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COUNTY BOROUGH OF STOCKPORT



EDUCATION COMMITTEE

Annual Report

on the

SCHOOL HEALTH SERVICE

for the

YEAR ENDED 31st DECEMBER, 1952

By

J. YULE, M.D., D.P.H.

School Medical Officer

(44th of the Series)



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STOCKPORT EDUCATION COMMITTEE

at 31st December, 1952

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Vice-Chairman : Alderman J. Randles, B.A.

Aldermen T. S. Fish, W. R. Fox, J.P., J. Pell, A. M. Watson, J.P.

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Miss Humphreys-Edwards, M.A., Mrs. L. Richmond.

Messrs. H. Bell, M.A., Professor D. Atkinson, H. Barlow, Canon B. Bell, P.P., Rev. J. Yelder, W. Garside, J. Burke, F. L. Haworth, W. H. Edge, W. H. Rowlinson.

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Vice-Chairman : Councillor R. Philbin

Alderman J. Pell.

Councillors H. Hope, Mrs. E. Little, T. Orchardson, A. Whitley, A. Wood.

Messrs. H. Barlow, W. Garside, W. H. Rowlinson.

SPECIAL SCHOOLS SUB-COMMITTEE

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Vice-Chairman : Alderman J. Randles, B.A.

Alderman J. Pell.

Councillors Mrs. C. S. Grant, H. Hope, Mrs. E. Little, R. Philbin, R. Seaton.

Mrs. L. Richmond, Messrs. W. Garside, F. L. Haworth.

DIRECTOR OF EDUCATION

E. Gwyn Thomas, B.A., Ph.D.

STAFF OF THE SCHOOL HEALTH SERVICE

School Medical Officer :

J. Yule, M.D. Ch.B., D.P.H.

Senior Assistant School Medical Officer :

W. F. Christian, M.B., Ch.B., D.P.H.

Assistant School Medical Officers :

Hilary J. Crewe, M.B., Ch.B.

Stella M. Jones, B.A., M.B., B.Ch., B.A.O.

Consultant Ophthalmic Surgeon :

S. H. Faulkner, M.D., M.R.C.P., D.O.M. & S.

Consultant Aural Surgeon :

G. E. Archer, M.B., D.L.O., F.R.C.S.E.

Chief Dental Officer :

Freda Sellers, L.D.S.

Dental Officers :

J. H. Howarth, B.D.S., L.D.S. (commenced 25th February, 1952).

V. J. May, B.D.S., L.D.S. (commenced 24th March, 1952).

Superintendent of School Nurses :

Miss Snowdon, S.R.N., S.C.M.

School Nurses :

Mrs. Turner, S.R.N.

Mrs. Seed, S.R.N.

Mrs. Moore, S.R.N.

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

Miss Faulkner, S.R.N.

Mrs. Stevenson, S.R.N.

Mrs. Gething, S.R.N.

Mrs. Bradley (née Allen), S.R.N., S.C.M.

Chiropodist :

J. F. Green, F.Ch.S.

Senior Clerk :

H. Joules.

Clerical Staff :

Miss Hookins.

Mrs. Robinson (resigned 22nd March, 1952).

Miss Mould.

Miss Wright (resigned 24th December, 1952).

Miss Hooley.

Mrs. Knowles (commenced 1st February, 1952).

Miss Whelan (commenced 25th February, 1952).

Miss Henshaw (commenced 31st March, 1952).

SUMMARY OF WORK

		1951	1952
A.	Medical Officers at Maintained Primary and Secondary Schools :—		
	Periodic Inspections at Primary Schools ..	6,383	6,515
	Special " " " " " " ..	48	178
	Re-Inspections at Primary Schools	3,333	3,997
	Periodic Inspections at Secondary Schools ..	1,177	1,348
	Special " " " " " " ..	75	415
	Re-Inspections at Secondary Schools " ..	1,264	876
B.	Medical Officers at Clinics :—		
	Inspections at Clinics	4,443	4,992
	Re-Inspections at Clinics	4,147	4,655
	Inspections under Employment of Children		
	Bye-Laws	413	406
	Entertainments Certificates issued	7	—
C.	Dental Officers :—		
	Periodic Inspections at Primary Schools ..	3,730	11,401
	Special Inspections at Schools and Clinics ..	2,547	2,324
	Attendances for Treatment	6,081	11,690
D.	School Nurses' Visits, etc.:—		
	Visits to Schools	1,601	1,836
	Examinations in Schools (including cleanliness inspections)	88,466	100,448
	Visits to Homes	1,369	1,031

COUNTY BOROUGH OF STOCKPORT

General Information

							1951	1952
Population	141,660	141,810
Primary Schools—								
Number of Schools	36	37
Number of Departments	53	55
Number on Rolls	13,998	14,516
Schools for Higher Education—								
Girls	3	3
Boys	2	2
Mixed	6	6
Number on Rolls	5,215	5,228
Special Schools—								
Longfield Open-Air School							96	89
Taxal Lodge Residential School for Educationally Subnormal Pupils							30	34
<hr/>								
Cost of School Health Service—							1950/51	1951/52
Total Cost (<i>Net</i>)	£13,774	£16,252
Government Grant	£8,264	£9,751
Cost to Rates	£5,510	£6,501
Product of a Penny Rate	£3,699	£3,703
Cost in Terms of a Penny Rate	1.489d.	1.756d.

SCHOOL HEALTH REPORT

*To the Chairman and Members of the Education Committee
of the County Borough of Stockport*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit to you my Eighteenth Annual Report as School Medical Officer, which is the 44th of the Series.

It is encouraging to be able to report that considerable improvement has taken place in the priority services for children, such as dental treatment and the provision of glasses. It will be noted that three full time dental officers are now employed and the establishment has been increased to four. This has meant a marked extension in the amount of dental treatment given. The increase in the number of eye sessions, from two to three each week, had led to a reduction in the waiting list for ophthalmic treatment.

The combined school and maternity and child welfare clinic at 32, Heaton Moor Road, which was brought into use in 1950, is now working smoothly and is proving a great asset to the parents on the north side of the town.

It is hoped that during the present year a combined branch clinic will be provided by the Health Committee on the new Brinnington Neighbourhood Unit. Facilities for minor ailments treatment and dental treatment for school children will be available.

The nutritional state of the school children throughout the town remains satisfactory and there has been some improvement in the number of verminous children found in schools. It will be noted that 12 per cent of the children on the Rolls were found to be verminous in 1952, compared with 15 per cent in the previous year and 23 per cent in 1947. There is, however, still room for marked improvement.

Dr. W. F. Christian, Senior School Medical Officer, and Miss F. Sellers, Chief Dental Officer, and the whole of the Staff have displayed enthusiasm in the performance of their duties, and as a result the standard of efficiency has been high.

A special tribute should be paid in this introduction to the encouragement and help which the staff of the School Health Service has received throughout the year from the Teaching Staffs of the Schools.

The Director of Education, Dr. Gwyn Thomas, and his Staff have provided information for inclusion in this Report, and I desire to thank him for this and much consideration and help in connection with this special branch of the Education Committee's work during the year.

Finally, I should like to express my sincere appreciation of the courtesy and consideration which has been shown by you, Mr. Chairman, Ladies and Gentlemen, to the members of the School Health Service throughout the year.

I have the honour to remain,

Your obedient Servant,

J. YULE,

School Medical Officer.

Town Hall,

Stockport.

February, 1953.

REPORT

I.—STAFF.

(a) General.

Mr. J. H. Howarth, B.D.S., L.D.S., assumed his appointment as Dental Officer on 25th February, 1952.

Mr. V. J. May, B.D.S., L.D.S., assumed his appointment as Dental Officer on 24th March, 1952.

Mrs. Robinson resigned her appointment as Clerk on 22nd March, 1952.

Mrs. Knowles assumed her appointment as Clerk on 1st February, 1952.

Miss Wright resigned her appointment as Dental Attendant on 24th December, 1952.

Miss Whelan assumed her appointment as Dental Attendant on 25th February, 1952.

Miss Henshaw assumed her appointment as Dental Attendant on 31st March, 1952.

II.—CO-ORDINATION.

(a) With General Practitioners.

The Medical Officers of the school clinic continue to have satisfactory liaison with the general practitioners of the town, thus ensuring that there is a ready interchange of information concerning children who require medical attention. Many of the children who attend the Aural Clinic and the Eye Clinic are referred at the request of the general practitioners.

(b) With Hospitals.

There is a regular interchange of information between the school clinic and Stockport Infirmary regarding children of school age who require or are under treatment. Medical reports on school children who attend the Specialist Clinics at the Infirmary, whether referred by the family doctor or a school medical officer, are sent to the school clinic.

(c) With the Health Department.

When children reach school age the Health Visitors records of home visits, and the Welfare Clinic record cards are forwarded to the school clinic in order that the school medical officers may know the previous medical history of the children when they are seen for the first time by them. Miss Snowden, S.R.N., S.C.M., continues as Superintendent of the combined Health Department, and School Health Department, Nursing Staff.

THE SCHOOL HEALTH SERVICE IN RELATION TO PRIMARY AND SECONDARY SCHOOLS

III.—SCHOOL ACCOMMODATION AND HYGIENE.

I am indebted to Dr. E. Gwyn Thomas, Director of Education, for the following information :—

On 6th September the Education Committee's Architects' Department was transferred from the Town Hall to more commodious premises at 10 and 12, Heath Road, Cale Green.

(a) School Building Programme.

New school buildings completed and opened during the year 1952 comprised the Banks Lane Infants' School with accommodation for 360 pupils, the Fir Tree Infants' School for 240 pupils on the Houldsworth Housing Estate, extensions to the Great Moor Primary School for 240 additional pupils, the classroom block as part of the first phase of the Reddish Vale Secondary School for 450 pupils, and Reddish Vale Nursery School for 80 children. The children previously housed at the premises of the Working Men's Club, North Reddish, were transferred to the new Nursery School at Vale Road.

Improvements carried out to existing premises included adaptations at the High School for Girls, Cale Green, and Heathfield, further adaptations to the existing buildings and the erection of a new workshop building at the Hempshaw Lane Annexe for the Stockport College, and completion of the new canteen at the Stockport College building.

As a result of the occupation of the new school premises the use of the building at the old Banks Lane School, and of the annexes at St. Saviour's School, Great Moor, and the Reddish Green Methodist and Reddish Congregational Sunday Schools, has been discontinued.

Other work in progress during the year comprised the completion of the first phase of the Reddish Vale Secondary School, the Fir Tree Junior School for 320 pupils, the Vale Road Infants' School, Reddish for 240 pupils, further adaptations at the Taxal Lodge Special Residential School to provide accommodation for 15 additional pupils, and new workshops at the Secondary Technical School for Boys, Pendlebury Hall.

A start has been made with the preliminary work on a site in Offerton on which is to be erected a County Secondary School for Girls to accommodate 360 pupils.

Projects included in the 1953-54 building programme consist of a Primary School on the Brinnington Housing Estate for 320 Junior and Infant pupils, and a County Secondary R.C. School at Nangreave Road, Heavily, for 450 mixed pupils.

(b) Sanitary Accommodation.

Improvements have been carried out to the sanitary accommodation at the North Reddish and Alexandra Park Schools.

(c) Playgrounds and Playingfields.

Improvements have been carried out to the playground surfaces at the Heaton Moor and South Reddish Primary and the Belmont Secondary and Nursery Schools, the service road at the Stockport School, and the completion of the access road at the Heathfield premises of the High School for Girls.

The playing field areas at the Adswood Primary and the Belmont Secondary Schools have been re-seeded.

(d) Painting and Decorating.

The programme carried out during the year included the internal painting and decorating at three Primary Schools, three Secondary Schools and seven Canteen Kitchens, the external painting at the High School for Girls, and the internal and external painting at the Schools Meals Offices in Greek Street.

IV.—MEDICAL INSPECTION.**(a) Age Groups Inspected.**

The medical inspection of pupils has continued as in previous years, the age groups inspected being those fixed by the Ministry of Education. These are :—School Entrants ; Leavers from the Primary Schools ; and Leavers from the Secondary Schools. In addition, pupils reaching the age of 8 years during the current year were also examined. The new Ministry of Education Medical Inspection cards were introduced in 1948 for new entrants and so by 1952 all children up to and including 9 years of age have the findings of their medical examinations entered on these cards.

(b) Special Inspections.

Examinations of children made by the Assistant School Medical Officers in the following circumstances are known as Special Inspections. The total number of special inspections carried out and the number of children examined in each group are shown below.

(a) Children attending the Consultation Clinics ..	3,277
(b) Children specially examined at school at the request of the parent or Head Teacher	593
(c) Children recommended for convalescence	43
(d) Children examined for employment out of school hours	420
TOTAL	4,333

Details of the defects requiring treatment or observation which were discovered at these inspections are shown in Table II on page 32.

(c) Statistics of Medical Inspection.

The Statistical Tables relating to the Medical Inspections carried out during the year are shown on page 31. The number of Periodic Inspections carried out during the year was 7,863, compared with 7,560 last year. The number of Special Inspections was 593 and the number of re-inspections was 4,873 during the year. This compares with 123 Special Inspections and 2,699 Re-inspections last year. It should be noted that these figures indicate all cases examined in maintained primary and secondary schools.

The number of visits to schools by School Medical Officers for the purpose of carrying out Periodic Medical Inspections was 554 as compared with 525 in 1951.

V.—FINDINGS OF MEDICAL INSPECTION.

The detailed figures relating to the defects found at the Medical Inspections will be found in Table II, page 32.

(a) General Condition of Pupils.

The General Condition of the pupils medically examined at school during the year was as follows :—

General Condition A (Good)—29.91 per cent

General Condition B (Fair)—67.90 per cent

General Condition C (Poor)—2.19 per cent

Children whose General Condition is poor are kept under regular supervision by the school medical officers ; also all children suffering from malnutrition are eligible for an extra third of a pint of milk per day and for " free meals " if the income of the parent falls below a certain level fixed by the Local Education Authority.

(b) Infestation with Vermin.

The incidence of verminous infestation of the head remains fairly high when compared with the figures for the country as a whole. This apparently high incidence may be due to the fact that in Stockport the children are examined very frequently by the school nurses and infestation is recorded as being present if there are nits in the hair even though no lice are found. Nevertheless it is disturbing to find that despite the intensive efforts of the nurses and the use of modern insecticides, which are more lethal to lice than those previously in use, the incidence of infestation remains so high. If either the School Health or the Health Department were empowered to treat the whole family when a child was found to be verminous more rapid headway would be made in eradicating this condition.

The statistical table relating to this subject will be found on page 33. It will be observed from this table that during 1952, 88,898 inspections of pupils were made by the school nurses. This compares with 73,598 inspections carried out in 1951. Out of a total of 19,867 on the rolls 2,419 individual children were found to be unclean or 12.19 per cent of the children on the rolls. In 1951, 15.48 per cent. of the children on the rolls were found to be unclean.

Comparing these figures with those for 1947 when more frequent inspections were started in an effort to bring about a more rapid improvement in this condition, it will be seen that definite improvement has been made. In 1947, 4,054 children were found to be unclean or 23.5 per cent of the children on the rolls.

It should be noted that the figure 88,898 refers to the total number of inspections made and not to the total number of individual pupils inspected.

(c) Dental Defects.

A perusal of Table V, page 36, shows that the Dental Officers devoted 74 half-days to inspections and inspected 11,401 pupils. In addition 2,324 Special were inspected.

VI.—INFECTIOUS DISEASES.

(a) Immunisation Against Diphtheria—1952.

During the year, immunisation of children of school age has continued to be satisfactory. The total number of children of the ages 5—15 years inclusive, completely immunised was 2,227 (including 1,822 children also immunised in previous years).

It is most gratifying to report that the number (18,694) of children of school age (5—15 years) immunised up to the end of December, 1952, was 91.31 per cent. of the children of these age groups in the Borough.

There were no cases of Diphtheria occurring during the year amongst the 20,363 children comprising the school population. This figure includes 530 Grammar School pupils.

Immunisation at Welfare Centres :

Number of children who received 2nd and final injection (including 484 re-inforcing injections) ..	808
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Immunisation at Schools :

Number of children who received 2nd and final injections (including 1,266 re-inforcing injections) ..	1,266
Number of Schools visited	40
Number of times visited	41

Immunisation by Private Doctors :

Number of completed injections (including 72 re-inforcing injections)	153
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(b) Incidence of Infectious Diseases.

Disease	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total 1952	Total 1951
Scarlet Fever	63	60	55	155	333	183
Diphtheria	—	—	—	—	—	—
Dysentery	1	1	—	—	2	3
Pneumonia	4	—	—	—	4	8
Meningo-coccal infection..	—	—	2	2	4	2
Measles	18	77	67	476	638	408
Whooping Cough	66	46	7	17	136	94
Poliomyelitis	—	—	1	—	1	2
Food Poisoning	—	1	1	—	2	2
Typhoid (Para. B)	—	—	1	—	1	1

For the third year in succession there were no cases of Diphtheria in children of school age.

The number of Scarlet Fever cases showed an increase of 150 over that of the previous year.

There were 638 cases of Measles as compared with 408 in 1951.

The number of cases of Whooping Cough notified during the year showed a considerable increase as compared with 1951, the figures being 136 in 1952 and 94 in 1951.

The number of Poliomyelitis cases decreased from 2 cases in 1951 to 1 case in 1952.

VII.—FOLLOWING-UP.

(a) General.

All children who are found at the periodic medical inspections to have defects requiring treatment or observation are re-examined by the assistant school medical officers in school approximately twice a year. In addition the Head Teachers of the schools and the school nurses are provided with nominal rolls of the pupils who have defects. On these lists are shown the defects for which the children require treatment or observation. In this way both the Head Teachers and the School Nurses are able to ensure that the defects are not being neglected. In this connection the number of home visits paid by the School Nurses during the year was 270. In addition 290 visits were paid to schools for the same purpose.

I would like to take this opportunity to thank all Head Teachers for their co-operation in ensuring that our schoolchildren receive the attention they need, and that defects are not neglected.

VIII.—ARRANGEMENTS FOR TREATMENT.

(A)—*PRE-SCHOOL CHILDREN.*

(a) Attendances.

(i) Minor Ailment Clinic (Skin defects and miscellaneous cases)	225
(ii) Eye Clinic	
Refractions 56
(iii) Dental Clinic 491

(B)—*SCHOOL CHILDREN.*

(a) Uncleanliness.

The incidence of scabies and of infestation with body lice is now very low ; consequently treatment in most cases consists of the removal of lice and nits from the hair. For this purpose special scalp lotion is available free of charge at the Central School Clinic and at the Head Cleansing Centre. Metal nit combs are on sale at cost price at the Central, the Reddish, and the Heaton Moor School Clinics. Treatment in the first place is the responsibility of the parent, and when a child is found to be infested the parent is sent an informal notice informing them that their child's head is infested and instructing them in the best way of remedying the condition. If the parent ignores the first notice then a second notice is issued reminding them of their duty in this matter. If this second notice is also ignored then arrangements are made for the parent to attend at the Head Cleansing Centre with the child where they are instructed in the cleansing procedure, and are asked to cleanse the child's hair under supervision. During the year 88 children of school age were treated at this Clinic.

During the year 1,546 visits were made to the schools by the School Nurses to examine children for uncleanliness.

(b) Minor Ailments and Diseases of the Skin.

(i) Minor Ailments.

The Minor Ailments Clinic at 108, Wellington Road South, is open daily and one of the Assistant School Medical Officers is in attendance on Monday mornings and afternoons, Tuesday afternoons, Thursday mornings, Friday afternoons and Saturday mornings.

The Minor Ailments Clinic at the Reddish Welfare Centre, Stanhope Street, Reddish, is open on Wednesday mornings and Thursday afternoons. An Assistant School Medical Officer is in attendance on Wednesday mornings.

The Minor Ailments Clinic at 32, Heaton Moor Road, is open each day from 9-0 a.m. to 10-30 a.m. for the treatment of minor ailments. The Senior Assistant School Medical Officer visits this Clinic each Monday and Thursday morning.

Attendances at the Minor Ailments Clinics :—

	1951	1952
Number of New Cases seen during the year	4,443	4,992
Total number of attendances during the year	16,437	18,481

These figures show that the Minor Ailments Clinics are still providing a necessary service for the schoolchildren of the town.

The time cards introduced in 1951 are proving satisfactory. On these cards provision is made for recording the time a child leaves school to attend the Clinic, the time of arrival at and departure from the Clinic and the date of the next attendance.

(ii) Scabies Clinic.

The treatment of scabies in both children and adults continues to be carried out at St. Saviour's First Aid Post, Great Moor. The treatment consists of a hot bath followed by the application of benzyl benzoate lotion. When infestation is severe all members of the household are invited to attend and receive the necessary treatment ; in addition all clothing and bedding is removed from the house for stoving. There has been a steady fall in the incidence of scabies throughout the country since the end of the war ; severe cases with septic sores are not often seen. In Stockport the number of schoolchildren who attended for treatment during the year was 10.

(c) Visual Defects and External Eye Diseases.

(i) Ophthalmic Clinic.

Three sessions have continued to be held each week during most of the year. It appears from the size of the waiting list at the end of the year, that three sessions weekly will be required in 1953 if the children are to be examined by a Specialist reasonably soon after they have been found to have defective vision. In addition to examining children for defective vision, the visiting Specialists advise on the treatment of external eye diseases and certify cases of blindness and partial sightedness among school children.

Details of the work done at this Clinic are given below.

Total number of cases refracted at the Ophthalmic Clinics	..	833
Number of cases in which spectacles were prescribed	..	570
Number of cases in which spectacles were obtained	..	462

Of the cases refracted at the Ophthalmic Clinics, fifty eight were pre-school children.

External eye diseases are treated at the Minor Ailments Clinic. Severe cases are referred to their own doctor and are excluded from school. In urgent cases children are referred direct to Stockport Infirmary.

All those children who are prescribed glasses at the School Eye Clinic are seen subsequently at school by the school nurses to ascertain whether the glasses prescribed have been obtained. This is more satisfactory than writing to the Head Teachers of the schools for the information and does not take up a great deal of the nurses time as the information is usually obtained at the time the nurses visit the schools for cleanliness inspections.

(ii) Orthoptic Clinic.

This Clinic is held at Stepping Hill Hospital and is administered by the Regional Hospital Board.

The number of school children referred from the school Eye Clinic to this Clinic during the year was 27.

(d) Ear, Nose and Throat Defects.

(i) Ear, Nose and Throat Clinic.

During 1952 this Clinic has been held on Thursday afternoons at the Central School Clinic. A medical officer from the Ear, Nose and Throat Department at Stockport Infirmary examines the children referred to this Clinic. A daily treatment clinic is held for those children who have been ordered treatment by the medical officer. Children recommended for operative treatment are admitted to Stepping Hill Hospital.

The number of treatments carried out by the nurses at the Central School Clinic in this connection numbered 1,445. The number of children who received operative treatment for enlarged Tonsils and Adenoids during the year was 395. Of these 279 were operated on at Stepping Hill Hospital and 116 at Stockport Infirmary. The number of children operated on for other conditions of the Ear, Nose and Throat was 32. The waiting period for operation at Stepping Hill Hospital was approximately five weeks.

(ii) Audiometric Clinic.

Children thought to have defective hearing were tested on the Pure Tone Audiometer by the School Nurse who assists at the Ear, Nose and Throat Clinic and by two other nurses who have been trained in the use of this instrument. 154 children were tested in this manner during the year.

(e) Dental Defects.

The Report of the Chief Dental Officer. Miss F. Sellers, L.D.S.

Two additional Dental Officers were appointed in the early part of 1952. Later in the year the establishment was increased from three to four. It was not found necessary to appoint part-time private dental practitioners to work in the School Service as full-time staff were available.

The Dental Service has run smoothly throughout the year, and the new branch clinic in the North of the Town has been well attended. No school child, or pre-school child, who was in need of treatment, and whose parents were anxious for him or her to receive treatment, had any difficulty in obtaining it. An emergency service, which included the holiday periods, was available at all reasonable times.

An average of 154 children were inspected each session at school. All the children who were found to require treatment were offered it, in spite of any previous lack of interest they may have had in their teeth. The average acceptance rate for clinic treatment varied greatly from school to school, and district to district, but it was found that where the teachers and parents encouraged the children to have dental treatment, then the acceptance rate rose steeply. The School Dental Service can do no more than offer treatment, it is the responsibility of the parents to see that their children receive it.

More parents are now "tooth conscious" and they are bringing their children to the clinic at an early age. A few patients under two years old have attended this year. 349 pre-school children have made 491 attendances. Work among these young children is very exacting, but it can also be very rewarding. Its value cannot be assessed by figures. The benefit of previous work on the "under fives" is now shown at school inspections, when examining the well kept mouths of some of the new entrants, compared with the carious mouths in less enlightened days.

Treatment of expectant and nursing mothers commenced in September, and 19 attended the dental department during the last four months of the year.

Table V on page 36 gives details of the School Inspections and routine dental treatment. In addition 3,662 local anæsthetics and 846 general anæsthetics were given for the extraction of teeth.

All the Orthodontic cases were referred to the Chief Dental Officer for the necessary treatment. 332 impressions were taken ; 134 orthodontic appliances were made and inserted ; 580 children attended for inspection and adjustment of their appliances. 15 mouth-screens and 12 partial dentures were inserted during the year, the mechanical work being sent out to a laboratory.

(f) Orthopædic and Postural Defects.

Children with mild postural defects are given remedial exercises in remedial classes at school under the direction of teachers with special training in this work. Further details will be found in the section dealing with Physical Education on page 21. Children with more severe defects are referred to the Consultant Orthopædic Surgeon at Stockport Infirmary. Many children with postural defects benefit from a course of artificial sunlight ; this is provided at Stockport Infirmary.

The number of children referred to hospital for treatment during the year was 44. The number of children with severe orthopædic defects admitted to the Children's Orthopædic Hospital, Marple, was 11.

(g) Heart Disease and Rheumatism.

A Heart Clinic was held approximately once per month during the year and altogether 11 sessions were held. At this Clinic children with organic disease of the heart are kept under observation and are referred to hospital for investigation when necessary.

During the year 131 attendances were made.

(h) Enuresis.

A Clinic was held each Thursday afternoon at the Central School Clinic. Parents attend this Clinic by appointment and are advised how to deal with the troublesome problem of bed-wetting. In suitable cases drugs are prescribed for the children concerned. During the year 402 attendances were made.

(i) Chiropody.

Number of attendances by the Chiropodist	100
„ „ treatments	1,245
„ „ new patients	227
„ „ cases of Verrucae	80
„ „ „ „ corns	30
„ „ „ „ contracted or overlapping toes	13
„ „ „ „ ingrowing toenails	16
„ „ „ „ other conditions (flat feet, bursae metatarsalgia, heloma miliares, onychogryphosis, etc.)	88

Regular re-inspections are carried out and where no treatment is necessary such attendances are not included in the above statistics.

Appreciation of the service provided is evidenced by the increasing numbers of children and parents who attend for advice and the co-operation of all concerned is all that could be desired.

IX.—PROVISION OF MEALS AND MILK.**(a) School Meals Service.**

During the year the Banks Lane County Primary School canteen has been opened and meals have been supplied to 73 schools or departments from 27 kitchens.

A return to the Ministry of Education showed that on a given day in October, 62.6 per cent. of the pupils in attendance at Secondary Schools (Grammar and County), and 42.7 per cent. of pupils in attendance at Primary Schools, had school dinner at the canteens.

The actual numbers were :—

	No. present	No. who had school dinners
Secondary Schools (Grammar and County)	.. 4,843	3,033
Primary Schools	.. 13,254	5,663
Total	.. 18,097	8,696

Of the 8,696 pupils who had dinners, 793 were necessitous children on the free list. On the same day, 77 necessitous children attended various canteens for breakfast.

All children in attendance at Nursery Schools and Special Schools have meals.

During the holiday periods throughout the year, arrangements were made to provide dinners for all children whose parents asked for them. Twelve canteens were opened and children attended the one nearest their home.

(b) Milk in Schools Scheme.

All children of school age are entitled to participate in the Milk in Schools Scheme free of charge.

Every child can have a third of a pint of milk daily at his or her school during term time, and during school holidays children can have their milk each day at the canteens which are open for dinner.

A return to the Ministry of Education showed that on a given day in October, 56 per cent. of the pupils in attendance at Secondary Schools (Grammar and County) and 89.5 per cent. of the pupils in attendance at Primary Schools, received milk under the Scheme.

The actual figures were :—

	No. present	No. who received milk
Secondary Schools (Grammar and County) ..	4,843	2,714
Primary Schools	13,254	11,870
Total ..	18,097	14,584

Thanks are expressed to all Head Teachers and their staffs for their continued co-operation in the administration of these schemes which entail a substantial addition to the routine work in the schools.

X.—OPEN-AIR EDUCATION.

(a) The Longfield Open-Air School.

This school has accommodation for 90 pupils and caters for delicate, debilitated, and nervous children ; and children with physical handicaps of moderate degree. Many children who suffer from physical handicaps or who have been absent from school for long periods through illness, become nervous when at school. It is easier for these children to regain their confidence in a small community than in a large one, and Longfield provides this need. Children are admitted to the school on the recommendation of the Assistant School Medical Officers following examination at school or at one of the Clinics.

Breakfast and dinner are provided for the children in attendance, the meals being prepared on the premises. In addition each child receives two thirds of a pint of milk per day. After dinner the children rest for an hour on camp beds. The rest sheds are not ideal but plans have been approved for a new shed. In the summer months when the weather is fine the children rest in the open. All the children at the school have a bath each week unless excused on medical grounds ; the younger children are given a slipper bath and the older ones a shower bath. The primary object of these baths is not to ensure cleanliness but to tone up the body and stimulate the appetite.

The Medical Officers on the staff of the School Health Service visit the school frequently to examine the children under their care. A School Nurse also makes frequent visits for cleanliness inspections.

XI.—PHYSICAL EDUCATION.

(a) Physical Activity.

Despite financial economies it has been possible to continue the introduction of a wider variety of Agility Apparatus and of small equipment into Primary Infant and Junior Schools. In particular, by the addition of a recently designed Infants' Agility Apparatus to some Infants Schools and by the supply of Essex Agility Apparatus to some Junior Schools it is hoped to provide a range of physical activities which will obviate many cases of poor posture amongst young children. In 1952, too, a start was made on the provision of climbing ropes to Primary Junior schools, once again with the intention of affording climbing activities designed to offset the fairly common weaknesses of round shoulders and of poorly developed shoulder, back and arm muscles.

As a result of the Ministry of Education's publication, "Moving and Growing," and of Refresher Courses for teachers, sponsored by the Stockport Education Committee, teachers are readily appreciating the need for revised methods of teaching which will promote purposeful activity, appreciation of movement, individual skill, agility and self-confidence, as desirable qualities to be gained by children from physical education.

(b) Remedial Training.

The School Medical Officers have continued to pay close attention to postural and foot defects during regular medical inspections, and more schools have introduced physical remedial classes to remedy these minor physical defects. Where possible, parents have been encouraged to make use of "Home Exercise" leaflets provided in respect of children suffering from foot defects.

In 1951 there were 12 Posture Classes and 4 Foot Classes in 9 schools, and in 1952 there were 13 Posture Classes and 15 Foot Classes in 18 schools. The increase in the number of classes is attributable to the desire on the part of the Head Teachers to tackle the problem of eradicating primary physical defects, particularly foot defects, and does not reflect a rise in the number of children suffering from such defects.

(c) Swimming.

During the year the average attendance at the public baths for swimming instruction was 1,195.1 children per week ; 2,380 Swimming Certificates were gained by boys and girls, and of these, 1,635 were won by children for elementary standards not exceeding a distance of 60 yards.

(d) Open-Air Activities.

As a result of previous years' work there was a marked improvement in the condition of most playing fields placed at the disposal of schools for organised games periods, and in most schools, games in the open air have been taken regularly. The voluntary work done by the Stockport and District Schools' Athletics Association has assisted a great deal with the promotion of out-of-door games, and the close attention given by the Association to Athletic Field and Track events has encouraged many member teachers to conduct schools sports meetings. During the summer of 1952 all Secondary Schools and 10 of the Authority's Primary Schools

held school sports meetings. An Annual Camp for school children was held at Penmaenmawr, North Wales, during the midsummer vacation, and several schools organised camps privately during the Whitsuntide and Midsummer holidays.

XII.—CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

(a) Co-operation of Parents.

(i) Attendance at the Periodic Medical Inspections.

During the year 7,863 children were inspected at the Periodic Medical Inspections and parents were present at 4,850 of these inspections.

The number of parents attending with their children in the four age groups examined was as follows :—

	Number examined	Parents Present
School Entrants	2,811	2,575
Primary School Leavers	1,373	823
Secondary School Leavers ..	1,697	82
Other Periodic Inspections ..	1,982	1,370

(ii) Attendance at Consultation and Specialist Clinics.

Most of the children seen at the Consultation Clinics are accompanied by their parents as the parents of the children are seeking advice on some medical problem. As regards the Specialist Clinics, the visiting specialists will only examine children if they are accompanied by their parents.

(b) Co-operation of Teachers.

(i) Medical and Dental Inspection.

It is the practise in some schools for either the Head Teacher or the teacher of physical education to be present during the medical examination of the pupils. In this way any problems which the teachers have are readily brought to the attention of the School Medical Officer, facts concerning the child while at school, such as his school attendance record are brought to the notice of the Medical Officer, and any condition found by the Medical Officer which concerns the teacher is immediately made known to him. When the teachers are unable to be present at the inspections the Medical Officers discuss the findings of the inspections with them after the inspections have been completed. The co-operation of teachers in this matter ensures that the recommendations of the Medical Officers are implemented whenever possible.

The co-operation of the Head Teachers has been greatly appreciated by the Dental Officers. In a school where there is no Medical Inspection Room, the visit of the Dental Officer often involves some rearrangement of classes in order to free a room for the occasion. Much time has been put in by the teaching staffs during the year in preparing lists of children who have changed schools since the last dental inspection, so that the dental records could be passed on.

(ii) Following Up.

The School Medical Officers are responsible for the ascertainment of defects amongst the school children attending for medical inspection, but the task of ensuring that those children whom the Medical Officers

refer for treatment do in fact receive it devolves to a large extent on the Head Teachers. For this purpose lists are supplied to the Head Teachers at the end of each inspection giving the names of the children with defects and the defects for which they require treatment. Thanks are due to the Head Teachers for their co-operation in this matter during the year.

(iii) Medical and Dental Treatment.

Children who suffer from minor ailments or who sustain injuries whilst in school are referred to the Minor Ailments Clinics by the Head Teachers. For certain conditions such as discharging ears regular treatment is essential for success. The co-operation of Head Teachers in securing the regular attendance of these children is appreciated. As regards dental treatment all Head Teachers are aware of the times set aside in the dental clinics for the examination and treatment of children without appointments.

Children attending for dental treatment must bring with them their parents written consent. All schools have a supply of the necessary consent forms. Certain periods of the day are kept for children requiring emergency treatment, and Head Teachers inform the parents of these times.

(c) Co-operation of School Attendance Officers.

The Staff of the School Attendance Department continues to do valuable work, and close contact is maintained with this Department.

(d) Co-operation of Voluntary Bodies.

The Department is very much indebted to the various Voluntary Bodies for their work, and desires to place on record its appreciation.

(i) The G. W. Cookson Bequest.

The G. W. Cookson Bequest (vested in the Mayor of Stockport) provided an outing for poor children. Six hundred children were taken for a drive through Cheshire finishing at Lyme Hall, where tea was served, followed by sports. The Senior Welfare Officer organised the outing, and was assisted by the Staffs of the Central School Clinic and Education Department.

(ii) The Stockport Auxiliary of the Cripples' Help Society.

This organisation provided a visit to the Circus at Belle Vue in January and a day's outing to Fleetwood in the summer months, for cripples of the town, many of whom are children of school age.

(iii) The National Society for the Prevention of Cruelty to Children.

During 1952, 19 cases were referred to this Society for investigation and report. In addition, 6 cases were referred by the Education Department. During the same period one prosecution was supported by the School Health Service, and steps were taken through the Juvenile Court for the future welfare of the children concerned.

(iv) The Women's Voluntary Service.

The local branch of the Women's Voluntary Service has been most helpful in providing items of clothing in cases where the plight of necessitous children has been brought to its notice.

XIII.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

(a) Examinations of Children for a Disability of Mind as Prescribed by Regulation 2 (a) of the Reports to Local Authorities (Records) Regulations, 1945.

Recommendations :—

(i) Education in an ordinary school	80
(ii) Education in an ordinary school with special educational treatment as					
An educationally subnormal pupil	13	
A maladjusted pupil					
(a) Without residential care	2	
(b) With residential care	Nil	
(iii) Education in a Special School for Educationally Subnormal pupils					
Day	21
Boarding	24
(iv) Education in a special school for maladjusted children					
Day	Nil
Boarding	1
(v) Education in a Special school for another category of handicapped pupils, e.g. blind, deaf, epileptic, etc.					
Day	Nil
Boarding	4
(vi) Report to the Local Authority for the purposes of the Mental Deficiency Acts under					
Subsection 3..	11
Subsection 5..	8
of Section 57 Education Act, 1944					
(vii) Other recommendations	20
					184

In addition :—

16 cases were reviewed.

10 cases due to leave school were reviewed.

3 cases were examined at the request of the Probation Department.

3 cases, already notified under Section 57(3) of the Education Act, 1944, were reviewed.

4 boys in attendance at Taxal Lodge Special Residential School for educationally subnormal pupils were reviewed.

5 boys due to leave Taxal Lodge Special Residential School for educationally subnormal pupils on reaching the age of 16 years, were reviewed.

1 case was reviewed prior to admission to Brockhall Institution.

(b) Admissions to Special Residential Schools and Hospitals.**(i) Blind and Partially Sighted Pupils.**

One girl was admitted to Exhall Grange Special School, Exhall.

Responsibility for the care of one girl who was already at the National Institute for the Blind Sunshine Homes, Kingswingsford, has been taken over by the Local Education Authority from the Health Department.

(ii) Deaf and Partially Deaf Pupils.

One girl was admitted to, and one boy and one girl were discharged from the Royal Residential Schools for the Deaf, Old Trafford, Manchester.

(iii) Delicate and Physically Handicapped Pupils.

One girl was discharged from St. Joseph's Heart Hospital School, Rainhill.

Two girls were admitted to, and two boys and one girl were discharged from the Children's Convalescent Home, West Kirby.

One girl was admitted to, and one girl was discharged from the Bradstock Lockett School of Recovery, Southport.

Eleven cases (four boys and seven girls) were admitted to the Children's Orthopaedic Hospital, Dale Road, Marple, and five cases (two boys and three girls) were discharged from the Hospital.

One girl was admitted to and later discharged from the National Children's Home, Newton Hall, Frodsham.

One boy was discharged from the Abbots Lea Hospital School, Beaconsfield Road, Woolton, near Liverpool.

One girl was admitted to, and one girl was discharged from the Biddulph Grange Orthopaedic Hospital School, Biddulph, Stoke-on-Trent.

(iv) Educationally Subnormal Pupils.

One girl was admitted to Allerton Priory R.C. School, Liverpool.

One girl was discharged from the Dovecot Horticultural School, Knotty Ash, Liverpool.

Eleven boys were admitted to, and eight boys were discharged from Taxal Lodge Special Residential School, Whaley Bridge, near Stockport.

(v) Epileptic Pupils.

One boy was admitted to the Maghull Homes, Liverpool.

One boy was admitted to Sedgwick House Special School, near Kendal.

One boy was discharged from Colthurst House School (David Lewis Colony), Warford.

XIV.—FULL-TIME COURSES OF HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS.

(a) General.

There were no admission or discharges during the year.

XV.—SPECIAL SCHOOLS.

(a) Longfield Open Air School, Mauldeth Road, Heaton Mersey.

Accommodation	90
Number on Roll	89
Percentage Attendance	81.6

Number of children discharged during the year :—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Group 1.—Cured	4	6	10
Group 2.—Improved	14	13	27
Group 3.—Unchanged	1	1	2
Group 4.—Discharged for further medical treatment	1	—	1
Group 5.—Admitted to Residential Schools —	—	1	1
Group 6.—Withdrawn by Parents ..	1	1	2

General Classification of defects at end of Autumn Term :—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Anxiety Neurosis	—	1	1
Asthma	11	2	13
Bronchitis	2	8	10
Bronchiectasis	—	2	2
Chorea	—	—	—
Debility	16	14	30
Delicate	9	10	19
Minor Epilepsy	1	1	2
Heart Disease (Congenital)	3	2	5
Heart Disease (Rheumatic)	2	—	2
Paresis of Limbs following poliomyelitis	3	—	3
Pseudohypertrophic muscular dystrophy	1	—	1
Spastic Paralysis	—	1	1
Tuberculosis of Bones and Joints ..	2	1	3
	50	42	92

(b) Taxal Lodge Special Residential School for Educationally Subnormal Pupils, Whaley Bridge, Derbyshire.

Number on Roll 34 boys

Eleven boys were admitted to the school during the year.

Eight boys were discharged from the school during the year.

(c) Special Class at St. Peter's C.E. School.

Being a Primary School, only children below the age of 12 years can receive special education here.

Number on Roll 30

I.Q. Range 55%—85%

XVI.—NURSERY SCHOOLS.

The number of children accommodated at the Nursery Schools are shown below :—

Reddish :	3, Midland Road ..	From two to five years ..	50
Edgeley :	Hollywood Park School	From two to five years ..	50
Portwood :	Avenue Street ..	From two to five years ..	50
Adswood :	Arnfield Road ..	From two to five years ..	50
Belmont :	Grafton Street ..	From two to five years ..	50

XVII.—HIGH SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.**(a) Medical Inspection.**

The Local Education Authority maintains five Secondary Schools of the Grammar School type and five Secondary Schools of the County type, and a Secondary Technical School at Pendlebury Hall.

An annual Periodic Medical Inspection is carried out at these schools, the pupils being examined in their 15th year and annually thereafter if they remain at school. All pupils found to have defects are re-examined at school from time to time. Details of the number of pupils who were examined at these schools during the year are as follows :—

Stockport School	198
Fylde Lodge High School	85
Greek Street High School	88
Stockport High School	80
Stockport Secondary Technical School for Boys	148
Stockport College (Junior Commercial Class)	88
Avondale County Secondary School	168
Belmont County Secondary School	151
Dialstone County Secondary School	197
Reddish Vale County Secondary School	338
St. George's County Secondary School	64

(b) Dental Inspection.

Dental Inspections were carried out at the following schools during 1952 as follows :—

	Number inspected	Number referred for treatment
Stockport School	765	457
Fylde Lodge High School	332	216
Stockport Secondary Technical School for Boys	196	134
Belmont Secondary Modern School	504	295
North Reddish Secondary Modern School	401	269
	<hr/> 2,198	<hr/> 1,371

(c) Following Up and Medical Treatment.

All pupils in whom defects are discovered are referred for the necessary treatment and are re-inspected each time the School Medical Officer visits the school.

XVIII.—MISCELLANEOUS.**(a) Youth Employment Exchange and Bureau and the School Health Service.**

The Supervisor of the Youth Employment Exchange and Bureau reports as follows :—

(i) School Leaving Cards.

Acknowledgment must be made of the invaluable help received from the School Medical Officers in supplying reports for potential school leavers, which have been of great assistance to the Youth Employment Officer when giving vocational guidance.

In the majority of cases, the reports reveal no serious defects, but any indications of employment which, in the opinion of the School Medical Officers, would be detrimental to the health of the young persons are carefully noted. In the event of a serious disability which might handicap them in obtaining or retaining suitable employment, particular care is exercised and the advantage of registration under the Disabled Persons (Employment) Act, 1944, carefully explained, but not all young persons choose to register.

(ii) Medical Certificates.

No Medical Certificates were issued under the "Employment of Children in Entertainments Rules, 1933."

(iii) Employment of Children.

Street Trading and Employment of Children.—No proceedings were instituted during the year.

Employment of School Children.—406 Medical Certificates were issued during the year.

(b) Medical Examination of Entrants to Courses of Training for Teaching and to the Teaching Profession.

In March, 1952, the Minister of Education issued Circular 249 which stated that as from 1st April, 1952, the medical examination of all candidates applying for entry to Courses of Training for Teaching and to the Teaching Profession should be carried out by the Medical Officers on the Staff of the School Health Service. This Circular also stated that as from 1st April, 1953, an X-ray examination of the chest must be included as an essential part of the examination of each candidate. Wherever possible an X-ray examination has been included as part of all medical examinations since the scheme was started on 1st April, 1952. The X-ray examinations are carried out by the Stockport Mass Miniature Radiography Unit, no charge being made for the examinations.

In this connection 52 potential candidates for entry into Training Colleges, and 17 prospective teachers were examined during the year.

XIX—STATISTICAL TABLES

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1952

TABLE I.

**Medical Inspection of Pupils attending Maintained
Primary and Secondary Schools
(Including Special Schools)**

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the Prescribed Groups:	Year	1951	1952
Entrants	2,084	2,811
Second Age Group	1,885	1,373
Third Age Group	1,718	1,697
	Total ..	5,687	5,881
Number of other Periodic Inspections	1,873	1,982
	Grand Total	7,560	7,863

B.—OTHER INSPECTIONS

Number of Special Inspections	5,214	6,524
Number of Re-Inspections	9,493	9,528
	14,707	16,052

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

<i>Group</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Table IIA</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)
Entrants	11	563	574
Second Age Group	34	335	369
Third Age Group	62	171	233
Total (prescribed groups)	107	1,069	1,176
Other Periodic Inspections	61	347	408
Grand Total ..	168	1,416	1,584

MEDICAL INSPECTION RETURNS

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1952

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	53	211	422	2
5	Eyes—				
	a. Vision ..	168	451	90	22
	b. Squint ..	34	353	10	—
	c. Other ..	15	338	268	16
6	Ears—				
	a. Hearing ..	54	266	20	6
	b. Otitis Media	44	201	35	—
	c. Other ..	54	121	261	3
7	Nose or Throat ..	198	1,261	481	6
8	Speech	8	132	11	4
9	Cervical Glands	4	288	29	4
10	Heart and Circulation	7	305	10	15
11	Lungs	23	389	22	10
12	Developmental—				
	a. Hernia ..	9	36	2	1
	b. Other ..	4	58	3	5
13	Orthopædic—				
	a. Posture ..	560	220	68	6
	b. Flat foot ..	147	180	19	4
	c. Other ..	134	358	185	6
14	Nervous system				
	a. Epilepsy ..	1	15	1	3
	b. Other ..	3	66	5	2
15	Psychological—				
	a. Development	14	139	8	7
	b. Stability ..	24	245	1	2
16	Other	122	1,023	1,491	9

MEDICAL INSPECTION RETURNS

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	No. of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ..	2811	852	30.31	1893	67.34	66	2.35
2nd Age Group ..	1373	413	30.08	932	67.88	28	2.04
3rd Age Group ..	1697	473	27.87	1189	70.07	35	2.06
Other Periodic Inspections ..	1982	614	30.98	1325	66.85	43	2.17
Total ..	7863	2352	29.91	5339	67.90	172	2.19

TABLE III

Infestation with Vermin

- (i) Total number of examinations in the schools by the school nurses or other authorised persons 88,898
- (ii) Total number of individual pupils examined 18,732
- (iii) Total number of individual pupils found to be infested 2,419
- (iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944).. 28
- (v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944).. 1

TABLE IV.
TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY
AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP 1.—Diseases of the skin (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm—(i) Scalp	—	—
(ii) Body	1	—
Scabies	10	—
Impetigo	70	—
Other skin diseases	949	—
Total ..	1,030	—

GROUP 2.—Eye diseases, defective vision and squint.

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	468	—
Errors of Refraction (including squint) ..	775	—
Total ..	1,243	—
Number of pupils for whom spectacles were		
(a) Prescribed	542	—
(b) Obtained	462	—

GROUP 3.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	—	5
(b) for adenoids and chronic tonsillitis	—	395
(c) for other nose and throat conditions	—	27
Received other forms of treatment ..	390	—
Total ..	390	427

TABLE IV—*continued.***GROUP 4.—Orthopædic and Postural Defects.**

(a) Number treated as in-patients in hospitals	59	
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments..	By the Authority	Otherwise
	—	44

GROUP 5.—Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
	—	12

GROUP 6.—Speech Therapy.

Number of pupils treated by Speech Therapists	Number of cases treated	
	By the Authority	Otherwise
	—	9

GROUP 7.—Other Treatment Given.

(a) Miscellaneous minor ailments ..	Number of cases treated	
	By the Authority	Otherwise
	2,465	—
(b) Other (specify)		
1 Audiometric Tests	154	—
2 Chiropody	227	—
Total ..	2,846	—

MEDICAL INSPECTION RETURNS.

TABLE V.—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected :—											
(a) Periodic Age-Groups.											
AGE	4	5	6	7	8	9	10	11			
CLEARs	37	455	395	281	269	259	225	217			
DEFECTIVES ..	96	767	1007	1121	988	944	863	518			
TOTALS	133	1222	1402	1402	1257	1203	1088	735			
AGE	12	13	14	15	16	17	18	Total			
CLEARs	274	217	259	137	44	26	9	3,104			
DEFECTIVES ..	518	479	573	254	104	43	22	8,297			
TOTALS	792	696	832	391	148	69	31	11,401			
(b) Specials	2,324			
(c) TOTAL (Periodic and Specials)	13,725			
(2) Number found to require treatment	10,621			
(3) Number referred for treatment	10,621			
(4) Number actually treated	5,793			
(5) Attendances made by pupils for treatment	11,690			
(6) Half-days devoted to :—					(8) Number of teeth filled:—						
Inspection	74					Permanent teeth ..				3,720	
Treatment	1,249					Temporary teeth ..				1,984	
Total	1,323					Total				5,704	
(7) Fillings :—					(9) Extractions :—						
Permanent teeth ..	4,442					Permanent Teeth ..				1,290	
Temporary teeth ..	2,127					Temporary Teeth ..				7,175	
Total	6,569					Total				8,465	
(10) Administration of general anæsthetics for extraction	846			
(11) Other operations :—					(13) Orthodontic Work :—						
Permanent teeth ..	1,638					Impression taken ..				332	
Temporary teeth ..	726					Bands made ..				203	
Total	2,364					Appliances Inserted ..				134	
(12) Administration of Local Anæsthetics for Extraction ..	3,662					Inspection and Adjustment ..				580	
(14) Prosthetic Work :—											
Partial dentures inserted	12			