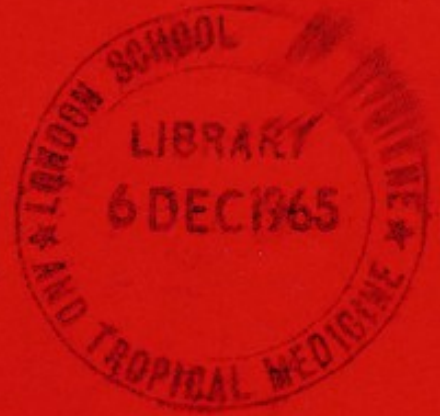
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COUNTY BOROUGH OF OLDHAM



ANNUAL REPORT

OF THE

Principal School Medical Officer

Basil Gilbert

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

1964



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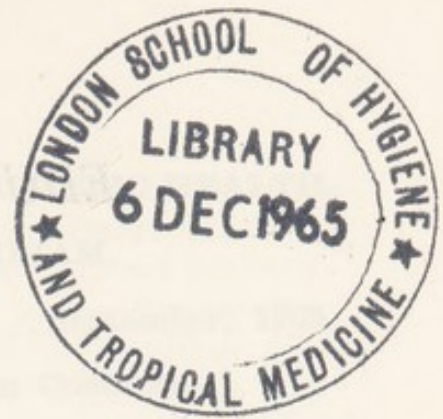
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EDUCATION COMMITTEE

(from 25th May, 1964)

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 Mr. F. Ward
 Mr. J. Brown (from 9-9-64)
 Mr. W. J. Carroll
 Mr. W. Tweedale
 Mr. F. Lord (from 5-8-64)

Director

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

Deputy Director

G. R. Pritchett, M.A.

DEPARTMENT OF PUBLIC HEALTH,
OLDHAM,

September, 1965.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my Annual Report on the School Health Service for the year 1964.

For the first time in many years, we have our full complement of medical staff and it is hoped we can proceed with a pilot scheme to replace the routine medical examination, normally held at 11 years, by a more selective type of examination, early in the new year.

The appointment of a part time medical officer for refraction work, in addition to the ophthalmic surgeon, has been a great help in dealing with the large number of cases passing through the clinic, over 2,000 in the year under review.

The critical position of the School Dental Service has eased somewhat as we were able to secure the services of another full time dental officer during the year, and the appointment of a part time orthodontist has enabled the department to deal with some of the more difficult types of case previously sent to the Manchester Dental Hospital.

The audiology service which started last year has provided for a long felt need and one wonders how we have managed without it in the past. It was soon necessary to increase the number of sessions when the adapted premises at Gainsborough Avenue became available. 341 cases were dealt with in the year under review including 43 pre-school children. An interesting and obvious development has been the close co-ordination with the speech therapy section which has been greatly facilitated by the two clinics being situated in the same building, which state of affairs will be perpetuated when the new Central clinic opens next year. Many partially deaf children have concurrent speech defects and conversely some children with speech defects are found to have hitherto unsuspected auditory difficulties.

In addition to the routine work of the child guidance clinic and school psychological service, the psychologists were able to undertake a special survey into the future development of services for the educationally subnormal child. It is interesting to note that out of a sample of 1,455 children attending 31 primary schools, 2.04 per cent were of low innate ability, 1.72 per cent being in need of some form of special educational treatment, though not nec-

essarily in a school for the educationally subnormal. I have long held the opinion that if a child is well behaved at school, it is quite possible for him or her to escape referral, although his educational attainments may be far from satisfactory, and some teachers are reluctant to brand a child as educationally subnormal if this can be avoided. Although these sentiments cannot be too strongly criticised, the pitfalls of retaining a child of low innate ability in an ordinary class are apparent. The backward child suffers numerous disadvantages, not because the teacher cannot be bothered with him, in fact quite often the reverse is the case, but because it is virtually impossible for any teacher, however patient and dedicated, to cope with a really backward child in the overcrowded class situations we meet today without detriment to the rest of the class. As for the dullard, he is fighting a losing battle to keep up with his fellows and even if he is not held up to ridicule, behaviour problems and other manifestations of psychological upset may easily develop. The importance of correct placing for the child with some mental disability cannot be over-emphasised.

It has still not been possible to fill the vacancy of social worker in the child guidance clinic and we are again grateful for the help given by the mental welfare officers in this respect.

Notification of cases of Sonne dysentery showed a sharp increase over the previous year. This form of dysentery is virtually endemic in Oldham and I am afraid will remain so, until such times as the deplorable sanitary accommodation to be found in so many dwellings can be rectified.

There was also an outbreak of Shigella Flexner dysentery in an infant school. Fortunately, the outbreak preceded the annual holiday and by closing the school some days earlier, the outbreak was limited to 65 known cases. In this instance the sanitary accommodation of the school concerned was beyond reproach as also was that of many of the houses where the children resided. Again, too much emphasis cannot be placed on strict personal hygiene which must be impressed on the child from an early age and continued throughout life. Where facilities are available, hand washing is not a difficult habit to inculcate and one that soon becomes automatic.

An outbreak of whooping cough occurred towards the end of the year, which was to continue well into 1965. By the end of 1964, 37 cases of whooping cough in children of school age had been notified compared with only 12 for the whole of the previous year. The illness tended to affect a somewhat higher age group than usual and both immunised and non-immunised children were affected. The illness was generally of a far milder character

than usual especially in those children who had received some protection. This epidemic was not confined to Oldham alone but was general in the whole area.

Of the five deaths recorded, two were accidental and therefore must be regarded as preventable. Accidental death is now one of the major causes, if not the major cause, of death in young children and adolescents, and the number who are maimed for life or temporarily incapacitated has reached epidemic proportions. These casualties are avoidable and represent a wanton waste of young life—a loss that can be ill afforded by the Nation. Too much effort cannot be maintained in warning parents and children alike, of the dangers that beset them on the roads and in the home. These tragedies can and must be stopped.

In conclusion, I wish to thank the Director of Education and his staff for their valued and continued co-operation and also the Head Teachers and other members of the teaching profession without whose co-operation the running of the service would be well nigh impossible. I am indebted to the staff of the School Health Service for their continued support and to the Chairman and members of the Ancillary Services Sub-Committee for their sympathetic handling of our many problems and their enlightened policy which is a pleasure to administer.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

BASIL GILBERT,

Principal School Medical Officer.

SCHOOL HEALTH SERVICE

Principal School Medical Officer

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

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.

Eugenie Cheesmond, M.B., Ch.B., D.P.H. (from 1-10-64)

E. M. R. Stuart, M.B., B.Ch., B.A.O., D.P.H.

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

S. K. Mehra, M.B., B.S. (from 7-9-64)

W. S. Furniss, M.B., Ch.B., from 7-1-64 (Part-time) (Refraction)

Principal School Dental Officer

J. Fenton, L.D.S.

Dental Officers

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

K. Anderson, L.D.S. (from 1-6-64)

Orthodontic Specialist

J. Lancashire, B.D.S., L.D.S., D. ORTH. R.C.S. (Part-time from 3-6-64)

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.D., M.R.C.P.(E), D.P.M.

Educational Psychologists

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

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

Audiologist

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

Speech Therapy

Mrs. Audrey M. Carter, C.S.S.T., L.U.D. (Teachers), I.P.A. Dip.

Mrs. Joan Bayliss, L.C.S.T. (part-time)

Orthoptist

Mrs. B. M. Janus, D.B.O. (part-time)

Superintendent School Nurse

Miss C. Williamson, S.R.N., S.C.M., H.V.Cert.

Deputy Superintendent School Nurse

Mrs. C. Smith, S.R.N., S.C.M., H.V.Cert.

Senior School Nurse

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

School Nurses

'A' Mrs. J. A. Carling
(from 27-7-64)

'A' Mrs. J. Chapman

'A' Mrs. S. Clayton (to 24.1.64)

'A' Mrs. S. E. Evans

'A' Mrs. M. Frost

'C' Mrs. D. Hardwick

'A' Mrs. M. Hartley

'B' Mrs. D. Higginbottom

'B' Mrs. E. M. Hulme (to 18-6-64)

'F' Mrs. S. King

'B' Mrs. P. Lewis

'A' Mrs. M. McKenna

'A' Mrs. N. M. McWiggin

'A' Miss H. O. Obileye
(from 17-8-64)

'B' Mrs. P. Reeve

'B' Mrs. S. Seddon

'A' Mrs. A. M. Walsh
(to 15-11-64)

'E' Mrs. C. D'Arcy*
(from 6-1-64)

'D' Mrs. H. Eglin*

'E' Mrs. O. M. Knott*

'E' Mrs. K. E. Lees*
(from 6-1-64)

'G' Mrs. H. Manuel*

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)
	Tuesday	9 a.m.	
	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, 2-0 p.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.
--	-----------------------

Audiology Clinic

Gainsborough Avenue	—Monday	1-30 p.m.	} (By appointment only)
	Tuesday	9-30 a.m.	
	Wednesday	1-30 p.m.	
	Thursday	1-30 p.m.	

Chiropody Clinic

Gower Street	—Tuesday	9 a.m. to 10 a.m.	(By appointment only).
		10 a.m. to 12 noon	
	Thursday	9 a.m. to 12 noon	(By appointment only).
Honeywell Lane Child Welfare Centre	—Monday	9 a.m. to 10 a.m.	(By appointment only).
		10 a.m. to 12 noon	
	—Wednesday	9 a.m. to 12 noon	(By appointment only).

ANNUAL REPORT

STAFF

There were two full-time appointments to the medical staff of the department during the year. Dr. S. K. Mehra joined the staff on the 7th September and Dr. E. Cheesmond commenced duties on the 1st October. There were no resignations during the year and it is pleasing to report that this section of the department was, for the latter end of the year, fully staffed for the first time for many years.

The staffing situation in the School Dental Service improved with the appointment of another full-time Dental Officer, Mr. K. Anderson, with effect from the 1st June. We were once again fortunate in securing the services of part-time Dental Officers for a limited number of sessions.

During the year the Child Guidance Clinic has operated fairly regularly. Dr. Arthur Pool, Consultant Psychiatrist continues to undertake one session per fortnight, Dr. J. Johnson, Consultant Psychiatrist, one session per fortnight, and Dr. G. Milner, Senior Psychiatrist Registrar, one session per fortnight. The services of Mr. Robert T. Beattie, Psychologist in the Health Department, are also available.

It has not been possible to appoint a full-time Orthoptist since May, 1963, Mrs. B. M. Janus, a qualified Orthoptist, has kindly helped out since that date, and she 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 post of additional speech therapist. Mrs. Audrey M. Carter has continued to undertake six sessions per week and Mrs. Joan Bayliss has undertaken two sessions per week.

Mr. Alan Sherliker, Deputy Headteacher of the Beaver Special School for the Deaf and Partially Hearing has devoted four 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 Department of Public Health.

The Superintendent Health Visitor is also Superintendent School Nurse and this arrangement provides the closest co-operation between the School Health Service and the other nursing activities of the 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) St. Alban's Roman Catholic Secondary School was completed during the year.
- (2) Work on the extension and remodelling of Henshaw's Church of England Secondary School and the building of the second stage of the Breeze Hill County Secondary School is proceeding.
- (3) Work will commence early in 1965, on the erection of Street Farm County Secondary School.
- (4) The remodelling of Roundthorn County Primary School is proceeding and the remodelling and extension of Richmond County Junior School should commence early in 1965.
- (5) The second instalment of Street Farm County Secondary School has been included in the approved building programme for the Oldham Authority for 1965/66.
- (6) The kitchens and dining-rooms at St. Alban's Roman Catholic Secondary School and at Henshaw's Church of England Secondary School were taken into use in 1964.

School Accommodation

The number of children on the register in December, 1964, was 17,530, a decrease of 59 compared with the previous year. The distribution was as follows:—

	Senior	Junior	Infant	Nursery	Total
County Schools	3,317	3,963	3,070	170	10,520
Voluntary and Aided Schools	1,455	2,099	1,578	26	5,158
	—	—	—	—	—
Totals	4,772	6,062	4,648	196	15,678
	—	—	—	—	—

Counthill Grammar School.....	607
Greenhill Grammar School.....	453
Hathershaw Technical High School	454
Junior School of Art	48

Special Schools:—

	Senior and Junior
Beever Special School :	
Deaf and Partially Hearing	30
Scottfield Special School :	
Physically Handicapped	30
Marland Fold Special School :	
Educationally Sub-normal	115
Waterhead Special School :	
Partially Sighted	17
Strinesdale Open Air School :	
Resident	31
Non-resident	67

MEDICAL INSPECTION

Periodic Medical Inspection

The periodic medical inspection of three age groups has been continued and 4,388 children were examined at these inspections.

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

Entrants	1,029
11 year-olds	1,504
Leavers	1,855
	<hr/>
	4,388
	<hr/>

In addition 148 children in nursery schools and classes were examined.

Of the 1,029 entrants examined, 295 (28.67 per cent) were found to have been vaccinated against smallpox. This compares with 54.75 per cent for the previous year.

The following figures show the incidence of certain defects in the 4,536 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	60	13.23
Nose and Throat	151	33.29
Speech	68	14.99
Cervical Glands	74	16.31
Heart and Circulation	29	6.39
Lungs	28	6.17
Hernia	5	1.10
Epilepsy	17	3.75
Orthopaedic	116	25.57

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

All the 4,536 children examined at periodical medical inspections were classified as satisfactory.

Special Inspection

The Medical Officers made 1,011 special inspections and 1,498 re-inspections at the clinics or in the schools.

Colour Vision

All children at the 11-year-old periodic medical inspection are tested with Ishihara Charts for any colour vision defect. During the year 1,504 children were tested.

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	252
General condition of leavers examined:	
Satisfactory	252
Unsatisfactory	—
Defect or disease requiring treatment:	
Eyes—Vision	4

Uncleanliness Examination

Statistical details of school nurses' work in connection with head infestation are as follows, with 1963 figures in parenthesis:—

Nurses' first inspections in schools	47,449	(43,218)
Nurses' re-inspections in schools ...	2,692	(3,006)
Number of school visits for first inspection	297	(243)
Number of school visits for re-inspection	319	(384)
Number of individual children found to be infested	1,083	(931)

The figure of 1,083 individual children found to be infested represents 6.18 per cent of the school population (5.29 per cent in 1963).

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 1,603 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 128 children from one or more of the following categories of work.—

1.—Heavy manual work	47
2.—Sedentary work	—
3.—Indoor work	—
4.—Work involving prolonged standing, much walking, or quick movement from place to place	6
5.—Exposure to bad weather	14
6.—Work involving wide changes in temperature	5
7.—Work in damp atmosphere	10
8.—Work in dusty atmosphere	12
9.—Work involving much stooping	2
10.—Work near moving machinery or moving vehicles ...	5
11.—Work at heights	5
12.—Work requiring normally acute vision	29
13.—Work requiring normal colour vision	32
14.—Work requiring the normal use of hands	—

- 15.—Work involving the handling or preparation of food 1
 16.—Work requiring freedom from damp hands or skin defects 6
 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 463 and the occupations were as follows.—

Newspaper delivery	391
Shop assistants	21
Delivery boys	14
General assistants	37

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 a consultation with the child's own family doctor takes place with beneficial results, and when necessary special treatment is arranged for the case under review.

The continued 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:—

	1963		1964	
Entrants	1288	95.69%	950	92.32%
11 year olds	1047	72.40%	1121	74.53%
Leavers	255	19.42%	264	14.23%

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. A Paediatric Out-Patient's 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 where 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 and 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. Eleven 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 649 children made 3,119 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.

Chiropody

A chiropody service for schoolchildren was introduced on the 7th April, treatment being available at Gower Street Medical Clinic and Honeywell Lane Child Welfare Centre. Each clinic has been open on two mornings per week, and 457 children made 1,828 attendances for treatment. Foot inspections are carried out in schools.

Scabies

The number of cases in schoolchildren totalled 46, the same number as in the previous year. Every effort is made to treat other members of the family who may be affected. Facilities at the latter premises being used for the treatment of adult males.

Pre-school children	26
School children	46
Adults:—	
Female	34
Male	14

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 Medical Officer has continued to visit schoolchildren in the Oldham and District General Hospital.

Eye Diseases—Visual Defects

Ophthalmic Clinic

During the year, 2,042 examinations were undertaken by Dr. L. B. Hardman, and Dr. W. S. Furness and spectacles were prescribed or changed in 1,237 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. The post of full time orthoptist has been vacant since May, 1963 and despite repeated advertising no applications have been received. Mrs. B. M. Janus, a qualified orthoptist has continued to assist with the Clinic throughout the year. She has undertaken two sessions per week fairly regularly and has ensured that the more serious cases have received regular treatment.

The following details relate to the Clinic:—

There were 296 attendances made by schoolchildren and there were 34 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	6
Occlusions	149
Tests	88
Observations	53
	<hr/>
	296
	<hr/>

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, 40 sessions were held and 64 new cases were examined. The total number of attendances was 297.

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 17 children were awaiting operative treatment for tonsils and/or adenoids and at the end of the year the number was 6.

The number of children receiving operative treatment during the year was 46 compared with 58 in the previous year.

Orthopædic Defects

Children requiring orthopaedic treatment are 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 continued to be available at the Gainsborough Avenue Clinic.

During the year 6 schoolchildren were referred to the clinic for the following defects:—

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

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

Taxal Edge Convalescent Home, Whalley Bridge, Derbyshire	4
Margaret Beaven Convalescent Home, Heswall, Cheshire	1
Marlborough Convalescent Hospital	2

SCHOOL DENTAL SERVICE

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

During the year under review there has been a slight improvement in the staffing of the School Dental Service. Mr. K. Anderson, L.D.S., was appointed in June as a whole time Dental Officer. This is the first whole time appointment for several years. A number of Dental Surgeons have been employed on a part time basis but unfortunately these appointments are usually of short duration. The total number of treatment sessions was slightly higher than the previous year and this is reflected in an overall increase in the total amount of treatment carried out.

During the year Mr. J. Lancashire, B.D.S., L.D.S., D.Orth., R.C.S., was appointed as an Orthodontic Specialist in a part time capacity. He has been attending one session per month and has undertaken some of the more complicated orthodontic cases. In the past some of these children have been referred to the Orthodontic Department at the Manchester Dental Hospital. This orthodontic treatment is much appreciated by children and parents and there is much scope for the development of this service.

Miss J. Mason, the Dental Hygienist, resigned in March and it has not been possible to replace her. Consequently the Dental Health Education carried out in the schools has suffered. Dental Hygienists are extremely valuable in the teaching of oral hygiene and correct diet with relation to the prevention of dental decay as the amount of time which the Dental Officers can devote to this subject whilst treating patients is very limited.

It has not been possible to carry out routine dental inspections for all schoolchildren during the year. This state of affairs results in large numbers of children attending the dental clinics complaining of toothache. The shortage of Dental Surgeons in General Practice in the Oldham area makes it very difficult for children to obtain dental treatment through the General Dental Practitioner Service. There is evidence however, that the older children, particularly secondary grammar school children, are obtaining treatment through this service.

The new dental clinic at Gower Street has now been occupied twelve months and the excellent working conditions are appreciated both by staff and patients. It is to be hoped that the Dental Clinic at Gainsborough Avenue can be replaced in the not too distant future. First class working conditions play an important part in attracting staff to the service, and also in helping to retain staff.

Evening sessions have been worked on a voluntary basis and this provides an excellent means for treating the older school children who find it difficult to attend during school hours since it interferes with school lessons particularly when important examinations are being taken.

The staff of the School Dental Service have provided a dental service for expectant and nursing mothers and also pre-school children. This important service should be expanded as and when there is an improvement in the staffing of the School Dental Service.

Equipment

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

X-ray Examinations

Full use has been made of the X-ray unit installed at the Eagle Street Clinic and 390 films were taken.

Dentures

90 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 9 children were referred. In addition 4 children were referred to the Manchester Dental Hospital.

The Principal School Dental Hospital 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

Staff

Consultant Psychiatrists

Dr. Arthur Pool

Dr. John Johnson

Senior Psychiatric Registrar

Dr. George Milner

Educational Psychologist

Mrs. Anne-Marie Beattie

Senior Psychologist to the Local Authority

Mr. Robert T. Beattie

Social work is undertaken by the Mental Welfare Officers of the Department of Public Health.

Medical examinations are carried out by the Assistant Medical Officers of the Department of Public Health.

I am indebted to Mrs. Anne-Marie Beattie for the following report:—

A. General Information

Dr. Pool 19 sessions

Dr. Johnson 17 sessions

Dr. Milner 3 sessions

Diagnostic Interviews 31

Psychiatric Interviews 20

Psychotherapy Sessions 80

Visits 8

Educational Psychologist

Psychological tests

(1) Diagnostic 47

(2) Re-Tests 6

Interviews 89

Group therapy sessions 121

Individual therapy sessions 64

School Medical Officers

Medical examinations 33

Interviews 6

Mental Welfare Officers

Social Histories 28

Home visits 186

School visits 5

Escort duties 227

Other visits 4

Play therapy 2

*Total Number of Cases dealt with during the year 103**Cases referred during the year 55*

New Cases 49

Cases re-opened 6

Sources of Referral

Director of Education	5
School Medical Officers	13
General Practitioners	16
Headteachers	12
Probation Department	3
Speech Therapist	1
Children's Department	4
Consultant Psychiatrist	1

Action taken in respect of above cases

No. of cases receiving regular treatment at the Clinic	28
No. of cases transferred to the School Psychological Service	6
No. of cases closed after investigation and follow-up	10
No. of cases closed after successful treatment	5
No. of cases receiving remedial educational treatment only	4
No. of cases closed before investigation at parents' request	1
No. of cases awaiting examination at 31st December, 1964	1

B. *General Trends in the Child Guidance Service* were investigated by means of a statistical survey of the past 4-year period, from which the following data is abstracted.

I—SOURCE OF REFERRAL

Source	General Pract.	Headteachers Education Dept.	School Health Service	Consultants, Hospital or Clinics	Probation Dept.	Children's Dept.	Parent	Education Dept. Welfare	Health Visitor
Number	66	49	32	11	7	5	5	4	1
Proptn. of Total	37%	27%	18%	6%			12%		

II—AGE AND SEX OF CHILDREN REFERRED BETWEEN 1960-1964

Age in Years	5-9	10-14	15+	Total	Proportion
Male	48	63	4	115	62%
Female	29	32	9	70	38%
Total	77	95	13	185	
Proportion	42%	51%	7%		100%

(a) There are significantly more boys than girls.

($X=10.48$ significant beyond the 1% level with Yate's correction).

(b) The difference in number between those referred whose ages lie in the range 5-9 years and those whose ages lie in the range 10-14 years is not significant.

($X=1.68$, not significant, with Yate's correction).

It may be concluded that referrals are not being delayed over a long period for if that were the case, there should be a greater proportion in the older age-group.

(c) Mean age of boys	10.0 years
Mean age of girls	10.3 years
Mean age of whole sample	10.1 years

III—PROPORTIONS OF MAIN CATEGORIES OF COMPLAINT

Interpersonal difficulties; poor co-operation, attitudes, and discipline at home or school; stealing, truancy	62.0%
Isolated sensory or motor abnormalities	1.6%
Abnormal behavioural reactions; personality disorders (not involving others in their expression)	24.2%
Aggression	5.1%
Educational Problems	4.7%
Others	2.6%

The above categories do not carry any diagnostic interpretation but are merely arbitrary classes of referral complaints.

IV—RECOMMENDED ACTION AFTER PRELIMINARY INVESTIGATION

Proportion of courses of action necessitating continuous attention from clinic staff	
Involving Psychiatrist	23%
Involving Psychologist	33%
Involving social workers	20%
Further investigation by team	9%

- (a) Proportion of cases withdrawn by parents after preliminary investigation (generally either spontaneous improvement or removal from area) 7%
- (b) Some children required more than one course of action.
The average number of such courses per case 1.31
- (c) Proportion of courses of action not involving continuous attention from the clinic staff 14%
Half of these were recommendations for transfer to residential accommodation, special schools or classes, or training centres.
- (d) Proportion of cases closed after preliminary investigation 3.5%

V—OUTCOME

Degree of recovery is notoriously difficult to assess; the categories given in the table are arbitrary.

Category of Outcome	Proportion of all taken on for treatment	Proportion of those whose treatment was not terminated prem.
Complete recovery known and recorded	20%	26%
Considerable degree of recovery, sufficient for case to be closed if clinic and referral source were satisfied	30%	38%
Partial recovery, sufficient for parents' satisfaction upon whose request the case was closed	18%	23%
Some progress, but the case closed because child's age exceeded the limit (16 years) for the clinic	10%	
Transferred because of no change or worsening in child's condition	13%	13%
Some progress but case closed because of removal to another district	9%	

VI—DURATION OF TREATMENT

Prematurely terminated cases are not included in the sample.

	Duration in months
(a) Those who benefitted to a degree satisfactory to parents or clinic staff	Average 8.4 months Range 1. to 29 months
(b) Those who did not benefit...	Average 10.0 months Range 3 to 28 months
All cases ("a" plus "b")...	Average 8.8 months

VII—COMPARISON OF THE OUTCOME OF OLDHAM'S PRACTICE IN CHILD GUIDANCE WITH OTHER CLINICS

Source of data	Sheffield Clinics	Ey-senck's Survey	Burt's Survey	Liver-pool Grammar School Children	N.A.M. Survey	Oldham C.G.C.
Outcome						
Symptom Free Cured				56%	16%	20%
Substantial Improvement	80%	64%	68%		50%	48%
Some progress				28%	not stated	19%
No progress	20%	36%	32%	16%	not stated	13%

Examples of the length of treatment in other clinics do not seem to be readily available so that Oldham's data on this point cannot be compared with that of others, except to say that an average of just under 9 months compares well with the treatment time encountered in cases of adult behavioural abnormality.

VIII—CASES WHICH COULD NOT BE DEALT WITH BY THE CLINIC

- (a) The clinic acts to some extent as a clearing-house for certain cases (approximately 17%) some of these are passed on to other departments or clinics because child guidance treatment is not appropriate. This is no reflection upon the accuracy of the referring services because the C.G.C. receives cases from other specialist agencies in which the same problem must, therefore, arise. It should not be concluded from this that certain difficult cases are referred from one clinic to another without an attempt to effect a satisfactory outcome.

The remainder of cases passed on to other clinics consists of these cases for whom residential treatment is seen to be necessary following the preliminary investigations.

- (b) There is no tendency for the clinic to take on only the cases for whom there is a very good chance of early recovery, for it is evident from the results of the survey that 13% of those accepted for active treatment at the clinic showed no improvement or became worse. The clinic devoted, on average, more time to these children than to the children who improved, before passing them on to other agencies. The clinic's energies in these less tractable cases were often directed at alleviating the burden upon parents or school whilst seeking admission for the child to a residential school or hospital.

The length of treatment-time for cases which subsequently prove to require help from elsewhere does not therefore reflect the clinic's ability to discern these cases which it cannot treat, but rather it indicates the willingness of the clinic to do what it can in difficult circumstances.

SCHOOL PSYCHOLOGICAL SERVICE

Staff

Educational Psychologist

Mrs. Anne-Marie Beattie

Senior Psychologist to the Local Authority

Mr. Robert T. Beattie

I am indebted to Mrs. Anne-Marie Beattie for the following report:—

No of cases dealt with during the year 36

Sources of referral

Director of Education	4
School Medical Officers	17
Head-teachers	11
Children's Department	4

No. of cases transferred to the Child Guidance Clinic 4

In addition a survey was conducted to estimate the numbers of educationally subnormal children present in the normal school population. The project and results obtained, relate only to the proportion of children of low innate ability and not to children who by reason of other conditions are educationally retarded, i.e., are failing to achieve potentially normal performance.

No. of children tested in sample 1,455

No. of schools involved 31

The scores obtained showed an approximately normal distribution with I.Q.'s ranging from 52 to 147; the mean score was 109.52 and the standard deviation 16.45.

Proportion of those
Attending Ordinary Schools

Incidence of children of low innate ability	2.04%
Incidence of children requiring special educational treatment who were not receiving such treatment	1.72%

THE AUDIOLOGICAL SERVICE

During the year there has been considerable advance in the Audiological Service. Two rooms at Gainsborough Avenue Clinic were acoustically treated to serve as a temporary Audiology Clinic pending the completion of the new central clinic in 1965. Several major pieces of equipment were purchased for assessment investigations and auditory guidance. The number of sessions was increased from two to four and this has enabled more work to be carried out.

There has been very close co-operation with the Speech Therapy Department and on several occasions joint diagnostic clinics have been held. It is hoped to increase the number of these joint sessions in 1965 so that the total problem of a child can be considered rather than an isolated hearing or speech disorder.

When a hearing loss is diagnosed in a school child and the child is seen by the otologist, the Headteacher of the child's school is advised in the appropriate handling in school and, if necessary, the school is visited, but due to the large number of children involved, this at present is limited. The support and co-operation of the Headteachers and their staffs is greatly appreciated.

There are, at the present time, eighteen children in the Authority's schools, excluding the School for the Partially Hearing, who have been diagnosed as having some marked hearing problem and fitted with hearing aids. During the year many of these children have been seen at the clinic at regular intervals for periods of auditory guidance. Parent Guidance is an essential feature of the Audiological Service and regular weekly sessions have been held for the parents of five pre-school children with hearing difficulties. Parents who accept guidance are expected to attend the clinic at least once a fortnight for either individual guidance sessions or small group meetings.

The guidance programme assists the parents with the following points:

- 1—The use of vision in association with hearing.
- 2—The use of all types of hearing aids.
- 3—The control of parents' voices and rate of speech.
- 4—The encouragement of the child's use of voice and beginnings of speech.
- 5—The development of social habits in a child.

The routine of testing by pure tone audiometry continued throughout the year in the Authority's thirty six Infant Schools and Departments and one thousand two hundred and two children (five year olds) were examined by "the pure tone sweep test." One hundred and sixty nine children failed the test and were referred for re-examination at the Audiology Clinic (Gainsborough Avenue), where they were re-tested to ascertain their threshold 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 hundred and sixty nine cases referred for re-examination:—

Found on re-test to have normal hearing and speech discrimination.	37
Did not attend for re-test	32
Children screened at the end of 1964 and still awaiting re-test.	30
Already under investigation by own Medical Practitioner	3
For re-test next school sweep or during 1965	8

Under observation by the School Medical Officers	18
Treated by School Medical Officers and discharged	3
Already under Otologist's supervision at Hospital Aural Clinics	8
Referred to Consultant Otologist	30

A summary is given below of the diagnosis made by the Otologist, in respect of the 30 children referred to him:—

1—Children with bilateral or unilateral middle ear deafness—	
For review following tonsil and adenoid operations	19
2—Children with unilateral perceptive type deafness	3
3—Children with bilateral perceptive type deafness under clinical supervision	2
4—For review after post nasal sinuses examination, bilateral antral wash-outs or prick incisions	5
5—For removal of "wax" under general anaesthetics	1

Miscellaneous Investigations

Apart from school children referred following the sweep test in school, a total of 129 other children were referred and were given tests to assess their auditory acuity for air and bone conduction and tests for speech discrimination using standardised test material either in recorded or free field form.

These children were referred from the following sources:—

1—By Otologist	36
2—By School Medical Officers	45
3—By Head Teachers	28
4—By Speech Therapist	17
5—By Educational Psychologist	3

Excluding the 36 children already under the care of the Consultant Otologist, the following is a summary of the 93 cases referred:—

Found to have a normal response to pure tones and speech	36
Referred to Speech Therapist for guidance	16
Under observation by the School Medical Officers at Scottfield Clinic	17
Given treatment by the School Medical Officers and discharged	5
Referred to the Consultant Otologist	19

The diagnosis made by the Otologist in respect of the 19 children referred to him is shown below:—

Moderate catarrhal deafness for review after operative treatment	12
Moderate degree of unilateral perceptive type deafness	4
Moderate degree of deafness—mainly perceptive type, issue of hearing aid and guidance	3

PRE-SCHOOL ASSESSMENTS

Throughout the year the regular screening of infants and pre-school children has been carried out by the Health Visitors at the Child Welfare Clinics, these are held at monthly intervals and 36 sessions were held. Nine children were referred for more detailed assessment at the Audiology Clinic.

Dr. I. Barrie and Mr. A. Sherliker held 11 pre-school assessment clinics during the year. Sixty-one appointments were made of which 48 were kept. Forty-three children were seen, several on more than one occasion.

The sources of referral were as follows:

Health Visitors	26
Medical Officers	10
Consultant Paediatrician	2
Consultant Otologist	1
Local Medical Practitioners	1
University Department of Audiology	1
Headteachers of Nursery Schools	2

The reasons for referral were as follows:—

Health Visitors:—

Failed routine screening test at C.W.C.	6
Failed routine screening test at C.W.C. poor speech development noted	3
Poor speech development	11
Children born "at risk"	4
Children suspected of deafness	2

Consultants, Medical Officers and others:—

Children on handicapped register with speech problems	4
Children with no speech development	3
Children with poor speech development	2
Children suspected of deafness	8

Of children referred 21 were already known to the Public Health/School Health Departments as handicapped children.

Children on the handicapped register and under consultant's supervision	16
Children under consultant's supervision	3
Children who had been placed on handicapped register by Health Visitors	2

The results of the investigations were as follows:—

Children who were found to have no auditory problem	20
Children who were found to have no auditory problem but had defective speech, and were referred to the Speech Therapist	2
Children who had no auditory problem but were continuing under the consultant's supervision for other conditions	2
Children who were found to have no auditory problem, but will be re-seen in collaboration with the Speech Therapist to assess their speech development	6
Children who were referred to the paediatrician	1
Children of whom the results were unreliable and who are to be seen again early in 1965	2
Children who had some hearing problem: of these, 7 were referred to the Otologist for his opinion and 3 with only slight hearing problems will be seen again in 1965	10

Of the 7 children referred to the Otologist, 3 were found to have perceptive type deafness, hearing aids were issued and arrangements were made for them to have pre-school auditory guidance.

SUMMARY:—

Number of children screened during the 1st year at school	1,202
Number of children for re-test	169
Number of children for full investigation referred by Otologist, School Medical Officers, Health Visitors, School Nurses, Head Teachers & others	190
Number of children already attending hospital aural clinics	9
Number of children who have had treatment or who are under observation by School Medical Officers	51
Number of children referred to Otologist	56

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	1964		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	191	—	26	99	51	12	1	—	2
Diphtheria... ..	—	—	—	—	—	—	—	—	—
Measles	494	—	—	468	21	5	—	—	—
Scarlet Fever	32	—	3	16	11	2	—	—	—
Whooping Cough ...	37	—	1	27	7	1	—	1	—
Poliomyelitis	—	—	—	—	—	—	—	—	—
Tuberculosis—									
(a) Pulmonary	4	—	—	3	1	—	—	—	—
(b) Other forms	—	—	—	—	—	—	—	—	—

Measles

There were 494 cases compared with 532 cases in the previous year.

Scarlet Fever

There were 32 cases notified compared with 58 cases in the previous year.

Whooping Cough

There were 37 cases notified and confirmed compared with 12 cases for the previous year. In 8 cases the children had received courses of protective immunisation.

Dysentery

There were 180 cases confirmed bacteriologically (Sonne 115, Flexner 65) compared with 34 cases in the previous year. Eleven cases where no organism was isolated were accepted as cases.

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 1/64

A boy aged ten years attended the Chest Clinic as a contact of his sister who was admitted to hospital as a case of pulmonary tuberculosis. The boy was diagnosed as having a primary tuberculosis infection in August and underwent a course of domiciliary treatment.

Case 2/64

The six years old brother of Case 1/64 attended the Chest Clinic as a contact of his sister who was admitted to hospital as a case of pulmonary tuberculosis. The boy was diagnosed as having a primary tuberculosis infection in August and underwent a course of domiciliary treatment.

Case 3/64

A girl aged five years was admitted to Oldham and District General Hospital for investigation in November and was diagnosed as having a primary tuberculosis infection in December. She was still in hospital at the end of the year.

Case 4/64

A girl aged five years was admitted to the Oldham and District General Hospital for investigation in March and was diagnosed as having a primary tuberculosis infection. She was referred to the Consultant Paediatrician who recommended that she be kept at home. She was still under observation at home at the end of the year.

In addition to the Oldham residents described above, a boy aged nine years who resides outside the Borough and attends an Oldham school, who was a family contact of pulmonary tuberculosis was diagnosed as tuberculosis primary complex, and was admitted to Wrightington Hospital in March. He was discharged from the hospital in June and kept under observation at home.

Non-Pulmonary Tuberculosis

No cases occurred during 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.

I am pleased to report that there were no cases of diphtheria, smallpox, poliomyelitis or meningococcal infections during the year. There are no grounds for complacency however as the proportion of children being protected against the first three illnesses is far from satisfactory in spite of every effort being made to secure this protection.

TABLE OF CASES OF CERTAIN NOTIFIABLE DISEASES OCCURRING IN SCHOOL CHILDREN

(Aged 5-15 Years)—1936—1964

Year	Meningo-coccal Infections		Dysentery		Diphtheria		Measles		Scarlet Fever		Whooping Cough		Polio-myelitis		Tuberculosis		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Pulmonary	Other Forms	All Forms
1936	4	17	-	-	215	17	1420	128	292	-	1	15	5	(-)	1	15	5
1937	1	14	-	-	218	14	472	158	261	-	4	17	3	(-)	4	17	3
1938	1	4	1	-	169	4	922	176	328	-	7	25	5	(2)	7	25	5
1939	-	2	-	-	32	2	60	235	50	-	2	17	6	(2)	2	17	6
1940	-	3	5	-	47	3	990	99	160	1	1	25	7	(-)	1	25	7
1941	6	1	-	-	27	1	224	122	87	-	4	9	-	(-)	4	9	-
1942	4	-	-	-	58	-	1075	249	54	1	1	17	-	(-)	1	17	-
1943	2	1	-	-	91	1	107	196	137	-	1	17	-	(-)	1	17	-
1944	1	3	-	-	48	3	470	342	40	-	1	12	-	(-)	1	12	-
1945	2	2	1	-	31	2	131	217	45	-	4	15	-	(2)	4	15	4
1946	-	-	4	-	30	-	686	88	71	1	2	5	-	(-)	2	5	-
1947	-	-	-	-	39	-	154	61	36	6	2	10	-	(-)	2	10	-
1948	1	1	47	-	10	1	517	125	82	-	8	14	-	(-)	8	14	-
1949	-	-	52	-	1	-	377	273	62	-	2	4	-	(-)	2	4	-
1950	-	-	94	-	1	-	420	165	117	3	1	7	-	(-)	1	7	-
1951	-	-	129	-	-	-	526	106	72	1	5	5	-	(-)	5	5	-
1952	1	-	155	-	-	-	819	179	45	3	7	5	-	(1)	7	5	1
1953	-	-	29	-	-	-	256	148	57	3	7	5	-	(-)	7	5	-
1954	-	-	174	-	-	-	427	106	81	3	4	7	-	(-)	4	7	-
1955	1	-	699	-	-	-	588	177	2	3	11	9	-	(-)	11	9	-
1956	1	-	78	-	-	-	60	106	7	6	5	4	-	(-)	5	4	-
1957	2	-	37	-	-	-	1320	48	41	1	3	1	-	(-)	3	1	-
1958	-	-	638	-	-	-	442	100	32	1	6	4	-	(-)	6	4	-
1959	1	-	62	-	-	-	429	111	36	-	4	2	-	(-)	4	2	-
1960	-	-	315	-	-	-	836	57	20	-	4	-	-	(-)	4	-	-
1961	2	-	44	-	-	-	184	86	16	3	2	-	-	(-)	2	-	-
1962	-	-	41	-	-	-	235	39	2	-	-	-	-	(-)	-	-	-
1963	-	-	34	-	-	-	532	58	12	-	-	-	-	(-)	-	-	-
1964	-	-	191	-	-	-	494	32	37	-	4	1	-	(-)	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 until proof of immunisation has been 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 reinforcing 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 reinforcing 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 receive primary immunisation after entering school.:

Primary Immunisation:—

Year of Birth	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	Total
No. Imm.	127	86	6	7	5	1	256	111	-	-	599

Reinforcing Injection (1st and 2nd)—1,325.

Vaccination Against Smallpox

During the year 33 children of school age received primary vaccination and 22 children were re-vaccinated.

Poliomyelitis Vaccination

Vaccination against poliomyelitis is available to all school children.

Oral Poliomyelitis vaccine is 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 reinforcing dose.

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

- (a) 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.
- (b) A full course of oral vaccine (three doses).

(a) *Fourth Doses—Oral—1,080.*

Year of Birth	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	Total
No. rec. 4th Oral after 3 Salk	230	329	67	17	5	9	63	21	1	-	742
No. rec. 4th Oral after 2 Salk and 1 Oral	85	127	17	8	11	-	7	5	-	-	260
No. rec. 4th Oral	24	28	9	2	-	2	9	3	1	-	78
Total	339	484	93	27	16	11	79	29	2	-	1080

(b) *Full Course of Oral Vaccine (3 doses)—294.*

Year of Birth	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	Total
No. Vacc.	110	77	12	7	3	4	57	20	4	-	294

Tetanus Immunisation

In March, 1964, a procedure was adopted whereby patients attending the Casualty Department of the Oldham Royal Infirmary following an accident received active immunisation against tetanus.

The following table gives the number of children aged 5—14 years inclusive who completed primary immunisation against tetanus.

Year of Birth	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	Total
No. Vacc.	21	14	37	43	58	88	80	82	89	61	573

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, 41 schoolchildren (24 males, 17 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 5 cases referred for X-ray examination. In 1 case, there was evidence of healed primary lesions. The others showed no significant abnormality.

The following figures relate to the work undertaken during the year and include figures relating to a mixed Direct Grant school in the Borough:—

Number of children offered B.C.G.	1706
Number of acceptances	1297
Percentage accepting	78
Number excluded on medical grounds	28
Number completing skin testing	1156
Number positive	228
Number negative	899
Number receiving vaccination	899
Number of children requiring X-ray	5
Number of children X-rayed	5

DEATHS IN SCHOOL CHILDREN

During the year, 4 deaths occurred in Oldham children attending schools maintained by the Education Authority. The following are brief details of these cases:—

Case 1—A boy aged 6 years. Death was due to:—

“ 1 (a) Brain stem tumour.

(b) Hypostatic pneumonia.”

This boy was diagnosed as having intracranial tumour about six months before his death. He was under continuous hospital supervision.

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

“ 1 (a) Hepatic failure.

(b) Portal hypertension.”

This girl had been under regular hospital supervision for several years.

Case 3—A boy aged 9 years. Death was due to:—

“ Cerebellar tumour—Medulloblastoma.”

This boy was referred to hospital and found to have intracranial tumour. The tumour was removed by operation but the boy died about three months later.

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

“ Cerebral haemorrhage and laceration due to fracture of the skull caused by being accidentally run over by a motor lorry.”

Post mortem and inquest.

This boy was struck by a motor lorry whilst crossing a busy road.

The following deaths also occurred:—

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

“ 1 (a) Broncho pneumonia.

2 Multiple congenital bony deformities.”

Post mortem without inquest.

This boy had a number of congenital skeletal abnormalities. He was under regular hospital supervision since infancy and was able to enter a normal Infant School. He resided in Oldham but attended a school in the adjacent County area.

A boy aged 5 years. Cause of death:—

"Drowned when accidentally fell into a Mill lodge by which he was playing."

This boy resided in Oldham but attended a school in the adjacent County area.

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 22 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. Several of them have such a degree of mental defect that school attendance cannot be contemplated. 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 4 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 16 years left Henshaw's School for the Blind, Manchester, and was admitted to the Royal Normal College for the Blind, Shropshire.

A girl aged 7 years remained in residence at the Liverpool School for the Blind throughout the year.

A girl aged 11 years was ascertained, but she had not been admitted to a school at the end of the year.

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	5	10	15
(6 Lancs. C.C.—1 Rochdale C.B.)			
Number admitted during the year	1	1	2
(1 Lancs. C.C.)			
Transferred to School for the Blind ...	-	1	1
(1 Lancs. C.C.)			
Number on register, 31st December ...	6	10	16
* (7 Lancs. C.C.—1 Rochdale C.B.)			

* One child left the Oldham Authority to reside in Royton during the year.

There were 2 children admitted during the year with the following conditions:—

Myopia

Congenital Albinism

A girl aged 7 years was admitted to the school and a boy aged 6 from Middleton was admitted following a request from his Authority.

Deaf Pupils:—

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

These pupils are usually admitted to the Beaver Special School.

	Boys	Girls	Total
Number on register, 1st January	4	3	7
(3 Lancs. C.C.)			
Number admitted during the year	-	-	-
Number discharged during the year ...	-	1	1
Number on register, 31st December ...	4	2	6
(3 Lancs. C.C.)			

One girl left the school on attaining the age of 16 years and the Oldham Welfare Services Committee assumed responsibility for her.

Residential Special Schools

At the beginning of the year, 3 children (2 girls and 1 boy) were being maintained by the Authority, in the following schools, and 4 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 2

A boy aged 4 years was admitted to the Royal Residential Schools for the Deaf in January.

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 (7 Lancs. C.C.)	17	8	25
Number admitted during the year (1 Lancs. C.C.)	2	1	3
Number discharged during the year ... (1 Lancs. C.C.)	1	3	4
Number on register, 31st December ... (7 Lancs. C.C.)	18	6	24

A boy aged 9 years was admitted to the School at the request of the Lancashire County Council. A boy aged 3 years and a girl aged 11 years, both residing within the County Borough, were admitted to the School during the year.

A girl and a boy, both Oldham residents were discharged during the year, having attained the age of 16 years. They were both found suitable employment.

A girl aged 8 years left the area and was accepted at the Liverpool School for the Partially Deaf. One girl aged 10 years, a County case, was discharged during the year.

A boy, now aged 17 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 Audiology

Clinic for full investigation. Occasionally, children have been referred to Professor Sir A. W. G. Ewing at the Department of Audiology and Education of the Deaf, Manchester University, whose help and advice has been greatly appreciated. There were no such referrals during the year.

Professor I. G. Taylor succeeded Professor A. W. G. Ewing on the 1st October, 1964.

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 Beever County Junior School. This class provides places for 20 children.

During the year 63 examinations in respect of 58 children were carried out. These examinations are usually held at the Department of Public Health, 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	4
(b) Marland Fold Special School leavers:—	
(i) Formally reported as requiring care and guidance	3
(ii) Reported as requiring Industrial Centre training	1
(iii) Not formally reported as requiring care and guidance—For friendly supervision only ...	9
(iv) County cases—Information passed to the appropriate authority	5
(c) Recommended for admission to Marland Fold Special School	10
(d) Recommended for admission to Special Class	2
(e) For further supervision	22
(f) Recommended for other forms of schooling	2

A boy aged 9 years was admitted to Hilton Grange Residential School, Leeds, and he was still in residence at the end of the year.

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	71	47	118
(7 Lancs. C.C.—8 West Riding C.C.)			
Number admitted during the year	15	4	19
(4 West Riding C.C.)			
Number discharged during the year	16	6	22
(5 Lancs. C.C.)—1 West Riding C.C.)			
Number on register, 31st December	70	45	115
(3 Lancs. C.C.—11 West Riding C.C.)			

Children discharged during the year:—

	Boys	Girls	Total
(a) At age 16	12	6	18
(5 Lancs. C.C.)			
(b) Transferred to County Special School	1	-	1
(c) Transferred to Residential Special School	1	-	1
(1 West Riding C.C.)			
(d) Left the district	-	-	-
(e) Committed to Approved Schools	2	-	2

One girl moved from Oldham into the County area during the year and continued to attend the school.

There were 18 children who left school on reaching the age of 16 years (13 Oldham, 5 Lancashire County).

Of the 13 Oldham children who left, 3 were considered to require care and guidance after leaving school and were formally reported to the Local Health Authority. All 3 children were placed in suitable employment. Information on 9 other Oldham children was passed to the Local Health Authority, for friendly supervision only and 9 children (6 boys and 3 girls) were placed in suitable employment. One girl was accepted as a trainee at the Oldham Industrial Centre.

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 aged 7 years, who were admitted to Colthurst House Residential School last year, were still in residence at the

end of this year. A boy aged 11 years who was admitted to Soss Moss Residential School last year was still in residence at the end of this year.

There were no cases ascertained during 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 14 years who was admitted to Chaigeley School, Thelwell, Warrington, in September, 1961, remained resident at the school throughout the year.

In February, 1963, the Authority accepted financial responsibility for the maintenance of a boy who was in residence at Childscourt School, Lattiford House, near Wincanton, Somerset, when his parents moved into Oldham from the Lancashire County area. This boy, now aged 8 years, remained resident at the school throughout the year.

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

Congenital heart disease	4
Cerebral Palsy	1
Congenital dislocation of hips	1
Muscular Dystrophy	3

	Boys	Girls	Total
Number on register, 1st January (3 Lancs. C.C.—1 W.R.C.C.)	15	12	27
Number admitted during the year (3 Lancs. C.C.—1 W.R.C.C.)	4	5	9
Number discharged during the year	2	5	7
Number on register, 31st December (6 Lancs. C.C.—1 W.R.C.C.)	17	12	29

Children discharged:—

At age 16 years	1	1	2
Admitted to Hospital School	-	1	1
Transferred to ordinary school	-	2	2
Transferred to Residential School	1	-	1
Transferred to Commercial College ...	-	1	1

RESIDENTIAL SPECIAL SCHOOLS

Eleven 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 7 children were resident at Bethesda Special School, Cheadle, Cheshire:—

- (a) A girl aged 12 years suffering from multiple congenital deformities of the legs.—Admitted September, 1959.—(V.L.)
- (b) A boy aged 14 years suffering from cerebral palsy (spastic quadriplegia).—Admitted February, 1960.—(L.P.)
- (c) A boy aged 8 years suffering from spina bifida with paraplegia.—Admitted September, 1961.—(D.W.)
- (d) A boy aged 11 years suffering from cerebral palsy (right hemiplegia).—Admitted September, 1961.—(M.W.)
- (e) A girl aged 7 years suffering from paralysis following poliomyelitis.—Admitted September, 1962.—(T.G.)
- (f) A boy aged 11 years suffering from cerebral palsy (spastic quadriplegia).—Family became resident in Oldham in March, 1963.—(R.B.)
- (g) A boy aged 11 years suffering from spina bifide with paraplegia.—Admitted September, 1963.—(M.J.D.)

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

(a) A girl 11 years, suffering from cerebral palsy (spastic quadriplegia)—Admitted October, 1960.—(G.B.)

(b) A girl aged 8 years, suffering from simple spastic diplegia.—Admitted August, 1962.—(I.B.)

The following child was resident at Holly Bank, Huddersfield:—

A girl aged 10 years suffering from cerebral palsy (spastic quadriplegia).—Admitted January, 1963.—(I.M.)

The following child was resident at the Spastic Society's Assessment Centre at Hawksworth Hall, near Leeds:—

A boy aged 12 years suffering from cerebral palsy (spastic quadriplegia) and optic atrophy.—Admitted September, 1963.—(B.S.)

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

Case 1—A girl aged 4 years suffering from cerebral palsy (spastic diplegia) was admitted to Talbot House School, Glossop in January.—(S.H.)

Case 2—A boy aged 8 years suffering from perthes disease (both hips) was admitted to Bethesda Special School, Cheadle, Cheshire in April.—(A.V.)

Case 3—A girl aged 9 years suffering from spina bifida was admitted to Bradstock Lockett School, Southport, in November.—(P.J.)

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

HOME TUITION

One girl received home tuition during the year.

Pupils Suffering from Speech Defects:—

"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. Nine sessions are held weekly. Marland Fold Special School is visited for two sessions weekly and Strinesdale Open Air School is visited for one session weekly.

Group therapy for stammerers on two afternoons per week.

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

Pre-school children found to have speech defects are also referred to the clinic. It is not practicable to treat children so young unless the case is exceptional, but parents are seen and advice is given. The children are kept under surveillance.

The work of the department has continued during the year at the Gainsborough Avenue Centre. Regular sessions have been held at Parish Church School, Limeside School, Marland Fold Special School and, since May, at Strinesdale Open Air School.

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

Number on register at 1st January:—

With speech defect	58
With stammer	22
	—
	80
	—

Number admitted during the year

With speech defect	47
With stammer	11
	—
	58
	—

Number discharged during the year

With speech defect	43
With stammer	9
	—
	52
	—

Number on register at 31st December

With speech defect	62
With stammer	24
	—
	86
	—

The 52 children mentioned above were discharged for the following reasons:—

With stammer:—

Satisfactory speech	4
Left the district	1
Withdrawn by parents	1
Withdrawn—no co-operation	3

With speech defect:—

Satisfactory speech	36
Withdrawn—no co-operation	5
Left the district	2

Number on Waiting List 31st December:—

With stammer	10
With speech defect	21

Withdrawn from Waiting List during the year:—

Treatment no longer needed	6
Refused	4
Number of parents interviewed	117
Number of parents' appointments not kept, no excuse given	34
Schools visited concerning special cases ...	3

I wish to express my appreciation of the very worthwhile work carried out by this section and to the support and co-operation so freely given by the Head Teachers.

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	3	4	7
Recurrent respiratory infections	—	1	1
Debility	—	3	3
Primary Complex Tuberculosis	1	—	1
Sinus complaint	—	1	1
	—	—	—
Totals	4	9	13
	—	—	—

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 with two teachers. In the main single sex parties used the camp during the summer, only two 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 Castleshaw School at about 1-30 p.m. In some cases the duration of the stay is extended to include the week-end. The children are 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 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 17/6d. 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 Waterloo School and the children and young persons are sent from the Juvenile Courts in the area.

The instruction includes physical training and drill, and in cases where there is evidence before the Court of medical or physical defect, the boy concerned is medically examined. This also applies where a parent requests a medical examination because of some previous medical history.

During the year 7 Oldham boys were medically examined and found fit to attend the Centre.

MEDICAL EXAMINATIONS 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 113 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 80 candidates (27 males, 53 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 32 medical reports (19 males, 13 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 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 SCHOOLS 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 150 new entrants were examined. In four cases commencement of employment was deferred in view of the report of the chest X-ray examination. The candidates were referred for further examination following which a satisfactory report was received in each case and they were allowed to commence employment.

PROVISION OF MEALS

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

In April of this year the new kitchen and dining hall at St. Alban's R.C. Secondary Modern School commenced cooking and serving meals. The modern design of the kitchen and dining area together with the installation of up-to-date stainless steel cooking equipment, attractive Formica finish of preparation surfaces and the gaily coloured tops of the dining tables create a pleasant atmosphere. The continuous service method using the cafeteria mode of dining with choice of menu has been introduced and with the co-operation of the teaching staff the service is working smoothly and efficiently.

The Authority's 1963-64 programme for alterations and hygienic improvements have included the provision of several stainless steel washing units. Hathershaw, Counthill and Derker Infants Kitchens serveries have been fitted with Formica tops. Food store floors at Alexandra, Moorside and Limehurst have been tiled with quarry tiles. In several kitchens improved methods of heating have been installed.

The programme of interior and exterior decorating of the Authority's kitchens and sculleries has been carried out.

Additional and replacement items of modern heavy equipment such as food mixing machines, fish frying units and boiling pans, steaming and roasting ovens have been installed.

A one day conference for Supervisors, Cooks and Assistant Cooks was held in August at St. Alban's R.C. School. The theme of the conference was on cooking techniques. Demonstrations of a practical nature were given and a film on the "School Meals Service" loaned by the Essex County Council was shown.

The Authority now has one central kitchen and 27 self contained canteens, providing meals for schoolchildren. Meals are also cooked and served on the premises of 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	9,084
Free	808

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 16,094 and during the year 2,933,044 one-third pints of milk were consumed.

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 five part-time accompanists for dance in schools, two full-time men swimming instructors, two full-time and one part-time women swimming instructresses.

Staffing for physical education, particularly for work with secondary school girls, is still disappointingly short. A slight improvement in September was not maintained to the end of the year due to resignations, but considering the national shortage of women specialists, Oldham is in a better position than many other areas. Again we were fortunate to have help from many teachers of other subjects and some part-time help from married teachers so that the girls of the town did have some form of physical education to influence their general health and welfare.

2. Facilities and Equipment

Facilities for indoor work in most schools are adequate, but although improvements have been made there are still a few older primary schools where indoor space is inadequate or non-existent. Where space permits out-worn apparatus is steadily being replaced by the most modern types available—this has been greatly appreciated by both pupils and staff. Portable and fixed apparatus in secondary schools has been maintained and kept in a satisfactory

state of repair, showering facilities have been added in one secondary school so that all the secondary schools in the town now have this provision. The supply of plimsolls has continued to meet all demands and the majority of pupils have made some effort to have suitable garments for physical activities, but many secondary school girls still do not have adequate footwear for winter games on the playing fields.

Cleanliness in gymnasia, ancillary rooms and halls in the majority of schools is maintained to a satisfactory standard.

Swimming has continued throughout the year and with the provision of additional transport more classes have been added to the timetable. Special mention may be made in this connection of the physically handicapped and open air schools. The demand for voluntary classes after school hours has increased and excellent results in the examinations of the Royal Life Saving Society have been attained. More individual secondary schools have organised successful galas, as well as participating in the annual inter schools gala. At this event a marked improvement in the standard of swimming and organisation was obvious.

Facilities for outdoor work have improved with better maintenance of playing fields and the provision of a few all weather areas. Once again the girls have greater problems as some of them are prevented from having any games on grass. Unfortunately the Parks Department have no hockey pitches and so cannot help in the way they can with the provision of football pitches for the boys. The position has improved slightly by the conversion of one rugby pitch to a hockey pitch at Merton Avenue playing field and by the provision of extra transport so that some secondary modern girls are enjoying the use of grammar school hockey pitches when they are not being used by their own pupils. One all weather area has been used and greatly enjoyed as four tennis courts in summer and two netball courts in autumn and winter. Further improvements have been made for the provision of cricket and athletics, and a greater number of school children have had the advantage of training on the Middleton Memorial Track, where the inter-schools athletics sports were most successfully held—much credit is due to many teachers for such a well organised and happy event.

The provision of a certain amount of camping equipment has been made available for the use of the secondary pupils and some satisfactory camp training in playing fields and at Castleshaw Camp School and camping further afield has resulted.

Horse grooming and riding has been a popular voluntary activity introduced in 1964 during attendance at Castleshaw Camp School.

As in previous years three girls and three boys attended Outward Bound Courses at Rhowniar in North Wales and Ashburton in Devon respectively—each lasted four weeks and all six gained their Outward Bound Badge at the end of the courses.

3. Courses and Demonstrations

Finally, a great debt of gratitude is due to many teachers who have given generously of their own time and energy both in and out of school hours to extend their own knowledge in Oldham and further afield as well as working conscientiously and unselfishly in connection with school, inter school, inter town activities and camping, canoeing and winter sports holidays.

MEDICAL INSPECTION AND TREATMENT RETURNS

Year ended 31st December, 1964

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

- NOTES:—1. Where selective medical examinations are being carried out the number of pupils who have been "interviewed" or "discussed" at case conferences and found not to warrant a medical examination, are shown in Column 5.
2. Pupils found at Periodic Inspection to require treatment for a defect are not excluded from Columns (6), (7) and (8) by reason of the fact that they were already under treatment for that defect.
3. Columns (6), (7) and (8) relate to individual pupils and not to defects.

TABLE A—Periodic Medical Inspections

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination (See Note 1 above)	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
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1960 and later	579	579	—	N/A	1	15	15
1959	536	536	—	"	1	6	7
1958	54	54	—	"	—	—	—
1957	8	8	—	"	—	—	—
1956	—	—	—	"	—	—	—
1955	—	—	—	"	—	—	—
1954	—	—	—	"	—	—	—
1953	1039	1039	—	"	—	—	—
1952	465	465	—	"	35	14	45
1951	—	—	—	"	13	3	15
1950	66	66	—	"	—	—	—
1949 and earlier	1789	1789	—	"	1	1	2

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	1,011
Number of Re-inspections	1,498
Total	2,509

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 ... | 50,141 |
| (b) Total number of individual pupils found to be infested ... | 1,083 |
| (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 Periodic and Special Medical Inspection
during the year*

TABLE A—Periodic Inspections

NOTE:—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic and special 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).

Code Defect or Disease No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				Special Inspections
			Entrants	Leavers	Others	Total	
4	Skin	T O	— 13	— 13	2 27	2 53	183 32
5	Eyes—						
	(a) Vision ...	T O	2 2	12 313	48 233	62 548	291 174
	(b) Squint ...	T O	5 39	7 25	6 32	18 96	6 4
	(c) Other	T O	— 4	3 18	1 9	4 31	7 2
6	Ears—						
	(a) Hearing	T O	— 19	2 23	4 10	6 52	1 4
	(b) Otitis ...	T O	— 22	— 30	2 6	2 58	— 5
	Media ...						
	(c) Other	T O	— 4	— 4	— —	— 8	2 4
7	Nose and Throat	T O	3 110	— 23	— 15	3 148	9 15
8	Speech	T O	6 49	— 4	1 8	7 61	3 22
9	Lymphatic Glands ...	T O	1 58	— 13	— 2	1 73	— 2
10	Heart	T O	— 8	— 15	— 6	— 29	3 17
11	Lungs	T O	— 7	1 14	— 6	1 27	— 16
12	Develop- mental—						
	(a) Hernia...	T O	— 2	1 —	— 2	1 4	— —
	(b) Other ...	T O	— 10	— 13	2 10	2 33	— 6
13	Orthopædic—						
	(a) Posture .	T O	— 3	— 9	— 2	— 14	— 1
	(b) Feet	T O	1 17	— 23	1 1	2 41	— 1
	(c) Other	T O	— 36	— 14	2 8	2 58	— 6
14	Nervous System—						
	(a) Epilepsy	T O	1 9	— 5	— 2	1 16	— 8
	(b) Other	T O	— 1	— 3	— 1	— 5	2 4
15	Psycho- logical—						
	(a) Develop- ment ...	T O	— 19	— —	— 6	— 25	— 9
	(b) Stability	T O	— 7	— 1	— 4	— 12	— 5
16	Abdomen	T O	— 5	— 14	— 5	— 24	1 1
17	Other	T O	1 10	— 4	— 26	1 40	66 121

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	183	32
5	Eyes:		
	(a) Vision	291	174
	(b) Squint	6	4
	(c) Other	7	2
6	Ears:		
	(a) Hearing	1	4
	(b) Otitis Media ..	—	5
	(c) Other	2	4
7	Nose and Throat	9	15
8	Speech	3	22
9	Lymphatic Glands ...	—	2
10	Heart	3	17
11	Lungs	—	16
12	Developmental:		
	(a) Hernia	—	—
	(b) Other	—	6
13	Orthopædic:		
	(a) Posture	—	1
	(b) Feet	—	1
	(c) Other	—	6
14	Nervous System:		
	(a) Epilepsy	—	8
	(b) Other	2	4
15	Psychological:		
	(a) Development ..	—	9
	(b) Stability	—	5
16	Abdomen	1	1
17	Other	66	121

*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	24
Errors of refraction (including squint)	2,874
Total	2,898
Number of pupils for whom spectacles were prescribed	1,908

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	66
(b) for adenoids and chronic tonsillitis	340
(c) for other nose and throat conditions	114
Received other forms of treatment	8
Total	528
Total number of pupils in schools who are known to have been provided with hearing aids:	
* (a) in 1964	11
(b) in previous years	33

* 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	556
(b) Pupils treated at school for postural defects	—
Total	556

TABLE D—Diseases of the Skin
(excluding uncleanness, for which see Table C of Part 1)

	Number of cases known to have been treated
Ringworm:	
(a) Scalp	—
(b) Body	—
Scabies	26
Impetigo	1
Other skin diseases	99
Total	126

TABLE E—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	103

TABLE F—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	138

TABLE G—Other Treatment Given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	305
(b) Pupils who received convalescent treatment under School Health Service arrangements	7
(c) Pupils who received B.C.G. vaccination	899
(d) Other than (a), (b) and (c) above. Please specify:	
Chiropody	892
Orthoptic	105
Total	2,208

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	5,216	
ii As Specials	3,680	
	Total (1)	8,896
2. Number found to require treatment		7,280
3. Number offered treatment		6,585
4. Number actually treated		5,022

(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		12,818
2. Half days devoted to:		
i Periodic (school) inspection	68	
ii Treatment	1,128	
	Total (2)	1,196
3. Fillings:		
i Permanent teeth	6,638	
ii Temporary teeth	343	
	Total (3)	6,981
4. Number of teeth filled:		
i Permanent teeth	6,018	
ii Temporary teeth	313	
	Total (4)	6,331
5. Extractions:		
i Permanent teeth	2,943	
ii Temporary teeth	6,491	
	Total (5)	9,434
6. i Number of general anaesthetics given for extractions		2,460
ii Number of half days devoted to the administration of general anaesthetics by:		
A. Dentists	—	
B. Medical Practitioners	181	
	Total (6)	181
7. Number of pupils supplied with artificial teeth		90
8. Other operations.		
i Crowns	16	
ii Inlays	3	
iii Other Treatment	3,623	
	Total (7)	3,642

(c) Orthodontics:

i Number of attendances made by pupils for orthodontic treatment	629
ii Half days devoted to orthodontic treatment	72
iii Cases commenced during the year	36
iv Cases brought forward from the previous year	194
v Cases completed during the year	16
vi Cases discontinued during the year	Nil
vii Number of pupils treated by means of appliances	90
viii Number of removable appliances fitted	90
ix Number of fixed appliances fitted	Nil
x Cases referred to and treated by Hospital Orthodontists	4

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

[illegible]

