

[Report 1966] / School Medical Officer of Health, Oldham County Borough.

Contributors

Oldham (England). County Borough Council. nb2004302054

Publication/Creation

1966

Persistent URL

<https://wellcomecollection.org/works/gzxengja>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

AC. 44866

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.

1966

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.

1966



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b29937644>

INDEX

	Page
Attendance Centre—Medical Examinations	47
Audiological Service	24
B.C.G. Vaccination	36
Castleshaw Camp	46
Child Guidance Service	22
College Entrants—Medical Examinations	48
Colour Vision	15
Convalescence	20
Co-operation with Parents, Teachers, etc.	18
Deaths—School children	36
Dental Service	20
Education Committee Members	4
Employment of School children	17
Handicapped Pupils	38
Hospital Teaching	45
Infectious Diseases	29
Introduction	5
Immunisation and Vaccination	34
Medical Inspection—Periodic and Special	14
Ministry of Education—Medical Inspection Returns	54
Nursery Schools and Classes	37
Physical Education	50
School Clinics	11
School Exclusion—Infectious Diseases	32
School Hygiene, Accommodation and Attendance	13
School Meals—Provision of	48
School Meals Staff—Medical Examinations	48
Special Clinics	18
Speech Therapy	45
Staff	8 & 12
Teaching Staff—Medical Examinations	47
Treatment—Arrangements for	16
Tuberculosis	30
Uncleanliness Examinations	16

EDUCATION COMMITTEE

(from May, 1966)

Council Members

Councillor J. T. Hilton, J.P. (Chairman)
 Alderman J. M. Scott (Deputy Chairman)
 The Mayor, Alderman H. Kenny
 Councillor A. J. Adler
 Councillor M. F. Bamford, J.P.
 Councillor A. F. Bennett
 Councillor Ellen Brierley, B.A., J.P.
 Councillor W. J. Carroll
 Councillor A. Coop
 Councillor A. Clarke
 Councillor J. R. Crowther
 Councillor C. McCall
 Councillor A. B. McConnell
 Councillor R. Richmond, J.P.
 Councillor E. Rothwell
 Councillor C. Sykes
 Councillor E. G. Taylor

Co-opted Members

Rev. D. C. Goodman
 Rev. T. Hourigan
 Rev. F. W. Robinson, B.A., B.D.
 Miss P. O. Bennett
 Mr. F. Lord
 Mr. T. Bithell
 Mr. A. Sheehan
 Mr. G. T. Cattlin
 Mr. H. Bennett

Director

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

Deputy Director

G. R. Pritchett, M.A.

DEPARTMENT OF PUBLIC HEALTH,
OLDHAM,

July, 1967.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my annual report on the work of the School Health Service for the year 1966.

The favourable position in the school dental service has received its customary, and not unexpected, setback with the departure of Mr. R. M. Barker and Mr. H. M. Barker, resulting in a decrease in inspection and treatment.

Dr. Barrie has left for a more senior appointment in Southend, but we were fortunate in obtaining Dr. Wood to replace her.

Mrs. Ward has joined the staff as educational psychologist but one post of psychologist still remained vacant at the end of the year. In July, Mr. B. Micklethwaite replaced Mr. J. Christian as administrative assistant in the School Health Service.

It has been impossible to fill the vacant post of orthoptist in spite of repeated advertising but we were able to obtain the temporary services of a qualified orthoptist during the summer months which enabled us to reduce the backlog of cases accumulated over the previous period. Arrangements have now been made for Oldham children requiring orthoptic treatment to attend Manchester Eye Hospital. Group appointments are made and transport is provided.

During the year, the new Central Clinic, Cannon Street, came into full use and is already "bursting at the seams." The Gainsborough Avenue premises have been vacated and the speech therapy and audiology departments are operating from the fully equipped, purpose built suites in the new clinic. The child guidance clinic is also situated there and the close proximity of these three important units enables the speech therapist, audiologist and psychologist to hold a much closer liaison on difficult cases than was possible before.

The pilot scheme of selective medical examinations which was undertaken last year, proved most successful and has now been extended to cover all junior schools in the borough.

The reorganization of secondary education on comprehensive lines has brought some minor problems to the school health service and has resulted in the relocation of the school leavers' examination to the Autumn term. The examination now takes place before the Youth Employment Officers' vocational guidance programme

in schools and should prevent pupils becoming too interested in employment for which they are physically or mentally unsuitable. All children will be examined in their fourth year at the school whether they will be leaving or not.

There have been major changes in special school provision because of the closures of old buildings, staff retirement and other factors. The special school for the partially sighted at Waterhead has been closed, the junior children being absorbed in the Higginshaw special school which has itself replaced the Scottfield school for the physically handicapped. The senior children are now attending school in Manchester as are also the profoundly deaf children who are no longer admitted to Beaver Street.

A special class for a small number of children with acute behaviour problems has been opened at Scottfield. It is hoped that after a period of attendance at this class, they can be returned to their normal school.

For many years, the Oldham authority was amongst the leaders in the provision of special education for handicapped pupils, but in recent years outworn buildings and the lack of modern facilities has resulted in a service operating below peak efficiency. Modern medical treatment has enabled the survival of a greater number of grossly handicapped children which more than counterbalances the overall decline in the number of permanently handicapped children and the services available now are frankly inadequate, especially in the case of those children with the condition of spina bifida which is usually accompanied by lack of excretory control. In several instances we have had to place children in schools with better facilities, run by other authorities. It is to be hoped that this is only a temporary decline and that once the new, all purpose school for the handicapped, to be erected at Fitton Hill, is completed, we shall rapidly regain our former position at the forefront in this vital work.

For the first time in some years a sharp drop in the number of children with head infestation has been recorded; from 7.76% to 4.79%, though this latter figure is still too high.

A nationwide resurgence of scabies is reflected in our figures which show a considerable increase over last year.

The number of children reported as being educationally subnormal has increased to 24 compared with 12 in the previous year. This must not be taken as a rising incidence but probably a greater awareness by teachers and more prompt referral.

It had been hoped to provide a second auditory sweep test for junior school children but it has been necessary to defer this desirable project to 1967.

On the whole, this has been a successful year for the School Health Service and once again I am indebted to my staff for their hard work and to the Director of Education, his staff, and the teachers for their valuable co-operation and assistance. As always, the committee has given me their full support without which, the work of the department would be made so very much more difficult.

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. (to 27.5.66)

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.

Margaret Wood, M.B., Ch.B., D.C.H. (from 22.5.66)

W. S. Furniss, M.B., Ch.B. (Part-time-Refracton)

Principal School Dental Officers

J. Fenton, L.D.S.

Dental Officers

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

R. M. Barker, B.D.S. (to 27.7.66)

H. M. Barker, B.D.S. (7.2.66 to 5.8.66)

Orthodontic Specialist

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

Consultants

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

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 Psychologist

Mrs. J. Ward, B.A., (Hons.) (from 16.5.66)

Audiologist

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

Speech Therapist

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

Orthoptist

Miss R. P. Marsden (from 8.8.66 to 23.9.66)

Orthoptic Technician

Mrs. C. Green (to 30.5.66)

Superintendent School Nurse

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

Deputy Superintendent School Nurse

Mrs. M. McKenna, 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' Miss C. A. Barry (from 1.7.66) | 'F' Mrs. S. King (to 15.3.66) |
| 'A' Miss B. Byrom | 'E' Mrs. K. E. Lees* |
| 'A' Mrs. J. A. Carling | 'G' Mrs. H. Manuel* |
| 'A' Mrs. S. E. Evans | 'A' Mrs. N. M. McWiggin |
| 'A' Mrs. M. Frost (to 31.3.66) | 'A' Mrs. D. Mojola (from 19.9.66) |
| 'A' Mrs. M. Hartley | 'B' Mrs. S. Seddon |
| 'B' Mrs. D. Higginbottom
(to 30.11.66) | 'B' Mrs. J. Skimming (from 1.7.66) |
| 'E' Mrs. C. D'Arcy* | 'A' Mrs. C. Smith* |
| 'D' Mrs. H. Eglin* | 'A' Mrs. N. M. Walker |
| | 'H' Mrs. P. Kennedy* |

Nursing Auxiliaries

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

Mrs. A. Clarke, S.E.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.

'H' S.R.N., S.C.M., R.S.C.N.

* Part-time

SCHOOL CLINICS

Central Clinic, Cannon Street

Minor Ailments	—Monday-Friday, 9 a.m. to 10-30 a.m.		
Ophthalmic Clinic	Monday	9 a.m.	(By appointment only)
	Tuesday	9 a.m.	
	Wednesday	2 p.m.	
	Thursday	9 a.m.	
Orthoptic Clinic	—Monday-Friday By appointment		
Consultant Aural Clinic	—Friday, 2 p.m.		
	—By appointment		
Speech Therapy Clinic	—By appointment		
Child Guidance Clinic	By appointment		
Audiology Clinic	Monday	1-30 p.m.	By appointment
	Tuesday	9-30 a.m.	
	Wednesday	1-30 p.m.	
	Thursday	1-30 p.m.	

Dental Clinics

Eagle Street	—Monday-Friday By appointment
Gower Street	—Monday-Friday (By appointment)

Chiropody Clinics

Honeywell Lane Child Welfare Centre	—Monday a.m. and Wednesday a.m.
Derker Child Welfare Clinic	—Tuesday a.m. and Thursday a.m.

ANNUAL REPORT

STAFF

Dr. I. B. Barrie left the service at the end of May and Dr. Margaret Wood took up her appointment at the same time. There were no further changes in the medical staff until the end of November when, with the impending resignation of Dr. S. K. Mehra, a general practitioner was employed on a sessional basis, Dr. A. Reith undertaking medical inspections in schools.

The dental service which was fully staffed at one period in 1965 was depleted by the resignations of Mr. R. M. Barker and Mr. H. M. Barker. The latter was appointed during the year and stayed only a few months. Fortunately it was possible to obtain some part-time assistance.

Dr. Arthur Pool and Dr. J. Johnson, consultant psychiatrists, continued to hold a child guidance clinic which was augmented by the appointment of Mrs. J. Ward, educational psychologist, in May.

The appointment of a full time orthoptist remains a forlorn hope but Mrs. C. Green, orthoptic technician, held a clinic until the end of May. Miss R. P. Marsden, a fully qualified orthoptist, held a clinic during August and September whilst on vacation from university.

Mrs. Audrey M. Carter continued as speech therapist and held eight sessions per week.

Mr. Alan Sherliker undertook four audiology sessions per week including a pre-school clinic together with Mrs. Carter and Dr. Wood.

Liaison

The school medical officers 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 connection with school children.

SCHOOL HYGIENE, ACCOMMODATION AND ATTENDANCE

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

- (1) Work on the extension and remodelling of the Blue Coat C. of E. School and the building of the second stage of the Breeze Hill School was completed early in 1966.
- (2) Kaskenmoor School opened in September 1966 and should be completed during the first half of 1967.
- (3) The extension of Richmond County Junior School was completed in the first half of 1966.
- (4) The erection of new premises to replace the present Hollins School commenced in the Autumn of 1966. When completed the new school will be known as Grange School.
- (5) The site for a new school to be known as Littlemoor Lane Primary School was cleared during 1966 and work should commence early 1967.

School Accommodation

The number of children on rolls in December 1966 was 17,941 an increase of 209 compared with the previous year. The distribution was as follows:—

	Senior	Junior	Infant	Nursery	Total
County Schools	4,611	4,107	3,263	195	12,176
Voluntary and Aided Schools	1,674	2,160	1,640	19	5,493
Totals	6,285	6,267	4,903	214	17,669

In September 1966 the county secondary schools were reorganised on comprehensive lines and the number on roll for each individual school was as follows:—

Breeze Hill	601
Counthill	1007
Fitton Hill	546
Hathershaw	938
Hollins	669
Kaskenmoor	805

Special Schools:—

	Senior and Junior
Beever Special School for Partially Hearing	34
Higginshaw Special School:	
Physically Handicapped and Partially Sighted	44
Strinesdale Open Air School:	
Resident	28
Non Resident	60
Marland Fold Special School:	
Educationally Sub-normal	106

The children at the Waterhead Special School for partially sighted children were transferred to the Higginshaw School at the beginning of the year.

MEDICAL INSPECTION

Periodic Medical Inspection

The periodic medical inspection of all entrants was completed and the pilot scheme for selective medical examinations, which was introduced in five junior schools in 1965, was extended to all junior schools.

The county secondary and secondary grammar schools were re-organised on comprehensive lines in September and the programme for the examination of school leavers was changed. Whereas it was the practice to examine all children in their last term at school it was decided to examine all children in their fourth year in the comprehensive schools. Examination of leavers commenced in September and the programme was completed in November except for some children in three schools where difficulty was encountered because of the re-organisation. The examinations were held at the beginning of the school year so that the medical reports on the children could be passed to the Youth Employment Officers before they commenced their careers guidance programme in schools at the end of November.

The number of children inspected was as follows:—

The corresponding figures for 1965 are in brackets.

Entrants	1,387	(1,747)
11 year-olds	410	(1,178)
Leavers	2,275	(1,028)
	<hr/>	<hr/>
	4,072	(3,953)
	<hr/>	<hr/>

In the 11 year age group 961 children were found not to be in need of examination after the selection procedure outlined in last year's report.

In addition 129 children in nursery schools and classes were examined.

Defects found at Medical Inspection

The following figures show the incidence of certain defects in the total of 4,201 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	49	11.66
Nose and Throat	130	30.95
Speech	50	11.90
Cervical Glands	18	4.28
Heart and Circulation	40	9.52
Lungs	43	10.24
Hernia	9	2.14
Epilepsy	18	4.28
Orthopaedic	110	26.18

Details of these and other defects found are included in Part II Table A of the Department of Education and Science Medical Inspection Returns at the back of the report.

General Condition of Children Inspected

Only 5 of the 4,201 children examined at periodic medical inspections were classified "unsatisfactory."

Special Inspection

The Medical Officers made 549 special inspections and 183 re-inspections at the clinic or in schools.

Colour Vision

All children are tested for colour vision at 11 years of age and school leavers are tested at the routine medical examination. Of the 2,275 leavers examined 44 boys and 3 girls were found to be colour blind.

Uncleanliness Examination

Statistical details of school nurses' work in connection with head infestation are as follows with the 1965 figures in parentheses:—

Nurses' first inspections in schools	36,084	(38,902)
Nurses' re-inspections in schools ...	2,439	(3,553)
Number of school visits for first inspection	287	(338)
Number of school visits for re-inspection	197	(231)
Number of individual children found to be infested	860	(1,377)

The figure of 860 individual children found to be infested represents 4.79 per cent of the school population. This shows an appreciable decrease from 1965 (7.76 per cent).

ARRANGEMENTS FOR TREATMENT

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

Minor Ailments Clinic

The two school clinics at Gower Street and Scottfield were closed and the new central clinic in Cannon Street was opened at the beginning of the year. Treatment was available daily during school days, and on several days in the school holiday periods. During the year 847 attendances were made for treatment.

One session per week has been devoted to special examinations of children referred by school nurses, teachers, parents, and attendance officers.

The school nurses attend to cleansing the heads of children referred to the clinic for this purpose.

Scabies

The number of cases in schoolchildren totalled 178, three times as many as last year. Every effort is made to treat other members of the family who may be affected to avoid re-infestation. The increase in scabies appears to have been noted throughout the country. Treatment is carried out at the Gower Street Cleansing Centre.

Chiropody

The Derker and Honeywell Lane clinics were each open on two mornings per week, 1,416 attendances for treatment were made. Foot inspections are carried out in schools.

EMPLOYMENT OF SCHOOL LEAVERS

Reports on the children examined prior to leaving school were 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 394 children from one or more of the following categories of work:—

1.—Heavy Manual work	157
2.—Sedentary work	—
3.—Indoor work	—
4.—Work involving prolonged standing, much walking or quick movement from place to place	15
5.—Exposure to bad weather	25
6.—Work involving wide changes in temperature	21
7.—Work in damp atmosphere	22
8.—Work in dusty atmosphere	21
9.—Work involving much stooping	3
10.—Work near moving machinery or moving vehicles ...	12
11.—Work at heights	13
12.—Work requiring normal acute vision	61
13.—Work requiring normal colour vision	27
14.—Work requiring the normal use of hands	1
15.—Work involving the handling or preparation of food	3
16.—Work requiring freedom from damp hands or skin defects	7
17.—Work requiring normal hearing	6

Children are also medically examined for suitability for employment outside school hours. The number examined during the year was 453 and the occupations were as follows:—

Newspaper delivery	398
Shop assistants	13
Delivery boys	11
General assistants	30
Nursery assistants	1

CO-OPERATION WITH PARENTS, TEACHERS, SCHOOL WELFARE OFFICERS AND VOLUNTARY BODIES

The number of parents or relatives who attended the routine medical inspections in schools was as follows:—

		1965		1966
Entrants	1605	91.76%	1274	91.85%
11 year olds	779	66.13%	312	76.10%
Leavers	127	12.35%	338	14.86%

Special examinations are made when requested by parents, teachers and school welfare officers, many of them because of irregular school attendance. The help and advice of the general practitioner is often sought.

As in past years, teachers, the local inspector for the N.S.P.C.C., the Family Service Unit and others interested in the welfare of children have continued to give appreciable help.

SPECIAL CLINICS

By arrangement with the Oldham and District Hospital Management Committee the following specialist provision is made.

Mr. J. Norman Appleton is retained as consultant E.N.T. surgeon and holds a clinic each week. He undertakes the examination and supervision of deaf and partially hearing children.

Dr. F. Janus is retained as consultant ophthalmic surgeon and holds a clinic when necessary for the examination of blind and partially sighted children.

Dr. D. Hilson is retained as consultant paediatrician and meets the Senior School Medical Officer, Dr. J. Starkie to discuss cases. He submits reports on all the children he sees at the Oldham and District General Hospital.

The child guidance clinic, the ophthalmic, orthoptic, and audiology clinics are provided by the Education Committee. Details of the work done are given later in the report.

Ophthalmic Clinic

During the year, 2,347 examinations were undertaken by Dr. L. B. Hardman, and Dr. W. S. Furniss and spectacles were prescribed or changed in 1,587 cases.

Children with extremely poor vision are seen by Dr. F. Janus, Consultant Ophthalmic Surgeon, who recommends their suitability or otherwise for admission to the school for partially sighted children.

Children with squints are referred for orthoptic 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. Mrs. C. Green, orthoptic technician continued to assist the clinic until 30.5.66. Fortunately the services of a locum orthoptist, Miss R. P. Marsden were available full-time during August and September and many children were seen. Those who required follow up when Miss Marsden left were transported to the Manchester Royal Eye Hospital when necessary.

At the clinic 324 attendances were made by schoolchildren and there were 70 new cases. Those requiring operative treatment were referred to the Oldham Royal Infirmary. Approximately 45 children attended the orthoptic department of the Manchester Royal Eye Hospital on one or more occasions.

Ears, Nose and Throat Defects

Mr. J. N. Appleton, Consultant Aural Surgeon, holds a weekly session at the Central Clinic. Children attend by appointment and any treatment prescribed is usually carried out at the school clinic. During the year, 39 sessions were held and 130 new cases were examined. The total number of attendances was 307. In cases where in-patient treatment is necessary, copies of the case notes are forwarded to the hospital and the child's name is placed on the waiting list for admission.

Details of the children treated, including those referred from the school clinic, are given in Part 3 of the Medical Inspection and Treatment returns at the back of the report.

Orthopaedic Defects

Children requiring orthopaedic treatment are referred to the Orthopaedic Department at the Oldham Royal Infirmary. The majority of cases require advice and exercises, and only a few cases require operative treatment. Physiotherapy and ultra violet ray treatment are also carried out at the hospital.

During the year 24 schoolchildren were referred for the following defects:

Defect	No. of Cases
Flat Feet	7
Knock Knees	13
U.V.R.	3
Posture	1

Convalescence

Arrangements exist for selected schoolchildren to be sent for convalescence and the cost is met by the Education Committee. The period of convalescence varies from two to four weeks, but may be extended in special cases.

During the year, 2 boys convalesced at the Taxal Edge Convalescent Home, Whaley Bridge, Derbyshire and one girl at the Margaret Beavan Convalescent Home, Heswall, Cheshire.

SCHOOL DENTAL SERVICE

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

In the annual report of the previous year it was pointed out that, for the first time since the formation of the School Dental Service in Oldham, there were five dental surgeries in use at the school dental clinics for most of the year.

During the year under review however, the services of two full time dental officers were lost. Mr. R. M. Barker, B.D.S. took an appointment in Norway and Mr. H. M. Barker, B.D.S. was appointed to the Hospital Dental Service in Ipswich.

Unfortunately it was not possible to replace these dental officers. The loss of two full time dental officers to a small authority such as Oldham is very serious and the effect is shown when considering the number of routine inspections and the total amount of treatment carried out. Had the School Dental Service remained fully staffed it should have been possible to arrange for the annual dental inspection of all the school children. Ideally each pupil should have a dental inspection at least twice each year.

Dental Inspections

7,262 (*11,438) pupils received a routine dental inspection either at school or at the school dental clinics. The number of pupils inspected at school has dropped by approximately 50% but the number of

pupils receiving a first inspection at the clinics has remained approximately the same. This is due to the number of parents who are interested in the dental condition of their children and bring them along to the clinics for examination and treatment. Similarly the number of pupils re-inspected at the clinics has remained approximately the same.

The inspections reveal a high rate of dental caries. The fluoridation of the drinking water in Oldham has been approved and it is to be hoped that it will be commenced in the near future since this is the most effective known method of reducing dental decay. In the meantime Dental Health Education with special emphasis on correct diet and oral hygiene should help to prevent a certain amount of dental decay.

Dental Treatment

The reduction in staff has resulted in a decrease in the total amount of dental treatment carried out.

Whilst the total number of teeth extracted has fallen slightly (approximately 11%) the total number of fillings carried out has decreased by approximately 40%.

The number of dentures supplied was 56 (*70) and in addition 24 crowns were fitted. This type of treatment is usually necessary as a result of accidents in which front teeth are involved.

During the year 304 pupils were X-rayed.

Equipment

The main item of new equipment purchased was an X-ray apparatus for the dental clinic at Gower Street. This has resulted in many pupils not having to travel to Eagle Street Clinic for X-ray examinations.

Orthodontic Treatment

The amount of this type of specialised treatment has remained approximately the same as the previous year. Mr. J. Lancashire, B.D.S., D. ORTH. has continued in a part time capacity as Orthodontic Specialist.

Emergency Treatment

During the year 1,021 (*1,049) pupils received emergency treatment—these are pupils who attend the school dental clinics without appointments and receive immediate treatment, usually for the relief of pain. Unless routine dental inspections are carried out at reasonably

short intervals the number of pupils attending for emergency treatment will increase. The shortage of dental surgeons in general practice in the Oldham area makes it very difficult for pupils, particularly the young ones, to obtain dental treatment through the General Dental Practitioner Service of the National Health Service.

Evening sessions have been worked on a voluntary basis and provide an excellent means of treating the older pupils who find difficulty attending 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 for pre-school children.

General Anaesthetics

2,240 (*2,374) children received a general anaesthetic for the extraction of teeth. 75% of the pupils receiving a general anaesthetic were in the 5-9 age group. In addition pre-school children and expectant and nursing mothers also received treatment at these sessions. The services of Dr. G. Mason-Walshaw, Consultant Anaesthetist, are particularly valuable at these sessions when very young pupils or pupils with poor medical histories attend. Dr. B. H. Lees and Dr. N. L. Gilburn also undertake regular weekly sessions as anaesthetists.

Hospital and Consultants' Facilities

Children who require consultant advice and treatment are referred to Mr. W. C. Mellor, F.D.S., R.C.S., Consultant Oral Surgeon to the Oldham Hospital Group. Similarly the services of Mr. J. S. Johnson, F.D.S., R.C.S., D.ORTH., M.S.C., Consultant Orthodontist are available.

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

* 1965 figures in brackets.

CHILD GUIDANCE SERVICE

The Child Guidance Clinic is held at the Central Clinic, Cannon Street, Oldham.

Staff

Consultant Psychiatrists:

Dr. Arthur Pool

Dr. John Johnson

Psychiatric Registrar:

Dr. J. G. Maden

Educational Psychologist:

Mrs. J. Ward

Social histories and home visits continued to be undertaken by the mental welfare officers of the Public Health Department.

The following table shows the grouping of intelligence quotients of the 93 cases dealt with during the year:—

I.Q.	Boys	Girls	Total	
70 and under	1	1	2	
71- 85	5	6	11	
86- 95	8	6	14	
96-114	22	12	34	
115-129	5	3	8	
	—	—	—	
	41	28	69	
Awaiting test at 31st December, 1966	6	1	7	
Not tested	11	6	17	
	—	—	—	
	58	35	93	
Cases referred				49
New cases			45	
Old cases re-opened			4	
<i>Sources of reference:</i>				
Director of Education			5	
School Medical Officers			10	
General Practitioners			13	
Headteachers			12	
Speech Therapist			2	
Children's Officer			4	
Health Visitors			1	
Consultant Psychiatrist			1	
Probation Officer			1	
			—	49
<i>Recommendations</i>				
(a) treatment at clinic			29	
(b) visiting by mental welfare officers			4	
(c) cases to be reviewed			3	

(d) cases closed after treatment	3
(e) cases closed after investigation and follow-up	4
(f) cases closed (refused to attend or removed from area)	4
(g) individual tuition	2
	— 49

Cases Treated at Clinic During the Year 73

*Enuresis Cases Treated with Pad and
Buzzer Apparatus* 5

Dr. Pool 14 sessions Dr. Johnson ... 7 sessions

Dr. Maden 5 sessions Dr. Milner 3 sessions

Diagnostic Interviews 26

Psychotherapy 90

Educational Psychologist:

Psychological Tests:

Diagnostic	28
Re-tests	3
Group Therapy Sessions	43
Individual therapy	59
Individual tuition	17
Counselling	19
Interviews	45
Visits to schools	11
Other visits	14
Home visits	3

School Medical Officers:

Medicals	18
Interviews	17

Mental Welfare Officers:

Social Histories	18
Home Visits	30

THE AUDIOLOGICAL SERVICE

1966 saw the opening of the new audiology clinic in a specially designed unit at the Central Clinic, Cannon Street. A three roomed suite combining the aural and audiology clinics provides excellent facilities, being newly equipped throughout.

The service continues to expand, more children having been seen. Sweep testing of children in junior schools, mentioned in last year's report, has not been undertaken but it is intended to introduce a pilot scheme next year.

There has been close co-operation with the speech therapy department as in the past and joint diagnostic clinics have been held for both school and pre-school children. We welcomed Dr. Margaret Wood in place of Dr. Barrie who departed to Southend and during the year Mrs. J. Ward, educational psychologist, joined the team on occasions.

Twenty one children, attending schools other than the school for partially hearing children, have received auditory supervision and guidance with the help and co-operation of the staff of the schools these children attend. There are at present four pre-school children attending the clinic for guidance.

The routine testing by pure tone audiometry continued throughout the year in the authority's thirty-six infant schools and departments and one thousand five hundred and forty eight children (aged 5 years) were examined by "the pure tone sweep test." Two hundred and fifty three children were referred for re-examination at the audiology clinic (Gainsborough Avenue/Central Clinic), where they were re-tested to ascertain their thresholds of acuity for pure tones by both air and bone conduction. Many of these children were also given speech discrimination tests.

The following is a summary of the 253 cases referred for re-examination.

Found on re-test to have normal hearing and speech discrimination	57
Did not attend for re-test	58
Children who removed from district between initial test and re-test	4
Children screened at the end of 1966 and still awaiting re-test	51
For re-test next school sweep or review during 1967	22
Under observation by the School Medical Officers	3
Given treatment by School Medical Officers and on re-test found to have normal hearing	10
Already under Otologist's supervision at hospital aural clinics	8
Referred to consultant otologist	40

A summary is given below of the diagnosis made by the otologist in respect of 40 children referred to him.

1—Children with bilateral or unilateral middle ear deafness, for review following tonsil and adenoid operation	14
2—Children with unilateral perceptive type deafness ...	2

3—Children with bilateral perceptive type deafness referred to audiological clinic for supervision	6
4—For review after post nasal sinuses examination, washouts, and prick incisions	18

Miscellaneous Investigations

In addition to the school children referred following the sweep test in school, a total of 234 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 review	22
2—By Otologist	69
3—By School Medical Officers	83
4—By Head Teachers	24
5—By Speech Therapist	27
6—By Educational Psychologist	5
7—By General Practitioners	4
	—
	234
	—

Excluding the 69 children already under the care of the consultant otologist the following is a summary of the 165 cases referred:—

Found to have normal responses to pure tone and speech	36
Did not attend for assessment	8
Referred to speech therapist for guidance	21
Referred to educational psychologist	2
Under observation by the school medical officers at Central Clinic	29
Given treatment by the school medical officers and discharged	28
Referred to the consultant otologist	41
	—
	165
	—

The diagnosis made by the otologist in respect of the 41 children referred to him is shown below:—

Moderate catarrhal deafness for review after operative treatment	24
Slight catarrhal deafness to be kept under observation ...	8
Moderate degree of unilateral perceptive type deafness	2

Slight degree of deafness mainly 'high frequency' perceptive type, to have front position in classroom	4
Moderate degree of deafness, mainly perceptive type for 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 centres; these are held at monthly intervals and 36 sessions were held. Fifteen children were referred for more detailed assessment at the audiology clinic.

Dr. I. B. Barrie, Dr. Margaret Wood and Mr. A. Sherliker held 39 pre-school assessment clinics during the year. (Mrs. A. Carter, speech therapist and Mrs. J. Ward, educational psychologist, also attended several of the sessions). One hundred and thirty appointments were made of which 98 were kept. Seventy nine children were seen, several on more than one occasion and thirteen children were reviewed from previous assessments in 1965.

The sources of referral were as follows:—

Health Visitors	54
Medical Officers	13
Local Medical Practitioners	6
Headteachers of nursery schools	2
Speech Therapist	4
	—
	79
	—

The reasons for referral were as follows:—

Health Visitors

Failed routine screening test at C.W.C.	10
Failed routine screening test at C.W.C., poor speech development noted	4
Poor speech development	28
Children born 'at risk'	8
Children suspected of deafness	4

Medical Officers and others

Children on handicapped register with speech problems	13
Children with no speech development	7
Children with poor speech development	2
Children suspected of deafness	3

An analysis was made of the ages of the children referred and the results were as follows:—

Less than 12 months	4
12-18 months	8
18-24 months	8
24-30 months	15
30-36 months	12
36-42 months	14
42-48 months	12
48-60 months	6

Of children referred 35 were already known to the Public Health/School Health Departments as handicapped children.

The results of the investigations were as follows:—

Reviewed in collaboration with the speech therapist to re-assess their speech and language development (Children first seen in 1965)	13
Children who were found to have no auditory problem	21
Children who were found to have no auditory problem but will be reviewed in collaboration with the speech therapist to assess their speech and language development	18
Children given treatment by school medical officers and to be reviewed again in 1967	14
Children referred to speech therapist	7
Children referred to own G.P.'s	3
Children who had some auditory problem and who were referred to the Otologist for his opinion	16
	—
	79
	—

Of the 13 children referred to the otologist, 2 were found to have a degree of perceptive deafness, hearing aids were issued and arrangements were made for them to have pre-school auditory guidance at the audiology clinic.

SUMMARY:—

Number of children screened during the 1st year at school	1,548
Number of children for re-test	253
Number of children for full investigations referred by otologist, medical officers, health visitors, head teachers, etc.	234
Number of children who have had treatment or who are under observation by school medical officers	84

Number of pre-school children seen in audiology clinics for first assessment in 1966	79
Number of children referred to otologist	97

INFECTIOUS DISEASES

The following table shows the number of cases and deaths in children of school age from certain infectious diseases:—

DISEASE	1966	
	Cases	Deaths
Typhoid Fever	—	—
Meningococcal Infections	—	—
Dysentery	57	—
Diphtheria	—	—
Measles	563	—
Scarlet Fever	68	—
Whooping Cough	8	—
Poliomyelitis	—	—
Tuberculosis:—		
(a) Pulmonary	7	—
(b) Other forms	—	—

Measles

There were 563 cases notified compared with 324 cases in the previous year.

Scarlet Fever

There were 68 cases notified compared with 117 cases in the previous year.

Whooping Cough

There were 8 cases notified and confirmed compared with 11 cases in the previous year. In 3 cases the children had received courses of protective immunisation.

Dysentery

There were 57 cases confirmed bacteriologically (all Sonn ) compared with 40 cases (all Sonn ) in the previous year.

Pulmonary Tuberculosis

During the year 7 school children were notified and accepted.

Case 1/66

A girl aged 5 years was diagnosed as a case of primary tuberculosis infection contracted from her mother. Both were admitted to the Strinesdale Hospital.

Case 2/66

A boy aged 14 years was diagnosed as a case of primary tuberculosis infection and received domiciliary treatment. He was able to attend school.

Case 3/66

A girl aged 7 years was diagnosed as a case of primary tuberculosis infection probably contracted from her grandfather. She received domiciliary treatment.

Case 4/66

A boy aged 6 years was diagnosed as a case of primary tuberculosis infection as a contact of a member of the family. He received domiciliary treatment.

Case 5/66

A boy aged 5 years was diagnosed as having a primary tuberculosis complex and was admitted to the Oldham and District General Hospital under the care of the consultant paediatrician. He was discharged two weeks later, not requiring any special treatment.

Case 6/66

A girl aged 15 years was notified as a case of pulmonary tuberculosis and was admitted to the Strinesdale Hospital. She had been undergoing annual review as a contact of her father.

Case 7/66

A boy aged 14 years was notified by the Consultant Chest Physician as a case of pulmonary tuberculosis R.B.2 (intermediate case, sputum positive). He was admitted to the Strinesdale Hospital and was still in at the end of the year.

Tuberculosis—Special Investigations

During the year there were no special investigations undertaken.

Once again there were no cases of diphtheria, smallpox, poliomyelitis or meningococcal infections during the year.

TABLE OF CASES OF CERTAIN NOTIFIABLE DISEASES OCCURRING IN SCHOOL CHILDREN

(Aged 5-15 Years)—1936—1966

Year	Meningo- coccal Infec- tions	Dysentery	Diphtheria		Measles	Scarlet Fever	Whooping Cough		Polio- myelitis	Tuberculosis		
			Cases	Deaths			Cases	Cases		Pulmonary	Other Forms	All Forms
1936	4	-	215	17	1420	128	292	1	-	15	15	5
1937	1	-	218	14	472	158	261	4	-	17	17	3
1938	1	-	169	4	922	176	328	7	-	25	25	5
1939	-	1	32	2	60	235	50	2	-	17	17	6
1940	-	5	47	3	990	99	160	1	1	25	25	7
1941	6	-	27	1	224	122	87	4	-	9	9	-
1942	4	-	58	-	1075	249	54	1	1	17	17	-
1943	2	-	91	1	107	196	137	1	-	17	17	-
1944	1	-	48	3	470	342	40	-	-	12	12	1
1945	2	1	31	-	131	217	45	4	-	15	15	2
1946	-	4	30	2	686	88	71	-	-	5	5	4
1947	-	-	39	1	154	61	36	2	1	10	10	-
1948	1	-	10	1	517	125	82	8	-	14	14	3
1949	-	47	1	-	377	273	62	2	-	4	4	2
1950	-	52	1	-	420	165	117	1	-	7	7	-
1951	-	94	-	-	526	106	72	5	-	5	5	1
1952	1	129	-	-	819	179	45	7	3	5	5	2
1953	-	155	-	-	256	148	57	7	1	7	7	1
1954	-	29	-	-	427	106	81	4	-	7	7	-
1955	1	174	-	-	588	177	2	11	-	9	9	-
1956	1	699	-	-	50	106	7	5	3	4	4	-
1957	2	78	-	-	1320	48	41	3	1	1	1	-
1958	-	37	-	-	442	100	32	6	-	4	4	-
1959	1	638	-	-	429	111	36	4	-	2	2	1
1960	-	62	-	-	836	57	20	4	-	-	-	-
1961	2	315	-	-	184	86	16	2	-	-	-	-
1962	-	44	-	-	235	39	2	-	-	-	-	-
1963	-	41	-	-	532	58	12	4	-	1	1	-
1964	-	34	-	-	494	32	37	4	-	-	-	-
1965	-	191	-	-	324	117	11	1	-	1	1	-
1966	-	40	-	-	563	68	9	7	-	-	-	-

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 are approved by the Ancillary Services Sub-Committee.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
Scarlet Fever ...	To be excluded until patient pronounced fit by a medical practitioner.	Children — no exclusion. Persons engaged in the preparation or service of school meals and certain categories of nursing personnel 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, when 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 received primary immunisation after entering school:—

Primary Immunisation:—

Year of Birth	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	Total
No. Imm.	92	75	9	2	—	2	285	290	73	—	828

Reinforcing Injection (1st and 2nd)—2,358.

Vaccination Against Smallpox

During the year 84 children of school age received primary vaccination and 83 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 4 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) *Fourth Doses—Oral—704.*

Year of Birth	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	Total
No. Vacc.	260	263	10	5	2	8	76	71	9	—	704

(b) *Full Course of Oral Vaccine (3 doses)—238.*

Year of Birth	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	Total
No. Vacc.	83	47	7	3	1	3	35	49	8	2	238

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	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	Total
No. Vacc.	12	14	21	35	39	56	36	34	43	49	339

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 37 schoolchildren (18 males, 19 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 school-children has been continued. All children in their second year at a Secondary 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 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 20 cases referred for X-ray examination. One child referred for X-ray examination did not attend the Chest Clinic.

The following figures relate to the work undertaken during the year and include figures relating to two direct grant schools in the Borough.

Number of children offered B.C.G.	1,603
Number of acceptances	1,262
Percentage accepting	78.7%
Number excluded on medical ground	9
Number completing skin testing	1,178
Number positive	272
Number negative	896
Number receiving vaccination	895
Number of children requiring X-ray	21
Number of children X-rayed	20

DEATHS IN SCHOOL CHILDREN

During the year the following deaths occurred of Oldham children attending schools maintained by the Education Committee.

1. A girl aged 7 years.

This girl was diagnosed as suffering from an osteogenic sarcoma, in the autumn of 1965, and death was due to widespread metastases from this condition.

2. A boy aged 9 years.

He sustained a fractured skull with extensive brain damage after falling through the floor of a derelict building.

3. A girl aged 15 years.

This girl who had been under regular hospital treatment for 2 years prior to her death was suffering from chronic renal failure as a result of chronic nephritis.

4. A boy aged 13 years.

This boy died very suddenly during an attack of asthma. He had been under hospital supervision for a number of years and had attended the open air school. A post mortem (without inquest) revealed the cause of death as myocardial failure due to asthma.

5. A girl aged 8 years.

A motor lorry struck this girl and she died from cerebral concussion. A verdict of accidental death was returned at the inquest.

6. A girl aged 10 years.

This child died from right lower lobar pneumonia and subphrenic abscess due to appendicular abscess. A post mortem was performed.

7. A boy aged 16 years.

This boy was involved in a collision with a motor car whilst riding a motor cycle. Death was due to shock following fractured cervical vertebrae.

The inquest verdict was misadventure.

The deaths of two other children known to the School Health Service were recorded. These were a boy aged 14 years attending a school outside Oldham and a girl aged 8 years attending the centre for spastic children.

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 18 routine visits were made by medical officers.

HANDICAPPED PUPILS

Probably the most important function of the School Health Service is to ascertain at an early age children who will be unable to attend ordinary school and to make recommendations for their special education. It is the duty of the local education authority to provide special education suited to their needs.

It is usually possible to ascertain children who are physically handicapped, those with visual defects and children with severe mental retardation at an early age. Children with a lesser degree of mental handicap, maladjusted children and some children with hearing problems may not be ascertained until after school entrance.

Children Unsuitable for Education at School

Some children will obviously never go to school owing to severe mental retardation and their ascertainment is therefore a formality. Others may have a trial period in the ordinary school and subsequently in a special class or special school before transfer to the junior training centre. A number of children attend the junior training centre with their parents' agreement and formal action need not be taken for a period.

During the year 6 children were found to be unsuitable for education at school. One child was reviewed under the section allowing for revision of a decision taken a year or more earlier but the decision was confirmed.

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, and during the year one girl aged 10 years attended the Liverpool School for the Blind throughout the year and another aged 13 years, was admitted to the Condoover Hall School for the Blind.

A girl aged 3 years, who is thought to be suffering from severe

mental retardation in addition to her blindness is attending the junior training centre. Her case is still under review.

A girl aged 3 years was ascertained and admitted at the end of the year to the Overley Hall Sunshine Home Nursery School.

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."

At the beginning of the year the Waterhead School was closed and the children of primary school age were transferred to the Higginshaw Special School. Children over the age of 11 years were transferred to Manchester and other schools.

Higginshaw Special School

	Boys	Girls	Total
Number on register, 1st January, ... (7 Lancs. C.C.—1 Rochdale C.B.)	3	9	12
Number admitted during the year ... (1 Lancs. C.C.)	1	—	1
Number discharged during the year ... (1 Lancs. C.C.—1 Rochdale C.B.)	1	4	5
Number on register 31st December, ... (7 Lancs. C.C.)	3	5	8

The 5 children who left school were transferred to other schools, three to schools for the partially sighted, one to a residential school for blind children and one to the Marland Fold School for E.S.N. children. A girl aged 6 years who had been ascertained as partially sighted was admitted to a residential school for epileptic children.

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."

Beever Special School

	Boys	Girls	Total
Number on register, 1st January, (2 Lancs. C.C.)	1	1	2
Number admitted during the year ...	—	—	—
Number discharged during the year ... (1 Lancs. C.C.)	—	1	1
Number on register, 31st December, ... (1 Lancs. C.C.)	1	—	1

Admission to this school is now restricted to partially hearing children and the one deaf child still attending is near to school leaving age.

Residential Special Schools

Five children were maintained in schools outside Oldham and were still attending at the end of the year.

Partially Hearing Pupils:—

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

Beever Special School

	Boys	Girls	Total
Number on register, 1st January, (9 Lancs. C.C.—1 West Riding C.C.)	20	10	30
Number admitted during the year ... (1 Lancs. C.C.)	3	1	4
Number discharged during the year ... (1 Lancs. C.C.)	1	—	1
Number on register, 31st December, ... (9 Lancs. C.C.—1 West Riding C.C.)	22	11	33
Three children were ascertained during the year and placed.			

Residential Special Schools

One girl attended the School for the Partially Hearing, Southport.

Mr. J. N. Appleton, Consultant Aural Surgeon, sees children on admission to the Beever Special School and, when necessary, any special treatment that may be required is arranged at the Central Clinic or the Oldham and District General Hospital.

Pupils Suspected of Deafness

Children are referred mainly following routine screening for hearing at child welfare centres and in their first year at school. A few referrals come from other sources such as routine medical inspection and referrals by teachers.

Those who fail the screening test are tested by the Committee's Audiologist.

Cases of special difficulty are referred to Professor I. G. Taylor at the Department of Audiology and Education of the Deaf, Manchester University.

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."

MARLAND FOLD SPECIAL SCHOOL

	Boys	Girls	Total
Number on register, 1st January,	68	41	109
(1 Lancs. C.C.—11 West Riding C.C.)			
Number admitted during year	13	10	23
(2 West Riding C.C.)			
Number discharged during year	18	7	25
Number on register, 31st December, ...	63	44	107
(1 Lancs. C.C.—11 West Riding C.C.)			

Children discharged during the year:—

	Boys	Girls	Total
(a) At 16 years	10	4	14
(b) Transferred to Residential Special School	1	—	1
(c) Transferred to Approved School ...	2	—	2
(d) Transferred to Training Centre ...	1	2	3
(e) Left the district	4	1	5

Residential Special Schools

Three boys attended residential schools and were in attendance at the end of the year.

Fourteen boys and 10 girls were ascertained to be in need of special educational treatment and 15 were admitted to the Marland Fold Special School. The remainder are awaiting admission. Six children were formally ascertained as unsuitable for education at school.

One review was carried out under Section 57A of the Education Act, 1944 but the child remained unsuitable for education at school.

Epileptic Pupils:—

"Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils."

One girl was admitted to the Soss Moss Residential School and together with two boys was attending the school at the end of the year.

One boy was transferred from the residential school to the Marland Fold Special School 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."

Five children were admitted to the special class which was introduced at the Scottfield Infant School.

Residential Special Schools

Three boys and one girl attended residential schools, one boy and the girl were still attending at the end of the year.

Three boys were ascertained to require places in residential special schools but it was not possible to place them. Two boys were accepted on the waiting lists of two schools.

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 school."

HIGGINSHAW SPECIAL SCHOOL

	Boys	Girls	Total
Number on register, 1st January,	15	16	31
(9 Lancs. C.C.—1 West Riding C.C.)			
Number admitted during the year ...	4	3	7
(1 Lancs. C.C.)			
Number discharged during the year ...	2	2	4
(1 Lancs. C.C.)			
Number on register, 31st December, ...	17	17	34
(9 Lancs. C.C.—1 West Riding C.C.)			

The children admitted suffered from the following disabilities:—

Kypho-scoliosis	2
Cerebral Palsy	2
Perthes Disease	1
Spina Bifida	1
Arthritis	1

Children were discharged as follows:—

- One boy left aged 16 years.
- One boy was transferred to ordinary school.
- One girl left before reaching the age limit.
- One girl was admitted to a residential school.

Ten children were assessed as needing special educational treatment and 7 were admitted to special schools — three were still awaiting places at the end of the year, being too severely handicapped for admission to the Higginshaw Special School.

RESIDENTIAL SPECIAL SCHOOLS

The following children were maintained at residential schools during the year:—

Bethesda Special School, Cheadle, Cheshire

- (a) A girl aged 14 years suffering from multiple congenital deformities of the legs — Admitted September, 1959. — (VL).
- (b) A boy aged 13 years suffering from cerebral palsy — Admitted 1964. — (AD).
- (c) A boy aged 10 years suffering from spina bifida with paraplegia — Admitted September, 1961. — (DW).
- (d) A boy aged 13 years suffering from cerebral palsy (right hemiplegia) — Admitted September, 1961. — (MW).
- (e) A girl aged 9 years suffering from paralysis following poliomyelitis — Admitted September, 1962. — (TG).
- (f) A girl aged 7 years suffering from spina bifida — Admitted September, 1966. — (CH).
- (g) A boy aged 10 years suffering from Perthes disease (both hips) — Admitted April, 1964 — transferred to day special school for E.S.N. — (A.V.).
- (h) A boy aged 13 years suffering from spina bifida with paraplegia — Admitted September, 1963. — (MJD).
- (i) A girl aged 11 years suffering from spina bifida — Transferred from the Bradstock Lockett School. — (PJ).

Talbot House School, Glossop

- (a) A girl aged 13 years suffering from cerebral palsy (spastic quadriplegia) — Admitted October, 1960. — (GB).
- (b) A girl aged 10 years suffering from simple spastic diplegia — Admitted August, 1962. — (IB).
- (c) A girl aged 6 years suffering from cerebral palsy (spastic diplegia) — Admitted January, 1964. — (SH).

Holly Bank, Huddersfield

- (a) A girl aged 12 years suffering from cerebral palsy (spastic quadriplegia) — Admitted January, 1963. — (IM).

Spastic Society's Assessment Centre, Hawksworth Hall, near Leeds

- (a) A boy aged 9 years suffering from cerebral palsy (spastic tetraplegia) — Admitted March, 1965 — Removed from Oldham, September, 1966. — (PS).

Bradstock Lockett Special School, Southport

- (a) A girl aged 11 years suffering from spina bifida — Admitted November, 1964 — (PJ). — Transferred to the Bethesda School during the year.

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."

During the year 9 boys and 7 girls were ascertained.

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	2	2	4
Recurrent respiratory infections	1	1	2
Nervous debility and/or social debility ...	4	3	7
Retarded physical development	—	2	2
Retarded social development	1	—	1
	—	—	—
	8	8	16
	—	—	—

Twelve boys and 9 girls were discharged.

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.

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 continued to be available at Gainsborough Ave., until March when the department was transferred to the Central Clinic, Cannon Street. Sessions continued to be held at Marland Fold Special School, Strinsdale Open Air School, Higginshaw Special School and Limeside and Limehurst Schools. As was noted last year the number of special schools' children with more than one handicap, where speech presents only one aspect of the problem, has continued to increase.

The work of the department has continued to benefit from the co-operation between ourselves and the Audiology Clinic.

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

Number receiving treatment on January 1st, 1966:—

With speech defect	104
With stammer	31
Pre-School	7
	142

New cases admitted during the year:—

With speech defect	28
With stammer	4
Pre-School	4
	36

Cases dealt with during 1966 178

Number discharged during the year:—

With speech defect	70
With stammer	12
	82

The 82 children mentioned above were discharged for the following reasons:—

With speech defect:—

Satisfactory speech	45
Left the district	3
Left school	4
Deceased	1
Transferred to other treatment	2
Withdrawn — no co-operation	14
Treatment refused	1
	—
	70
	—

With stammer:—

Satisfactory speech	9
Left the district	1
Withdrawn — no co-operation	2
	—
	12
	—

Number receiving treatment December 31st, 1966 96

Number on waiting list December 31st, 1966 Nil.

Withdrawn from waiting list during year:—

Treatment not needed	9
Withdrawn, no co-operation	5
Refused	1
	—
	15
	—

Number of parents interviewed 99

Number of parents appointments not kept —

no excuse given 38

Number of schools visited concerning special cases 2

I wish to express my thanks for the continued co-operation of headteachers and school welfare officers during the year.

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. The parties assemble at their ordinary schools at 9 a.m. on a Monday, and return the following Friday afternoon, leaving Castleshaw School 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 and are medically examined before going.

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 pay. An extra charge is made for a week-end.

The camp is also used throughout the year by various youth organizations 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.

MEDICAL EXAMINATIONS OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING

Teachers entering the service of the authority 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 93 teachers were examined.

The examination of candidates applying for admission to training colleges is also the responsibility of the Principal School Medical Officer.

Candidates Applying for Admission to Colleges

During the year 115 candidates (26 males, 89 females) were examined and a medical report completed and forwarded with form 4 RTC to the appropriate college authority.

In all cases except one it was possible to pass the candidate 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 28 RQ together with a medical report to the Department of Education and Science and an X-ray examination is compulsory.

During the year 35 medical reports (12 males, 23 females) were completed.

Ministry of Health Circular 248/52

- (i) All teachers are X-rayed on appointment but this is waived in the case of new entrants who have recently undergone an X-ray examination on completion of their course of training and received a satisfactory report.
- (ii) All teachers are urged to take advantage of the facilities provided by the Mass Miniature Radiography Service for periodic examination.
- (iii) All staff employed in the School Health Service are X-rayed on appointment and at subsequent intervals.

EXAMINATION OF SCHOOL MEALS STAFF

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

During the year 210 new entrants were examined. In a few cases commencement of employment was deferred in view of the report of the chest X-ray examination but finally it was necessary to debar only one applicant from employment.

PROVISION OF MEALS

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

With the opening of five new kitchens during the year, the authority's central kitchen at Hollinwood has been closed. The central kitchen which was formerly a handicraft centre was opened in 1944 as a temporary kitchen until schools were equipped with kitchens on the premises. The authority's new kitchens are at Kaskenmoor Comprehensive School, Higginshaw County Primary and Richmond County Junior Schools.

At Kaskenmoor Comprehensive School there are three self contained kitchens each serving two ways into house dining rooms. The kitchens are fitted with the new L.A.S.M.E.C. stainless steel cooking equipment. Each serving area can be shut off from the kitchen thus making them available for use by the pupils for after school activities. The kitchens were put into operation at the commencement of the Autumn term. Cafeteria service with choice of menu is being carried out in each of the kitchens.

The kitchen at Richmond County Primary School was opened in July. Meals are served to the pupils by the family service method of dining. The kitchen is part of the new school block.

Higginshaw Primary School kitchen has been converted from the former domestic science room. Dining for junior and infant pupils is in separate dining rooms. Infants are served by the cafeteria method and juniors use the "family service" method of dining.

The 1966 programme for hygienic improvements included the replacement of several outworn sinks and wash-up units with stainless steel units.

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

Additional and replacement items of modern heavy equipment (stainless steel wherever possible) such as food preparation machines, mixers and slicers, fish friers, steaming ovens, boiling pans, roasting ovens and refrigerators have been installed where necessary.

During the August holiday period courses were organized for kitchen and midday supervisory staff of the School Meals Service. The practical demonstration proved very instructive and the lectures and films on hygiene by the members of the Department of Public Health stressed the need for the utmost care in the serving and handling of food.

Twenty four members of the School Meals Service were successful in gaining catering certificates. Three supervisors attended a month's training course at the Lancashire County Council's Training Centre, Chadderton.

The authority now has 34 self contained canteens providing meals for school children. 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	9,315
Free	922

Milk in Schools

The provision of free milk to all children in schools maintained by the authority and to non-maintained schools has continued. The average number of individual children provided with milk was 16,252 and during the year 2,802,333 one third pints of milk were consumed.

PHYSICAL EDUCATION

I am indebted to Mr. L. F. Reid, Organizer of Physical Education, for the following report:—

1. Staff

Miss M. A. G. Richardson, the Woman Organizer of Physical Education left Oldham to take up an appointment in Liverpool from September of this year. Mr. L. F. Reid, the Organizer of Physical Education, has since carried complete responsibility for the organization of physical education and the Education Committee has deferred the appointment of a second organizer.

There have been two full-time men swimming instructors, one full-time and three part-time women instructors, four full-time and three part-time accompanists for dance in schools.

Staffing for physical education in all the schools for both boys and girls has been maintained at a very satisfactory level throughout the year. Past difficulties, particularly where senior girls are concerned, make one hope that this happy position may be continued.

2. Facilities and Equipment

Facilities and equipment continue to improve but there are still instances where the conditions are far from being good. More modern and appropriate apparatus is replacing outdated and worn apparatus. Fixed and portable apparatus in all the secondary school gymnasia and in the primary school halls where it exists has been inspected, and repaired where necessary, by a fully qualified gymnastic maintenance firm. It is intended that this be done annually.

Primary schools continue to make requests for showering facilities especially where playing fields are situated next to or near

the school but it is still felt that all such requests cannot be met at this stage.

The changeover to comprehensive education was effected from September of this year and of note was the opening of the large sports hall with ancillary accommodation at Breeze Hill School and the inauguration of the two new gymnasia and changing rooms at Kaskenmoor School.

Plimsolls were supplied to a large number of primary and secondary school children to allow for all to be suitably clad for physical education. A number of secondary schools have shown a preference for white plimsolls and these have been supplied.

The high standard of cleanliness in the gymnasia, halls and ancillary rooms has been diligently maintained and the caretakers and cleaners concerned have to be thanked for this. Such a high standard is important since much of the work in these rooms is done by pupils fully changed and often in bare feet.

The closure during the Autumn of Lowermoor Swimming Baths was unfortunate. The new arrangements enforced by this closure did not of course result in any change in the ruling of the Education Committee that pupils during the final two years at junior school and during the first two years at secondary school should attend the swimming baths and receive swimming instruction. It did mean that some of the classes of more senior children had to be discontinued and some classes going to use other baths have to use public transport.

Life saving classes leading to awards of the Amateur Swimming Association and the Royal Life Saving Society have been arranged during out of school hours. The revised Oldham Education Committee Swimming Tests have been conducted for the first time this year and these included tests for the Advanced—Intermediate—Learners, Survival and Open Certificates. The last provides the opportunity, especially for the pupils of special schools, all of which arrange swimming classes, to obtain a certificate at the discretion of the swimming instructor. Schools have continued to take part in the Dolphin Trophy which is nationally recognised.

The Oldham Schools Swimming Association has now been divided into two separate units, namely the Oldham Junior Schools Swimming Association and the Oldham Secondary Schools Swimming Association, chiefly as a result of the introduction of comprehensive secondary education.

Both junior and secondary schools continue to hold very successful individual swimming galas and the majority enter the junior and secondary inter-school galas.

Thanks are extended to the Baths Manager and all his staff for their co-operation in all matters concerning the schools' use of the public swimming baths.

The school playing fields have been in constant use and there has been an exhaustive call on the Parks Department grounds throughout the year for winter and summer activities. The all weather areas on the Education Committee grounds continue to be a great asset and the Middleton Memorial Athletics Track has been extensively used by individual schools, for inter-school events and inter-town events. The only drawback of the moment has been the lack of adequate changing facilities. The floodlighting of the track has led to increased enthusiasm and interest in athletics and athletics training during the evenings. With better accommodation and the continued efforts of the Oldham and Royton Harriers and Athletics Club to show concern for the school pupils attending in the evenings, interest should continue to grow.

The teaching of lacrosse in some schools to boys and girls and the introduction of Rugby Union football should have successful results.

Work was begun on the new playing fields for Bluecoat School and Kaskenmoor School.

The improvements to the athletic facilities on all the playing fields which were started three years ago are now almost complete.

The standard of maintenance continues at a very satisfactory level owing to the diligence and efficiency of the Parks Director, his staff and the Education Committee groundsmen. Their task is not an easy one.

Castleshaw Camp School continues to be used by a number of school groups with camp craft, canoeing and horse riding taking a prominent place among the activities which the facilities, equipment and environment of the school make possible. The continued generosity of Dr. Moore and his staff allows what has proved to be the popular use of his riding school. Canoeing is practised by using the facilities of the Redbrook Reservoir Sailing Club. This year the Oldham Water Committee have arranged for the Castleshaw Lower Reservoir to be used for canoeing by supervised school groups as a pilot scheme for twelve months.

It is still unfortunate that the Camp School without drying space, storage and showering facilities cannot really be used to the full. It is felt also that a qualified resident instructing staff would give greater and deeper use of the possibilities afforded by the school.

3. *Courses*

Three girls and three boys attended junior Outward Bound courses, one girl and one boy attended standard Outward Bound

Courses and two teachers attended the Adult Teacher/Leader Course in Outdoor Activities at Rhownair Outward Bound School, Wales.

Canoeing by secondary school groups on Alexandra Park lake and during the winter months in Hathershaw Swimming Baths has continued.

Teachers courses have been arranged, covering netball, dance in the junior school, trampolining, swimming and athletics.

4. Conclusion

Extensive use has been made of the Passenger Transport Department in transporting junior and secondary school classes to the playing fields and the swimming baths.

Without a concentrated use of the facilities such a wide and effective physical education programme would not be possible. Our thanks therefore are due in no small measure to the co-operation of the Transport Manager and his staff.

The work of the various Oldham Schools Associations has continued to be effective chiefly as a result of the devoted efforts of the teachers, who have continued to give of their time and counsel.

Finally a great debt of gratitude is again owing to all teachers, swimming instructors and accompanists who have constantly given so unstintingly and so effectively of their time, energy and skill to fulfill as complete a physical education programme as is possible in every school and for every child in an effort to achieve the full aims of physical education.

MEDICAL INSPECTION AND TREATMENT RETURNS

Year ended 31st December, 1966

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

- NOTES:—1. Where selective medical examinations are being carried out the number of pupils who have been "inter-viewed" 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 No.	Unsatisfactory No.		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1962 and later	565	565	—	—	—	13	12
1961	691	691	—	—	2	15	17
1960	250	248	2	—	3	11	14
1959	10	10	—	—	1	—	1
1958	4	3	1	—	1	—	1
1957	1	1	—	—	—	—	—
1956	2	2	—	—	—	—	—
1955	277	277	—	720	11	5	16
1954	126	126	—	241	6	4	10
1953	—	—	—	—	—	—	—
1952	608	608	—	—	20	4	24
1951 and earlier	1667	1665	2	—	26	10	35
Total	4201	4196	5	961	70	62	130

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	549
Number of Re-inspections	183
Total	732

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 ... | 38,523 |
| (b) Total number of individual pupils found to be infested | 860 |
| (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. Is the vision of entrants tested? No.
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 School Nurse.
6. Is audiometric testing of entrants carried out? Yes.
7. By whom is audiometric testing carried out? Health Visitor/School Nurse.

*PART II —Defects found by Periodic and Special Medical Inspection
during the year*

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

TABLE A—Periodic Inspections

Code Defect No. (1)	Defect or Disease (2)		Entrants	Leavers	Others	Total
4	Skin	T	—	2	—	2
		O	42	39	18	99
5	Eyes—					
	(a) Vision ...	T	6	46	18	70
		O	4	272	57	333
	(b) Squint ...	T	9	1	—	10
		O	47	25	19	91
	(c) Other	T	—	—	—	—
		O	3	2	4	9
6	Ears—					
	(a) Hearing	T	2	6	4	12
		O	12	12	22	46
	(b) Otitis ...	T	2	1	—	3
	Media ...	O	17	18	11	46
	(c) Other	T	1	—	—	1
		O	1	—	3	4
7	Nose and Throat	T	10	2	5	17
		O	69	17	27	113
8	Speech	T	5	—	1	6
		O	34	3	7	44
9	Lymphatic Glands ...	T	1	—	—	1
		O	13	2	2	17
10	Heart	T	—	—	—	—
		O	17	13	10	40
11	Lungs	T	—	—	—	—
		O	12	11	20	43
12	Develop- mental—					
	(a) Hernia...	T	2	—	—	2
		O	4	—	3	7
	(b) Other ...	T	1	—	—	1
		O	7	9	3	19
13	Orthopædic—					
	(a) Posture .	T	—	—	—	—
		O	2	7	1	10
	(b) Feet	T	1	1	—	2
		O	6	18	14	38
	(c) Other	T	1	—	1	2
		O	16	27	15	58
14	Nervous System—					
	(a) Epilepsy	T	—	—	—	—
		O	5	9	4	18
	(b) Other	T	—	—	—	—
		O	3	3	2	8
15	Psycho- logical—					
	(a) Develop- ment ...	T	1	—	—	1
		O	24	3	12	39
	(b) Stability	T	—	—	—	—
		O	2	2	10	14
16	Abdomen	T	—	—	—	—
		O	2	5	14	21
17	Other	T	1	1	—	2
		O	7	8	38	53

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 inspection.

Defect Code No.	Defect or Disease	Special Inspections	
		Pupils requiring Treatment	Pupils requiring Observation
(1)	(2)	(3)	(4)
4	Skin	6	4
5	Eyes:		
	(a) Vision	235	77
	(b) Squint	1	3
	(c) Other	—	3
6	Ears:		
	(a) Hearing	13	10
	(b) Otitis Media ..	—	1
	(c) Other	—	—
7	Nose and Throat	13	17
8	Speech	6	19
9	Lymphatic Glands ...	—	2
10	Heart	—	15
11	Lungs	1	16
12	Developmental:		
	(a) Hernia	—	2
	(b) Other	—	5
13	Orthopædic:		
	(a) Posture	1	5
	(b) Feet	2	2
	(c) Other	—	6
14	Nervous System:		
	(a) Epilepsy	—	1
	(b) Other	—	4
15	Psychological:		
	(a) Development ..	9	28
	(b) Stability	—	2
16	Abdomen	—	3
17	Other	2	35

*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	21
Errors of refraction (including squint)	2,326
Total	2,347
Number of pupils for whom spectacles were prescribed	1,587

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

Received operative treatment:

	Number of cases known to have been dealt with
(a) for diseases of the ear	95
(b) for adenoids and chronic tonsillitis ...	362
(c) for other nose and throat conditions ...	54
Received other forms of treatment	10
Total	521

Total number of pupils in schools who are known
to have been provided with hearing aids:

* (a) in 1966	6
(b) in previous years	47

* A pupil recorded at (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	572
(b) Pupils treated at school for postural defects	—
Total	572

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	102
Impetigo	16
Other Skin diseases	32
Total	150

TABLE E—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	93

TABLE F—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	178

TABLE G—Other Treatment Given

	Number of cases known to have been treated
(a) Pupils with other minor ailments ...	274
(b) Pupils who received convalescent treatment under School Health Service arrangements	3
(c) Pupils who received B.C.G. vaccination	938
(d) Other than (a), (b) and (c) above	
Chiropody	512
Orthoptic	154
Total	1,881

SCHOOL DENTAL SERVICE

1. Attendances and Treatment

	Ages 5-9	Ages 10-14	Ages 15 & over	Total
First Visit	2,165	1,837	456	4,458
Subsequent Visits	1,236	3,865	1,244	6,345
Total Visits	3,401	5,702	1,700	10,803
Additional courses of treatment commenced	112	102	28	242
Fillings in permanent teeth	999	3,892	1,543	6,434
Fillings in deciduous teeth	426	34	—	460
Permanent teeth filled	761	3,525	1,419	5,705
Deciduous teeth filled	394	29	—	423
Permanent teeth extracted	438	1,510	343	2,291
Deciduous teeth extracted	4,632	1,108	—	5,740
General anaesthetics	1,658	538	44	2,240
Emergencies	372	520	129	1,021
Number of pupils X-rayed	304			
Prophylaxis	548			
Teeth otherwise conserved	4			
Number of teeth root filled	25			
Inlays	4			
Crowns	24			
Courses of treatment completed	3,626			

2. Orthodontics

Cases remaining from previous year	260
New cases commenced during year	58
Cases completed during year ...	19
Cases discontinued during year	6
No of removable appliances fitted	85
No of fixed appliances fitted ...	1
Pupils referred to hospital consultant	—

3. Prosthetics

	Ages 5-9	Ages 10-14	Ages 15 & over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	1	1
Pupils supplied with other dentures (first time)	3	32	19	54
Number of dentures supplied ...	3	31	22	56

4. Anaesthetics

General anaesthetics administered by Dental Officers—NIL

5. Inspections

(a) First inspection at school. Number of pupils	3,557
(b) First inspection at clinic. Number of pupils	3,705
Number of a + b found to require treatment	5,090
Number of a + b offered treatment	4,981
(c) Pupils re-inspected at school or clinic	1,445
Number found to require treatment	777

6. Sessions

Devoted to treatment	1161.70
Devoted to inspection	182.00
Devoted to dental health education	NIL

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

During the calendar year ended 31st December, 1965		Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Df. (10)	Total (11)
A.	Number of handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes	- 1	- -	- -	2 1	5 5	9 7	3 -	14 10	- 1	- -	33 25
B.	Number of children newly placed in special schools	- 1	- -	- -	2 1	4 3	7 5	- -	7 8	- 1	- -	20 19
	(i) of those included at A above	- 1	- -	- -	- -	- -	1 3	- -	1 -	- -	- -	2 5
	(ii) of those assessed prior to January, 1966	- 1	- -	- -	- -	- -	1 3	- -	- -	- -	- -	- -
	(iii) TOTAL newly placed—	- 2	- -	- -	2 1	4 4	8 8	- -	8 8	- 1	- -	22 24
On 19th January 1967 number of children from the Authority's area:—												
C.	(i) requiring places in special schools other than hospital special schools	- -	- -	- -	- -	- 2	- 1	- -	7 1	- -	- -	7 4
	(a) day (b) boarding	girls girls										3 1
	(ii) included at C(i) who had not reached the age of 5 were awaiting	- -	- -	- -	- -	- 1	- -	- -	- -	- -	- -	- 1
	(a) day places (b) boarding places	girls girls										- 1
	(iii) included at C(i) who had reached the age of 5 but whose parents had refused consent to their admission to a special school, were awaiting	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	1 -
	(a) day places (b) boarding places	girls girls										- -

		Blind (1)	P.S. (2)	Deaf (3)	Pt.Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Df. (10)	Total (11)
C.	(iv) included at C(i) had been awaiting admission to special schools for more than one year.	-	-	-	-	-	-	-	-	-	-	-
	(a) day places (b) boarding places	boys girls	-	-	-	-	-	-	-	-	-	-
On 19th January, 1967, number of children from this Authority's area:—												
D (i) were on the registers of:—												
(1)	Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained.	boys girls	-	1	13	12	32	-	59	-	-	117
(2)	Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated.	boys girls	-	-	-	-	-	-	-	-	-	97
(3)	Independent schools under arrangements made by the authority.	boys girls	-	-	-	-	-	-	-	-	-	12
		boys girls	-	-	-	-	-	-	-	-	-	15
On 19th January 1967:—												
E.												
(i)	Number of handicapped pupils (irrespective of the area to which they belong) being educated under arrangements made by the authority in accordance with Section 56 of the Education Act, 1944	boys girls	-	-	-	-	-	-	-	-	-	-
(ii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(iii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(iv)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(v)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(vi)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(vii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(viii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(ix)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(x)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xi)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xiii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xiv)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xv)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xvi)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xvii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xviii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xix)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xx)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxi)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxiii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxiv)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxv)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxvi)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxvii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxviii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxix)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxx)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxxi)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxxii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxxiii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxxiv)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxxv)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxxvi)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxxvii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxxviii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xxxix)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xl)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xli)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xlii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xliii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xliiii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xlv)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xlvi)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xlvii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xlviii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xlviii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(xlix)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(l)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(li)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(liii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(liiii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lv)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lvi)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lvii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lviii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lviii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lix)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxi)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxiii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxiii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxiv)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxv)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxvi)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxvii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxviii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxviii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxix)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxx)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxi)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxiii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxiv)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxv)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxvi)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxvii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxviii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxviii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxix)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxx)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxxi)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxxii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxxiii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxxiv)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxxv)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxxvi)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxxvii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxxviii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxxviii)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxxix)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxxx)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-	-	-	-	-	-	-	-	-
(lxxxxi)	Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(i) (a) and (b) & (D)	boys girls	-	-								

