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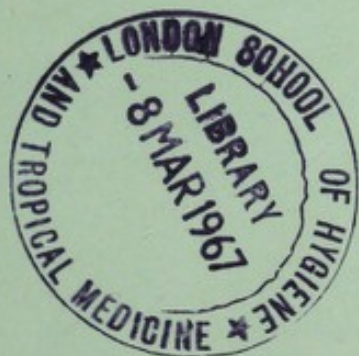


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COUNTY BOROUGH OF STOCKPORT



EDUCATION COMMITTEE



**ANNUAL REPORT**  
**ON THE**  
**SCHOOL HEALTH SERVICE**

**FOR THE**  
**YEAR ENDED 31st DECEMBER, 1965**

**BY**  
**A. R. M. MOIR, M. D; Ch. B; D. P. H;**  
**PRINCIPAL SCHOOL MEDICAL OFFICER**

(57th of the Series)





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## STOCKPORT EDUCATION COMMITTEE

at 31st December, 1965

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Miss M. Orchardson, J.P.

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## DIRECTOR OF EDUCATION

C.G. Davey, M.A., B.Sc.

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## STAFF OF THE SCHOOL HEALTH SERVICE

### *Principal School Medical Officer*

A.R.M. Moir, M.D., Ch.B., D.P.H.

### *Deputy Principal School Medical Officer*

I.F. Ralph, M.B., Ch.B., D.P.H.

### *School Medical Officers*

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

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

Jean M. Halliwell, M.B., Ch.B., M.R.C.S., L.R.C.P., D.R.O.G., D.C.H. (Resigned 29.1.65)

Glenice K. Heaton, M.B., Ch.B. (Commenced 26.7.65)

### *Consultant Ophthalmic Surgeon*

S.H. Faulkner, M.D., M.B., B.Ch., B.A.O., M.R.C.P. (I), D.O.M.S.

M.J.A. Britten, M.B., Ch.B., F.R.C.S. (Eng), D.O.

### *Ophthalmic Surgeon*

A.K. Mitra, M.B. (Calcutta), D.G.O. (Dublin), D.O.

D. Simmons, M.B., Ch.B.

### *Consultant Aural Surgeon*

M.D. Cremin, M.B., B.S., F.R.C.S., D.L.O.

### *Aural Surgeon*

M. Ghebeh, M.D. (Damascus), D.L.O. (Cairo) (Resigned 2.9.65.)

G. Chatterjee, M.B., B.S., D.L.O.

### *Consultant Child Psychiatrist*

J. Erulkar, M.B., B.S., M.R.C.P., D.P.M., D.C.H.

### *Psychiatric Social Worker (Part-time)*

Mrs. S.M.E. O'Rourke, B.A., A.A.P.S.W.

### *Chief Dental Officer*

Freda Sellars, L.D.S.

### *Part-Time Dental Officers*

H. Vernon, L.D.S., R.C.S., Eng.

Mrs. F.M. Mears, L.D.S., R.F.P.S.

J. Kurer, L.D.S., R.C.S. Eng.

P. Herridge, L.D.S.

C. Davies (Commenced 6.4.65)



*Educational Psychologist*

Miss E.M. Rodwell, B.A., B.Ed.

*Speech Therapist*

Miss D.E. Lees, L.C.S.T.

*Orthoptist*

Mrs. E.E. Benington, D.B.O.

*Chiropodists*

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

Mrs. J. Rogers, L.Ch.

Mr. H.M. Pendleton, M.Ch.S.

Mrs. E.G. Clayton, M.Ch.S., F.R.S.H.

*Superintendent Health Visitor*

and

*Superintendent of School Nurses*

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

The equivalent of eight School  
Nurses' work is carried out by  
the Health Visitors and Clinic  
Nurses.

*Senior Clerk*

Mr. T. Lewis

*Clerical Staff**Medical*

Miss Moulton

Miss Rimmer

Miss Heywood (Resigned 18.6.65)

Mrs. Griffin (Resigned 30.4.65)

Miss Moore (Commenced 27.7.65)

Miss Boughton (Commenced 27.9.65)

*Dental*

Mrs. Hamilton

Mrs. Armstrong

Mrs. Calvert (Part-time)

Mrs. Bennett (Part-time)

*Clerk/Audiometrician*

Miss Kesler



## SUMMARY OF WORK

	1964	1965
A. Medical Officers at Maintained Primary and Secondary Schools :-		
Periodic Inspections at Primary Schools . .	5,833	4,553
Special . . . . .	---	---
Re-inspection at Primary Schools . .	4,939	3,441
Periodic Inspections at Secondary Schools . .	2,456	1,200
Special . . . . .	---	---
Re-inspections at Secondary Schools . .	2,125	1,475
B. Medical Officers at Clinics :-		
Inspections at Clinics . . . . .	3,098	2,372
Re-Inspections at Clinics . . . . .	4,093	2,921
Inspections under Employment of Children		
Byelaws . . . . .	420	407
Entertainments Certificates issued . .	8	---
C. Dental Officers :-		
Periodic Inspection at Primary Schools . .	13,028	13,543
Periodic Inspections at Secondary Schools . .	7,305	7,641
Special Inspections at Schools and Clinics . .	1,148	---
Attendances for Treatment (incl. orthodontic) . .	9,431	9,600
D. School Nurses' Visits, etc :-		
Visits to Schools . . . . .	605	530
Examinations in Schools (including cleanliness inspections) . . . . .	72,936	68,043
Visits to Homes . . . . .	1,030	868

## COUNTY BOROUGH OF STOCKPORT

## General Information

	1964	1965
Population . . . . .	142,469	142,469
Primary Schools -		
Number of Schools . . . . .	39	39
Number of Departments . . . . .	75	75
Number on Rolls . . . . .	13,271	13,307
Schools for Secondary Education -		
Girls . . . . .	5	4
Boys . . . . .	3	3
Mixed . . . . .	9	9
Number on Rolls . . . . .	8,354	8,224
Number of Nursery Schools . . . . .	5	5
Number on Rolls . . . . .	264	265
Special Schools -		
Longfield Open Air School . . . . .	90	90
Taxal Lodge Residential School for Educationally Subnormal Pupils . . . . .	45	45
Woodlands Special Day School for Educationally Subnormal Pupils . . . . .	100	100

	1963/64	1964/65
Cost of the School Health Service -		
(a) Total cost of School Health (including Dental Service) . . . . .	£37,620	£40,435
(b) Amount of Government Grant . . . . .	---	---
(c) Actual cost to the Rates . . . . .	£37,620	£40,435
(d) Product of penny rate . . . . .	£20,309	£20,374
(e) Cost in terms of a penny rate . . . . .	1.85d.	1.98d
(f) Cost per child to the Stockport Education Committee . . . . .	£1.14.0d.	£1.16.8d

It should be noted that though no grant is made by the Government to local authorities specifically in relation to the school health service, the general grant made to the local authorities takes into account (in the total national allocation) known previous expenditure on all the education services, formerly directly grant-aided; so that in the national allocation approximately half of the expenditure on the school health service is re-imbursed by grant.



## 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 pleasure in presenting the report on the work of the School Health Service for 1965.

I am happy to report that the general condition of the majority of the schoolchildren examined during the year was satisfactory. Of 6,025 children inspected in schools there were only 21 whose condition was considered to be unsatisfactory. The incidence of defects found at periodic inspections did not differ to any significant extent from that of the previous year.

The problem of uncleanliness continued to enage the attention of the school nurses and there was a very slight increase in the incidence of uncleanliness throughout the year. 4.1 per cent of the schoolchildren were found to have nits or lice.

Dental decay is still a major problem amongst schoolchildren. As in previous years, the dental officers, school nurses, and health visitors have endeavoured to promote dental health education in schools and clinics. Despite all the efforts that have been made in this direction, inspection of 20,527 children in schools in 1965 revealed that 11,455 were in need of treatment.

Dr. Jean Halliwell, who had given valuable service to the School Health Service for nine years, resigned at the end of January and it was only after considerable difficulty that the vacancy created by her resignation was filled. As a result of the delay in appointing a successor, the number of periodic medical inspections carried out during the year was substantially smaller than in previous years.

The selection of children for medical examination, based on the information obtained from questionnaires completed by parents, and joint consultation between school medical officers and teachers, was continued in twelve schools. It has been found that in most schools between 30 and 40 per cent of the children in the group are subsequently examined by the school doctor. The system is beneficial in allowing the doctor to devote more time to the children requiring examination, but the system does, unfortunately, create additional work for the clerical staff and it was not possible to extend it to other schools during 1965.

The audiometric survey of Stockport schoolchildren born in 1950 and 1958, continued during the year. A brief note on the progress of the survey is included in this Report. It must be emphasised that the survey is still incomplete and it is not yet possible to draw valid conclusions from the results, but it is hoped that the survey will eventually yield useful information regarding the management of defective hearing in children and its effect on educational progress.



During the summer the School Health Service staff co-operated with the National Child Development Study Group in carrying out a survey of schoolchildren born between the 3rd and 9th March 1958. This was a follow-up of the children who were examined as babies in 1958. Throughout the country there are more than 16,000 children included in the survey and much useful information has already been obtained, leading to an improvement in the maternity services and a saving of infant life. The survey questionnaires sought information from the schools regarding each child's progress and collected samples of his reading, writing and arithmetic. The health visitors made calls on the parents and put questions to them about the health and development of the children. Finally a medical examination was arranged at which the parents were invited to be present. Co-operation in this survey has involved the expenditure of a considerable amount of time and effort by the health visitors and the school doctors.

It is pleasing to report that co-operation between the staff of the School Health Service and others concerned with the health and welfare of schoolchildren has been maintained during the year. In addition to the consultant services provided at the School Health Clinics at Ponsonby House, there are many contacts at field level between school medical officers and general practitioners. This liaison results in a well co-ordinated service for schoolchildren in which the diagnostic and advisory functions of the school medical officer are complementary to the therapeutic approach of the general practitioner and hospital consultant.

I wish to place on record my appreciation of the loyal service given by all members of the staff of the department. I should like to thank also the head teachers and their staffs without whose co-operation the work of the School Health Service could not be successfully carried out. Finally I wish to express my gratitude to the members of the Education Committee for their continued support and encouragement throughout the year.

I have the honour to remain,

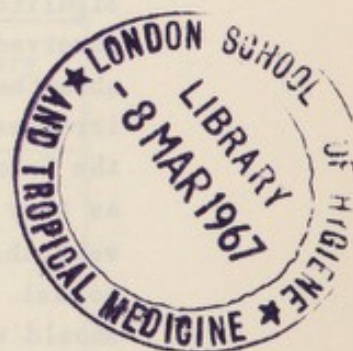
Your obedient servant,

A. R. M. MOIR.

Principal School Medical Officer.

School Health Department,  
Ponsonby House,  
Edward Street,  
STOCKPORT.

December, 1966.





## REPORT

## I - MEDICAL INSPECTION

## (a) Periodic Medical Inspections

Periodic medical inspection of school entrants and leavers was carried out as in previous years. In some schools periodic medical inspection of children in the eight and eleven year old groups was continued, while in others the scheme for the selective examination of these groups, initiated in 1962, was substituted.

All school entrants and leavers and all children in the eight and eleven year old groups have a test of vision. In addition the colour vision of children in the eleven year old group is tested.

## SELECTIVE SCHOOL MEDICAL INSPECTIONS

The scheme for the selective examination of the eight and eleven year old groups has now been introduced in twelve schools and will be extended to all Junior Schools in due course. This method of examination concentrates the attention of the School Medical Officer on the children with the greatest need of medical care.

Under the scheme, the method of selection of children for examination by the School Doctor is as follows :

Health questionnaires, accompanied by covering letters, are sent to the parents of all children in the eight and eleven year old groups. When completed, these are returned to the School Medical Officer in sealed envelopes marked 'Confidential'. As a result of scrutiny of these questionnaires the School Medical Officer decides which children merit examination. However, before a definite list of such children is made out it is necessary for the School Medical Officer to consult with the Head Teacher in order to determine whether any significant condition which may have escaped the notice of the parents has been observed at school. A scrutiny of the school register indicated any excessive absenteeism and this in itself leads to the child being selected for examination, irrespective of the results of the questionnaire. The opinion of members of the School Staff e.g. Head Teacher, Class Teacher or P.E. Teacher is invaluable as they are dealing with the children every day and they get to know them so well that they are in a position to note any significant departures from the normal. To ensure the success of the project the School Medical Officers should visit their schools at least twice a term, but between these visits they are readily accessible to the school staff so that they can refer any child for examination, if worried about any condition. It is still considered necessary to test the vision of all children in the eight year old and eleven year old groups as, if this were not done, several cases of refractive error would probably not be discovered. Apart from this, it is extremely unlikely that any significant defect would be missed by this modified approach, as the entrants' examination will reveal any existing condition, and any subsequent condition which might develop would give rise to symptoms or signs which would be obvious either at home, or in school, or more probably in both places.



In primary schools in which it has not yet been possible to introduce selective examinations, periodic medical inspections of all children in the eight and eleven year old groups are carried out as in previous years.

#### (b) Special Inspections

Special Inspections concern children who are not due for periodic medical inspections but who are specially presented for examination by parents, teachers or school nurses when some defect is suspected. Details of the defects requiring treatment or observations which were discovered at these inspections are shown in Part II page 39.

#### (c) Re-inspections

Re-inspections are held for children, who, at a previous inspection during the year, had some defect requiring treatment or observation.

#### (d) Statistics of Medical Inspection

The statistical tables relating to the Periodic Medical Inspections carried out during the year are shown on page 37. The number of Periodic Medical Inspections carried out during the year was 6,025 compared with 8,289 last year. The number of Special Inspections at school clinics was 2,516 and the numbers of re-inspections were 4,916 at schools and 3,077 at clinics.

The number of visits to schools by the School Medical Officers for the purpose of carrying out Periodic Medical Inspections was 492 compared with 583 in 1964.

### II - FINDINGS OF MEDICAL INSPECTION

The detailed figures relating to the defects found at the Medical Inspection will be found in Part II page 39.

#### (a) General Condition of Pupils

The figures for 1965 are as follows :-

<i>Age Group Inspected (By year of Birth)</i>	<i>No. of Pupils inspected</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
1961 and later	422	416	6
1960	950	950	-
1959	754	750	4
1958	466	466	-
1957	725	721	4
1956	318	315	3
1955	388	388	-
1954	673	671	2
1953	243	243	-
1952	50	50	-
1951	140	140	-
1950 and earlier	896	894	2
Total	6,025	6,004	21
		99.65%	0.35%



**(b) Infestation**

The school nurses continue to pay regular visits to the schools to examine children for the presence of infestation. This year 62,246 inspections of pupils were made as compared with 64,846 inspections in 1964. Out of a total of 22,046 on the rolls, 925 individual children were found to be unclean or 4.2 per cent of the children on the rolls. In 1964, 3.6 per cent of the children on the rolls were found to be unclean. (The nursing staff is, of course, rather handicapped in this respect in that it has no power to cleanse those members of the household who are not of school age, and consequently it is not always possible to deal with the sources of infestation).

The statistical tables referring to this subject will be found on page 38 of this Report.

**(c) Dental Defects**

Part IV, page 42 shows that 97 sessions were devoted to the inspection of 21,184 pupils in school.

**III - FOLLOW-UP**

The children who are found at the periodic medical inspections to have defects requiring treatment or observation are followed up by the School Medical Officers at their subsequent visits to the schools. The Head Teachers of the schools and the School Nurses are informed of the names of those children who require to be followed up and are therefore able to ascertain whether the recommendations made have been implemented. In those cases where the recommendations are not being complied with through default on the part of the parents, the School Nurses visit the homes of the children to discuss the matter with the parents. In this connection the number of visits to schools during the year was 37 and the number of home visits was 186.

I should like to take this opportunity to thank all Head Teachers for their co-operation in this matter.

**IV - ARRANGEMENTS FOR TREATMENT****(A) PRE-SCHOOL CHILDREN****Attendances**

(i) Minor Ailments Clinic (Skin defects and miscellaneous cases)	300
(ii) Eye Clinic	
Refractions	183
(iii) Dental Clinic	738

**(B) SCHOOL CHILDREN****(a) Infestation**

The removal of lice and nits from the hair of infested children is, of course, primarily the responsibility of the parents. When infestation is found by the school nurse, the parents of the affected children are informed and asked to



cleanse their heads forthwith. Only when the parents have failed, after repeated requests to carry out the cleansing satisfactorily, is consideration given to procedure to arrange for compulsory cleansing. In a large proportion of the cases seen, the parents make an effort to comply with the requests of the school nurses, and are prepared to bring their children to the Clinic, if necessary, for the cleansing to be carried out under supervision. However, there remains a hard core of difficult cases who are resistant to persuasion, and for these, firmer measures are occasionally necessary.

During the year 493 visits were made to the schools by the school nurses to examine children for lack of cleanliness.

### (b) Minor Ailments and Consultation Clinics

Treatment for minor ailments continued to be available at School Clinics. The Central School Clinic is a minor ailment and consultation clinic; additionally, examinations for superannuation, for fitness for part-time employment and for teachers' training college admissions are also carried out there. There are also peripheral school clinics at Heaton Moor, Brinnington and North Reddish.

There has been a fall in the numbers attending over the last few years consequent upon the availability of the family doctor for the treatment of these conditions through the provisions of the National Health Service Act. Many parents however, continue to seek advice and treatment for their children at the School Clinics although they are presumably registered with a general practitioner under the National Health Service. Another reason for the fall in attendances is the continued improvement in the general condition of school children due to better nutrition and housing. In addition, all schools now possess first aid equipment for the treatment of minor injuries occurring at school.

#### Attendances at the Minor Ailments Clinics :-

(including doctors' consultations)

Number of new cases seen during the year	..	..	2,516
--	----	----	-------

Total number of attendances during the year	..	..	8,598
---	----	----	-------

Four cases of Scabies were treated at the School Clinics during the year.

### (c) Visual Defects and External Eye Diseases

#### (1) OPHTHALMIC CLINIC

The visiting ophthalmologists attended at the Central School Clinic on five sessions each week to examine children referred to the Clinic. 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 attendances	.. .. .	1,518
Total number of cases refracted at the Ophthalmic Clinics	.. .. .	1,217
Number of cases in which spectacles were prescribed	.. .. .	591

183 pre-school children were refracted and 44 pre-school children had glasses prescribed.

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 have glasses prescribed at the School Eye Clinic are seen subsequently at School by the school nurses to ascertain whether the glasses 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 Stockport Infirmary and is administered by the Stockport and Buxton Hospital Management Committee.

The number of school children referred from the school Eye Clinic to this Clinic during the year was 70.

### (d) Ear, Nose and Throat Defects

#### (I) EAR, NOSE AND THROAT CLINIC

Children are seen by appointment at this clinic. Consultants from the Ear, Nose and Throat Department of the Infirmary visit on Wednesday mornings each week to examine the children referred to the Clinic. A daily treatment clinic is held for those children who have been ordered treatment by the consultant. Under these arrangements 252 children were treated by the nurses at the Central School Clinic.

Children recommended for operative treatment are admitted to Stepping Hill Hospital, Buxton Hospital and in a few instances, Stockport Infirmary. During the year 179 children received surgical treatment for unhealthy tonsils and adenoids and 13 were treated for other conditions of the ear, nose and throat. The waiting list for operation at Stepping Hill Hospital remained long, but priority was given to urgent cases.

#### (II) AUDIOMETRY

A scheme for the testing of children's hearing in schools was inaugurated at the beginning of 1955. The tests are carried out by the audiometrician on a portable pure tone sweep audiometer. Out of a total number of 2,836 children so examined, the hearing of 2,598 children was found to be normal. 220 children



were re-tested using the clinic pure tone audiometer, and of these, 41 were subsequently referred to the aural surgeon for further investigation.

During the year, 572 children referred because of hearing difficulties, by consultants, family doctors, assistant medical officers, health visitors etc., were tested by the audiometrician on the clinic audiometer.

In addition, arrangements are made for the testing of the following special groups of children

- (a) Cases with speech defect.
- (b) Retarded or E.S.N. children and others who are late in acquiring normal speech.
- (c) Cases referred from E.N.T. clinics.

#### (III) AUDIOMETRIC SURVEY

Dr. T.J. Watson of the Department of Audiology and Education of the Deaf, Manchester University, reports as follows :-

'Further progress has been made with this survey during 1965. The work with pupils born in 1950 has been completed and most of the data analysed. Using a criterion of significant loss as a threshold of more than 20 dBs for any frequency from 250 to 4000 c.p.s., it was found that 4.1% of these pupils had significant losses. There was no significant sex difference in the occurrence of hearing losses. The ability of these pupils to discriminate speech in classroom conditions varied from 10% to 100%. It is suggested that pupils who score less than 85% are likely to have difficulty in discriminating speech at school.

An examination of the cause of deafness in these children has not yet been completed, but it is hoped to include this information in a complete report to be made later.

The examination of the pupils born in 1958 has not yet been completed but the present trends show a greater incidence of loss in this age group than amongst the older pupils.'

#### (e) Child Guidance

The arrangements for Child Guidance have remained substantially unchanged during the year. Two clinic sessions a week were held at the Central School Clinic, and urgent cases were seen at Booth Hall Children's Hospital, Manchester, by appointment.

During the year, 169 children, including 36 new cases, attended on one or more occasions.

The Psychiatrist is available to the School Medical Officers to discuss with them any of their cases. It is a great advantage to have the Child Guidance Clinic conducted by a Psychiatrist who is associated with the hospital psychiatric service.



## (f) Dental Defects

Report of the Chief Dental Officer - Miss F. Sellars, L.D.S.

### (i) THE SCHOOL DENTAL CLINICS.

There are four clinics in Stockport open for the dental treatment of school children, pre-school children and expectant and nursing mothers. The Central Clinic is in the Health Department building, Ponsonby House; branch clinics are at Heaton Moor, Brinnington and North Reddish.

### (ii) STAFFING

The establishment is one full-time Chief Dental Officer and three full time assistant Dental Officers. Three of the part-time assistant Dental Officers remained on the Staff throughout the year. One part-time Dental Officer resigned and one part-time Dental Officer was appointed during the year. Part-time staff attend for 13 sessions each week and carry out routine work.

### (iii) SCHOOL INSPECTIONS

The schools were inspected by the Chief Dental Officer and Mrs. Mears, a part-time Dental Officer. All schools have had at least one dental inspection in the year and those children whose parents wish them to have clinic treatment have been offered appointments. Of 21,184 children inspected, 10,231 were found to require treatment and their parents were notified. From some schools there is very little treatment to be done at the clinic as the majority of the children attend their own dentist. This is particularly noticeable in the grammar schools. From some of the modern secondary schools many of the parent consent cards are not returned after the dental inspections and these children tend to neglect their teeth. This lack of oral hygiene necessitates extractions rather than conservation work.

### (iv) THREE MONTHLY INSPECTIONS

A number of children attend the clinic regularly every three months and make a dental appointment every major school holiday.

### (v) CASUALS

The Head Teachers have a list of times when children can attend without an appointment for advice, dental inspection and treatment. The children bring with them special cards giving their parents' written consent. As far as possible there is a dental clinic working somewhere in the town every day of the year except statutory holidays, so that no child need go without dental treatment.

### (vi) EXTRACTIONS

812 general anaesthetics were given by a specialist anaesthetist. 865 permanent teeth and 3,051 temporary teeth were extracted for school children during the year.



## (VII) CONSERVATION WORK

3,758 permanent teeth and 2,435 temporary teeth were filled for school children in 1965. Most parents are anxious now to have their children's teeth saved if possible and very few demand 'extractions only'.

## (VIII) X-RAYS

Children from all parts of the town attend the Heaton Moor Clinic for dental x-rays when required.

## (IX) ORTHODONTIC WORK

Part-time dental officers are asked to refer all orthodontic cases to the Chief Dental Officer. Suitable cases are then treated at the School Dental Clinic and those requiring Consultant Orthodontic opinion are referred to Manchester Dental Hospital.

Treatment is usually carried out with the removable type of appliance so that the mechanical work can be sent to a dental laboratory.

## (X) PARTIAL DENTURES

23 partial dentures were inserted for school children, some of them immediate dentures to replace front teeth which had to be extracted due to accidents or caries.

## (XI) PRE-SCHOOL CHILDREN

Approximately 100 sessions were devoted to M & C.W. work, in addition to the 816 treatment sessions for school children. All nursery schools are inspected and the children offered treatment. In addition, some pre-school children are brought by the parents on their own initiative, some attend with older brothers and sisters, and some are referred from the child Welfare clinics. This year consent forms have been given out by the health visitors when they visited pre-school children in their own homes and appointments have been arranged for those whose parents desired clinic treatment.

338 children made 738 attendances for dental treatment in 1965. 307 teeth were filled, 121 general anaesthetics and 30 local anaesthetics were given for the extraction of 322 teeth.

## (XII) EXPECTANT AND NURSING MOTHERS

Expectant and nursing mothers requiring dental treatment are referred to the School Dental Clinic from the maternity clinics, if they have no dentist of their own. During 1965, 97 mothers made 237 attendances for dental treatment and the following work was carried out :-

Number of teeth filled.....	71
.. .. . extracted .....	152
.. .. . general anaesthetics .....	18
.. .. . local anaesthetics .....	54
.. .. . dentures inserted (full) .....	7
.. .. . .. (partial) .....	10



## (XIII) TRAINING CENTRES

Children at Beacon House and Prospect House have had a dental inspection, and if treatment has been considered necessary, have been offered an appointment at the School Dental Clinic.

## (XIV) DENTAL HEALTH EDUCATION

Instruction in oral hygiene is given during school dental inspections and at the chair side in the school dental clinics.

Children at some of the modern secondary schools have a tendency to neglect their teeth. On the whole, Primary and Grammar school children clean their teeth regularly. Perhaps, too, they take more notice of instructions given by teachers at school in hygiene and biology lessons, or in the posters displayed in various places in the town. Films on dental care are available to schools and in Primary schools are often included in their general film shows.

Part IV, on page 42 gives details of school inspections and dental treatment given in the school clinics for school children.

## (g) Orthopaedic and Postural Defects

In some schools arrangements have been made for regular remedial exercises to be given under the direction of a teacher trained in this work to children found by the School Medical Officers to have simple postural defects. In addition, leaflets describing remedial exercises for use at home are given to the parents of children with minor defects. Children suffering from the more severe types of postural defect and from other orthopaedic conditions are referred to the Consultant Orthopaedic Surgeon at Stockport Infirmary.

Seven children were referred to hospital for orthopaedic treatment during the year and 14 children with severe orthopaedic defects were admitted to the Children's Orthopaedic Hospital, Marple. The number of children known to have been treated at school for postural defects was 35.

## (h) Chiropody

Treatment is available for school children at four clinics - Ponsonby House, Brinnington, North Reddish and Heaton Chapel. Children are referred to the Chiropodist by the school nurses and doctors.

Attendances at the clinics have been satisfactory and the chiropodists have received the full co-operation of the parents and teachers.

The following are statistical details of the work done during the year :-

Number of attendances by the Chiropodists	..	..	231
Number of children treated	..	..	828
Total of treatments given	..	..	2,214
Number of new patients	..	..	406



Number of cases of Verrucae	..	..	..	445
Number of cases of corns	..	..	..	68
Number of cases of contracted or overlapping toes	..	..	..	12
Number of cases of ingrowing toenails	..	..	..	23
Number of cases of other conditions	..	..	..	86

### (i) Speech Therapy

The Report of the Speech Therapist : Miss D.E. Lees, L.C.S.T.

Speech therapy clinics are held at Ponsonby House, the Branch School Clinic, 32 Heaton Moor Road, and Woodlands School. At this last clinic, patients are restricted to pupils attending the school. In October additional sessions were arranged at Ponsonby House for the convenience of parents and children attending the Clinic. There are now four sessions each week at Ponsonby House, five at the Branch School Clinic and one at Woodlands school.

During the year there were 458 sessions at which 127 children were treated and of these, 40 were discharged. At the end of the year there were 29 on the waiting list.

Attendances proved comparatively satisfactory, the percentage of failed appointments being 9.6 which is below the figures for all previous years.

The following is an analysis of the various kinds of defects and the number of children treated during 1965 -

	Pre-school children		Infants and Juniors		Seniors		Totals
	Boys	Girls	Boys	Girls	Boys	Girls	
Alalia	1	-	-	-	-	-	1
Cleft-Palate Speech	-	-	3	2	-	-	5
Dyslalia	1	-	60	32	3	5	101(12)
Dysphonia	-	-	-	-	-	1	1(1)
Stammering	-	-	3	1	7	1	12
Mixed Disorders	-	-	5	-	1	1	7
Totals	2	-	71	35	11	8	
	2		106		19		127(13)

The numbers in brackets are educationally sub-normal children included in the totals.



## V - CO-ORDINATION WITH OTHER BRANCHES OF THE NATIONAL HEALTH SERVICE

### (a) With General Practitioners

Satisfactory liaison has continued with many practitioners in the town. From these doctors information is received from time to time about handicapped children under their care for whom the facilities offered by the School Health Service are requested. Many of the children who attend the Aural Clinic and the Eye Clinic are referred at the request of general practitioners.

### (b) With Hospitals

The highly satisfactory arrangements have continued to operate whereby medical reports on children who have attended the Out Patients' Department of the Stockport Infirmary or who have been in-patients at Stepping Hill Hospital or at the Infirmary are sent to the Principal School Medical Officer. The visiting Specialists who conduct the Eye Clinics and Ear, Nose and Throat Clinics which are held at the Central School Clinic, are also on the staff of the local hospitals; thus, continuity of supervision is ensured.

### (c) With the Health Department

Information concerning children entering school for the first time is supplied by the Health Department from the health visitors' records of home visits and clinic attendances.

A register of handicapped pre-school children is maintained by the Superintendent Health Visitor, compiled from information received from a variety of sources e.g. health visitors' records, medical officers' clinic record cards, copies of letters from hospital specialists to family doctors etc. and the information contained therein is made available to the School Health Service.

The fact that the district health visitors are also the school nurses of the primary schools in their districts greatly facilitates the exchange, between the Health Department and School Health Service, of information concerning handicapped young children, this exchange being especially valuable at school entry.

In the field of mental sub-normality the school medical officers perform a valuable service to the Mental Health section of the Health Department by examining young children for suspected disability of mind and thus initiating the procedure by which the Health Department can provide appropriate training facilities and other forms of community care for these children who are found to be unsuitable for education at school.

At an administrative level, co-ordination of services is ensured by the fact that the Principal School Medical Officer and his deputy are also, respectively, chief officer and deputy of the Health Department.



**VI - CO-OPERATION OF PARENTS, TEACHERS  
SCHOOL WELFARE OFFICERS AND  
VOLUNTARY BODIES**

**(a) Co-operation of Parents**

**(I) ATTENDANCE AT THE PERIODIC MEDICAL INSPECTIONS**

During the year, 5,753 children were examined at the periodic medical inspections held at maintained schools and parents were present at 4,274 of these inspections. 272 nursery school children were examined

The number of parents attending with their children in the groups examined were as follows :-

<i>Year of Birth</i>	<i>Number Examined</i>	<i>Parents present</i>	<i>% (approx.)</i>
1961 and later	150	144	96.00
1960	950	900	94.73
1959	754	716	94.96
1958	466	387	83.04
1957	725	650	89.65
1956	313	278	87.42
1955	388	303	78.09
1954	673	527	78.30
1953	243	179	73.66
1952	50	25	50.00
1951	140	33	23.57
1950 and earlier	896	132	14.73
<b>TOTAL</b>	<b>5,753</b>	<b>4,274</b>	<b>74.28</b>

It will be observed from a perusal of the figures that parental interest in the inspections diminishes progressively as the children grow older. This is unfortunate as parental co-operation is required if the defects found at inspection are to be adequately corrected. For example, children with postural defects should ideally carry out the remedial exercises at home each day, under the supervision of the parent, and those children whose obesity requires dietary management need active support and encouragement at home. It is much more satisfactory if the doctor is able to discuss these matters with the parent at the time of examination rather than write about them.

**(II) ATTENDANCE AT CONSULTATION AND SPECIALIST CLINICS.**

The children seen at the Consultation Clinics by the School Medical Officers are brought either because the parents seek advice on some medical problem or because the School Medical Officers, having examined the children at school, wish to examine them further at the Clinic. In most cases they are accompanied by their parents. Children attending the Specialist clinics must be accompanied by their parents, otherwise they may not be seen.



## (b) Co-operation with Teachers

### (I) MEDICAL AND DENTAL INSPECTION.

The arrangements made for the Medical Inspection of pupils on school premises worked smoothly during the year; thanks were due to the Head Teachers of the schools for their co-operation in this matter. Whenever possible a well heated room has been put at the disposal of the Medical Officer for the inspection. In some of the older schools the inspections have still to be carried out in a classroom which has been vacated for the purpose. Head teachers or their representatives attend at the medical inspection in some schools and are able to furnish the Medical Officer with useful information at the time the children are being examined.

The co-operation of the Head Teachers has also been appreciated by the Dental Officers.

### (II) FOLLOW-UP

At the end of each medical inspection the Head Teacher is informed of the names of those pupils who have defects requiring attention. The Head Teachers are able to help in the follow-up of these children in such ways as ensuring that when glasses have been provided, they are worn each day by the children, that children with defective hearing are given a favourable position in class, and that children with valvular heart diseases are, where necessary, either excluded from games or restricted in their activities. Thanks are due to the Head Teachers for their co-operation in this matter during the year.

### (III) MEDICAL AND DENTAL TREATMENT

Thanks are due to the Head Teachers for ensuring that their pupils attend for treatment at the Clinics at the times arranged.

## (c) Co-operation with School Welfare Officers

The staff of the School Welfare Section continues to do valuable work, and close contact is maintained with this Department.

## (d) Co-operation with Voluntary Bodies

The School Health Service 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) again provided an outing for children from less affluent homes. On this occasion the children went by bus to Fleetwood and spent a very enjoyable day there. 300 children went on the outing and they were looked after by staff from the Education Department.

### (II) THE STOCKPORT AUXILIARY OF THE CRIPPLES' HELP SOCIETY

This Organisation provided a Christmas party, a visit to the Circus at Belle Vue in January and an outing to Buxton followed by a concert in the summer for the physically handicapped children of the Town.

Many Stockport handicapped children, between the ages of 12 and 18 years attend the Daw Bank Youth Club which is run by the Stockport Auxiliary. This Club has been well attended and in addition to providing games has from time to time arranged educational talks and film shows for the children. A day's outing to Chester Zoo was arranged during the year.



## (III) THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

The Society has continued to render valuable assistance to the School Health Service.

## (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.

## VII - IMMUNISATION PROCEDURES AND INCIDENCE OF INFECTIOUS DISEASES

### (a) Immunisation Against Diphtheria and Tetanus - 1965

In 1961, it was decided to use a new antigen which would protect against both Diphtheria and Tetanus, thus achieving simultaneous protection with no extra injections. This procedure is especially valuable as most children aged 8 years and under have had the benefit of immunisation in infancy with the triple antigen (against Whooping Cough, Diphtheria and Tetanus) and so receive a boosting of their immunity against these two dangerous diseases.

#### *Immunisation at Welfare Centres :*

The number of school children who had a course of Primary injections was 129 and re-inforcing injections was 197, giving a total of 326.

#### *Immunisation at Schools :*

The number of children who had a course of Primary injections was 348 and re-inforcing injections was 2,432, giving a total of 2,780.

Number of visits to schools ..... 103

Number of schools visited ..... 53

#### *Immunisation by Private Doctors :*

The number of school children who had a course of Primary injections was 2 and re-inforcing injections was 17 giving a total of 19.

### (b) Vaccination against Poliomyelitis

During 1965, vaccination against Poliomyelitis continued to be available at Welfare Centres and from family doctors. A total of 1,333 children and young persons received a full course of 3 doses of oral vaccine. In addition, booster doses of vaccine for children entering school were arranged at Ponsonby House and Welfare Centres.

### (c) Vaccination against Tuberculosis (B.C.G. Vaccination)

B.C.G. Vaccination was continued during the year in accordance with the provisions of Ministry of Health Circular No. 22/53 dated 5th November, 1953. The scheme entails contacting parents through the medium of the schools and undertaking skin testing and vaccination on school premises.



In 1959 an extension of the existing arrangements was sanctioned by the Minister of Health (Circular 7/59) to include children over 13 years of age. This decision enabled the parents of any child who previously missed B.C.G. vaccination to re-consider the benefits of this scheme. In the sixth year of the extended age group, 113 consented, and of this number, 98 were vaccinated; 8 were positive reactors and the remainder absent, etc.

The following Table gives in detail the response and results of the B.C.G. Vaccination programme since the inception of the scheme in January, 1954.

Year	No. of Schools	No. of 13-yr-old children	No. of acceptances	No. given B.C.G.	Positive Reactors	% Pos.
1954	22	1,495	886	596	204	25
1955	21	1,632	899	672	153	19
1956	22	1,794	997	784	188	19
1957	20	1,799	1,021	821	154	15
1958	22	1,749	1,014	804	119	13
1959	21	2,178	1,377	1,178	176	13
1960	22	2,398	1,450	1,256	153	10
1961	21	2,111	1,247	1,107	114	9
1962	22	2,029	1,210	1,031	122	10
1963	21	1,887	1,192	1,040	101	9
1964	19	1,730	1,062	930	67	6
1965	17	1,843	1,063	922	63	6

X-ray examination of all positive reactors is carried out at the local Chest Clinic, under arrangements made with the Consultant Chest Physician who has very kindly consented to undertake these examinations.

#### (d) Incidence of Infectious Diseases

Disease	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total 1965	Total 1964
Scarlet Fever	24	12	4	10	50	16
Diphtheria	-	-	-	-	-	-
Dysentery	-	1	-	-	1	-
Pneumonia	1	-	1	1	3	3
Meningo-coccal infections	-	-	-	-	-	-
Measles	236	54	29	1	320	314
Whooping Cough	1	-	-	-	1	32
Poliomyelitis	-	-	-	-	-	-
Food Poisoning	1	-	-	-	1	2
Acute Encephalitis	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-	-
Tuberculosis (Respiratory)	-	1	1	-	2	2
Tuberculosis (Non-Respiratory)	-	-	-	-	-	-



## VIII - HANDICAPPED PUPILS

## (a) Examinations of Children for a Suspected Disability of Mind

198 children were examined for a suspected disability of mind during the year and recommendations were made as follows :-

(i) To be educated in an ordinary school.....	65
(ii) To be educated in an ordinary school and be referred to the Consultant Child Psychiatrist.....	27
(iii) To be educated in a special day school for educationally subnormal pupils.....	38
(iv) To be educated in a special residential school for educationally subnormal pupils.....	8
(v) To be reported to the Local Authority for the purposes of the Mental Health Act, under Section 57/4 of the Education Act, 1944.....	9
(vi) To be reviewed at a later date.....	10
(vii) Other recommendations.....	41
	<hr/>
	198

In addition -

25 educationally subnormal children at special schools were examined prior to leaving school and were recommended for friendly supervision.

## (b) Admissions to Special Residential Schools and Hospital Schools

## (1) BLIND AND PARTIALLY SIGHTED PUPILS

1 girl was admitted to the Liverpool School for the Blind, Wavertree, Liverpool.

1 girl was admitted to Henshaw's Institute for the Blind, Old Trafford, Manchester.

1 girl was admitted to and discharged from the Sunshine House Residential Nursery School, Birkdale, Southport.

1 boy was transferred from Condover Hall School, Shrewsbury to the Birmingham Royal Institution for the Blind, Birmingham.

1 boy was admitted to Victoria Park School for Partially Sighted pupils, Manchester.



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(II) DEAF AND PARTIALLY HEARING PUPILS

1 boy was discharged from the Royal Residential Schools for the Deaf, Old Trafford, Manchester.

1 girl was transferred from the Royal Residential Schools for the Deaf to the Mary Hare Grammar School for the Deaf, Newbury, Berks.

1 boy and 1 girl were admitted to Dockray House School, Cheadle Hulme.

1 boy was discharged from Princess Road School, Manchester.

1 boy was discharged from Spurley Hey Secondary School, Manchester.

(III) DELICATE AND PHYSICALLY HANDICAPPED PUPILS

2 boys and 1 girl were admitted to the Lancasterian School, Manchester.

1 girl was admitted to Talbot House Home for the Physically Handicapped, Glossop, Derbyshire.

1 boy was discharged from the Children's Convalescent Home, West Kirby, Cheshire.

1 boy was admitted to the Margaret Barclay Residential School, Mobberley, Cheshire.

8 boys and 6 girls were admitted to and 5 boys and 7 girls were discharged from Marple Orthopaedic Hospital, Cheshire.

28 boys and 14 girls were admitted to and 23 boys and 19 girls were discharged from Longfield Open Air School, Mauldeth Road, Stockport.

(IV) MALADJUSTED

1 boy was discharged from Clwyd Hall School, Llanychen, Ruthin.

1 girl was discharged from Buglawton Hall, Congleton, Cheshire.

(V) EDUCATIONALLY SUBNORMAL PUPILS

1 girl was discharged from Beechwood Residential School, Liverpool.

1 girl was discharged from Capenhurst Grange School, Great Sutton, Cheshire.

12 boys were admitted to and 12 boys were discharged from Taxal Lodge Special Residential School, Whaley Bridge, Derbyshire.

22 boys and 14 girls were admitted to and 17 boys and 23 girls were discharged from Woodlands Special School, Curzon Road, Stockport.

(VI) EPILEPTIC PUPILS

1 boy was admitted to Colthurst House School, Warford and 2 boys were discharged from Colthurst House School, Warford, Cheshire.



## (c) Provision of Home Tuition

The following table gives a detailed account of the provision of Home Tuition during the year 1965.

<i>Sex</i>	<i>Age</i>	<i>Condition</i>	<i>Reason for Home Tuition</i>
F	8	Bladder deficiency and incontinence	Severity of handicap
F	9	Fractured skull. Fractured L. tibia and fibula	Severity of handicap. Has now returned to ordinary school.
F	14	Hodgkin's Disease	Severity of handicap. Child died August 1965.
M	15	Bilateral slipped epiphyses. Both have been pinned.	Severity of handicap. Has now returned to school.
M	9	Fractured right tibia and fibula	Severity of handicap. Has now returned to school.
M	14	Anxiety state in an insecure boy.	Recommended by Child Psychiatrist.
M	12	Bladder deficiency and incontinence	Severity of handicap.
M	13	Fractured Femur	Severity of handicap. Has now returned to school.
F	7	Rheumatoid Arthritis	Severity of handicap.
M	10	Pulmonary Stenosis	Operation performed in January 1965. Now back at school
M	8	Pseudo-Hypertrophic Muscular Dystrophy	Severity of handicap. Has now been admitted to Lancasterian School.
M	15	Friedreich's Ataxia and congenital heart lesion.	Severity of handicap.



The school Medical Officers recommend the appropriate children for home tuition. The information, indicating the possible need for home tuition, reaches the School Medical Officer from a variety of sources. Generally, the Education Department is informed either by the Head Teacher or the parent of the child ill at home and in turn the Director of Education passes this information to the Principal School Medical Officer who arranges for the School Medical Officer to pay a home visit to assess the need for home tuition, if necessary after discussing the matter with the family doctor. In addition, reports from Hospital Specialists in respect of individual children occasionally include recommendations for home tuition and this also leads to a home visit. An average period of three weeks elapses before home tuition is considered.

The children receiving home tuition are supervised, as far as their clinical progress is concerned, by the School Medical Officer, who also decides the amount of home tuition which is appropriate at any particular stage. As far as the academic progress is concerned a progress report in respect of each child is sent by the Home Teacher to the Director of Education who sends a copy of each report to the Principal School Medical Officer for information to each School Medical Officer. In general, the School Medical Officers see the children at home as and when necessary but not less than once per term.

Home Tuition presents few difficulties in practice as there is no lack of suitable teachers prepared to offer their services for this purpose, but there is no doubt that it is mainly due to the excellent liaison between the Director of Education and the Principal School Medical Officer that the scheme works so smoothly.

## IX - SPECIAL SCHOOLS

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

Accommodation . . . . .	90
Number on Roll . . . . .	81
Percentage Attendance . . . . .	79

66 children were inspected by the School Dental Officer and 47 children were referred for treatment.

Children are admitted to this school on the recommendation of the School Medical Officers. The types of children for whom admission is recommended are mainly those suffering from general debility, chronic respiratory disorders such as asthma and bronchitis and physical handicaps of slight or moderate degree. Some primary school children who are slightly maladjusted also seem to benefit from the regime of the school.

This extra help to the individual child is especially beneficial where there has been long absence from school through illness.

Throughout the year under review the average number of children on the roll was 68. The attendance of the children has been reasonable throughout the year, having regard to the complaints from which they suffer.



Number of children discharged during the year :

	Boys	Girls	Total
Group I - Cured	16	14	30
Group II - Much Improved	3	3	6
Group III - Improved	1	2	3
Group IV - Left district	2	-	2

General classification of defects -

	Boys	Girls	Total
Physically Handicapped	2	8	10
Delicate	24	25	49
Maladjusted	17	3	20
Epilepsy	-	2	2
Total	43	38	81

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

Number on Roll . . . . . 45 boys  
I. Q. Range . . . . . 52 - 90

Twelve boys were admitted to the school during the year.

Twelve boys were discharged from the school during the year.

45 boys were inspected by School Dental Officers and 19 were referred for treatment.

(c) Woodlands Special Day School

Number on Roll . . . . . 100  
I. Q. Range . . . . . 48 - 82

88 children were inspected by the School Dental Officer and 56 were referred for treatment. 96 children were medically examined during the year.

X - NURSERY SCHOOLS

The number of children accommodated at the Nursery Schools is shown below :-

Adswood :	Arnfield Road	..	From two to five years.	44
Belmont :	Grafton Street	..	From two to five years.	45
Hollywood Park :	Hardman Street	..	From two to five years.	45
Portwood :	Brinnington Rise	..	From two to five years.	44
Reddish Vale :	Reddish Vale Road	..	From two to five years.	88

226 children were inspected by the School Dental Officer during the year and 99 were referred for treatment.



# XI - HIGH SCHOOLS AND OTHER INSTITUTIONS OF SECONDARY EDUCATION

## (a) Medical Inspection

The Local Education Authority maintains four Grammar Schools, one Comprehensive School, ten Secondary Modern Schools and one County Secondary Technical School.

Details of the number of pupils who were examined at these schools during the year are as follows :

Fylde Lodge High School . . . . .	106
Goyt Bank High School . . . . .	144
Stockport High School . . . . .	104
Stockport College (Junior Commercial) . . . . .	38
Avondale County Secondary School . . . . .	163
Davenport County Secondary School . . . . .	50
Offerton County Secondary School . . . . .	121
Peel Moat County Secondary School . . . . .	172
Reddish Vale Comprehensive School . . . . .	190
St. Anne's R.C. Voluntary Secondary School . . . . .	16
	1,104

## (b) Dental Inspection

Dental inspections were carried out at the following schools during 1965 :-

	<i>Number Inspected</i>	<i>Number Referred for Treatment</i>
Fylde Lodge High School . . . . .	400	53
Goyt Bank High School . . . . .	461	83
Stockport High School . . . . .	384	42
Stockport School . . . . .	953	232
Secondary Technical School for Boys . . . . .	362	170
Avondale County Secondary School . . . . .	478	353
Belmont County Secondary School . . . . .	454	292
Dialstone County Secondary School . . . . .	576	256
Peel Moat County Secondary School . . . . .	560	169
Reddish Vale Comprehensive School . . . . .	764	360
Davenport County Secondary School . . . . .	356	195
St. Anne's R.C. Voluntary Secondary . . . . .	333	205
St. Michael's R.C. Voluntary Secondary . . . . .	421	247
St. George's C.E. Voluntary Secondary . . . . .	186	136
Brinnington County Secondary School . . . . .	509	296
Offerton County Secondary School for Girls . . . . .	444	205
	7,641	3,294



The relatively low percentage of children at Fylde Lodge, Goyt Bank and Stockport High Schools referred for treatment is an indication of the high standard of dental care among the girls of these schools.

### (c) Follow 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.

## XII - MISCELLANEOUS

### (a) The School Health Service and the Youth Employment Bureau

#### (i) SCHOOL LEAVING MEDICAL CERTIFICATES

A medical certificate is issued in respect of every child attaining school leaving age. These certificates are forwarded to the Youth Employment Bureau and are found to be most helpful, particularly in the case of children who are seriously handicapped by physical or mental disabilities. These children are encouraged to register under the Disabled Persons (Employment) Act, 1944.

#### (ii) MEDICAL CERTIFICATES. (EMPLOYMENT OF CHILDREN IN ENTERTAINMENTS RULES, 1933)

No medical certificates for this purpose were issued during the year.

#### (iii) EMPLOYMENT OF CHILDREN

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

Children and Young Persons Act, 1933.

School children are medically examined at the Central School Clinic after school hours on Mondays, Wednesday and Fridays to ascertain their fitness for part-time employment. Medical certificates are issued to those children who are considered to be fit for such employment.

During the year, 407 children (283 boys and 124 girls) were granted certificates for part-time employment.

<i>Type of Employment</i>	<i>Boys</i>	<i>Girls</i>
Delivery of newspapers	238	72
Delivery of groceries	6	1
Delivery of meat	1	-
Delivery of milk	3	-
Shop assistants	7	32
Miscellaneous	28	19
Total	283	124



(b) Medical Examination of Entrants to Courses of Training for Teaching and to the Teaching Profession (Ministry of Education Circular 249).

Applicants for admission to a Teachers' Training College are invariably medically examined before entering college and applicants for teaching posts in Stockport also receive a medical examination prior to taking up their duties. However, if an applicant has, within the previous twelve months, been medically examined with satisfactory result in respect of employment as a teacher with any other Local Education Authority, then no further examination is required by this authority.

The examinations are carried out by the Medical Officers of the staff of the School Health Service. Each candidate is required to have an X-ray of the chest to exclude the presence of Tuberculosis. X-rays are carried out under arrangements made with the Stockport Chest Clinic and the Consultant Radiologist at Stepping Hill Hospital.

In this connection 95 candidates for entry into Training Colleges and 60 prospective teachers were examined during the year.

(c) Scheme for Tuition of Children in Hospital

On or about 21st January, 1965, 7 children were receiving tuition in Cherry Tree Hospital and 7 children in Stepping Hill Hospital, in accordance with the provisions of Ministry of Education Circular No. 312, dated 11th September, 1956.

(d) School Meals Report, 1965

During the year, an average of 64% of the school children of Stockport had school dinners. In 45 schools, these meals were prepared in a kitchen on the school site, but in 21 other schools, meals had to be supplied from outside the schools.

Whether or not the meal is cooked on the site, however, much thought and care are exercised to ensure the production of well-balanced and nutritious meals which are in accordance with the Ministry's standards of calorie and protein content.

Where the income of any family falls below a certain level, free school dinners are provided to ensure that no child's nutrition should suffer as a result of adverse domestic financial circumstances.

Food hygiene is included in the syllabus for trainee cooks and these workers are medically examined (including X-ray of the chest) by Medical Officers of the Local Authority prior to taking up their duties. Furthermore, the Public Health Inspectors carry out routine inspections of the premises and of the food itself. By these means, a high standard of food hygiene is achieved.

# XIII - STATISTICAL TABLES

## MEDICAL INSPECTION RETURNS

For School Year Ending, 1955

### PART I

PART 1 - Medical inspection of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE 1 - PHYSICAL MEDICAL INSPECTIONS

Age Groups Reported 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 require a medical examination	Pupils found to require treatment (including dental disease and eye disease with correction)		
		Deficient	Satisfactory		For defective vision (including astigmatism)	For other conditions reported as Part II	Total Individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1943 and later	122	615	21	1	2	36	38
1942	352	912	1	1	17	112	129
1939	354	500	3	1	28	145	173
1935	400	300	1	1	25	140	165
1937	725	721	4	1	25	105	130
1936	546	313	3	1	14	100	114
1932	303	500	1	1	16	116	132
1934	623	611	2	1	16	200	216
1933	225	243	1	1	6	123	129
1931	32	30	1	1	1	16	17
1930	240	140	1	1	4	66	70
1929 and earlier	496	294	2	1	26	200	226
TOTAL	39,455	3,934	21	1	143	3,790	3,934

Col. 3 based on a percentage of

Col. 2 total, 39,455

Col. 4 based on a percentage of

Col. 2 total, 39,455





## MEDICAL INSPECTION RETURNS

Year ended 31st December, 1965

## PART I

PART I - Medical Inspection of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools)

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	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual pupils
		No.	No.		(6)	(7)	(8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1961 and later	422	416	6	-	1	36	37
1960	950	950	-	-	12	317	326
1959	754	750	4	-	13	363	376
1958	466	466	-	44	18	146	156
1957	725	721	4	145	23	372	390
1956	318	315	3	51	14	152	166
1955	388	388	-	62	12	118	126
1954	673	671	2	102	14	294	307
1953	243	243	-	58	5	116	119
1952	50	50	-	-	3	14	17
1951	140	140	-	-	3	60	60
1950 and earlier	896	894	2	-	26	196	218
TOTAL	6,025	6,004	21	462	144	2,184	2,298

Col. 3 total as a percentage of

Col. 2 total..... 99.65%

Col. 4 total as a percentage of

Col 2 total..... 0.35%



## MEDICAL INSPECTION RETURNS

TABLE B - OTHER INSPECTIONS

Number of Special Inspections	.. ..	2,516 - At school clinics
Number of Re-Inspections	.. ..	4,916 - At schools
		3,077 - At school clinics
Total		<u>10,509</u>

TABLE C

## Infestation with Vermin

(i) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	62,246
(ii) Total number of individual pupils found to be infested	925
(iii) Number of individual pupils in respect of whom First Informal Notices were issued .. ..	675
(iv) Number of individual pupils in respect of whom Second Informal Notices were issued .. ..	342
(v) Number of individual pupils in respect of whom cleansing notices were issued. (Section 54(2), Education Act, 1944)	2
(vi) Number of individual pupils in respect of whom cleansing orders were issued, (Section 54(2), Education Act, 1944)	-

## MEDICAL INSPECTION RETURNS

## PART II

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

YEAR, 1965

39

Defect Code No. (1)	Defect of Disease (2)	P E R I O D I C   I N S P E C T I O N S						T O T A L		S P E C I A L   I N S P E C T I O N S	
		Entrants		Leavers		Others		Requiring Treatment (9)	Requiring Observation (10)	Requiring Treatment (11)	Requiring Observation (12)
		Requiring Treatment (3)	Requiring Observation (4)	Requiring Treatment (5)	Requiring Observation (6)	Requiring Treatment (7)	Requiring Observation (8)				
4	Skin	20	38	10	14	35	62	65	114	153	10
5	Eyes -										
	a. Vision	26	117	26	234	92	377	144	728	73	4
	b. Squint	21	258	1	74	8	492	30	824	-	-
6	c. Other	1	19	-	17	3	41	4	77	35	1
	Ears -										
	a. Hearing	37	72	3	14	23	133	63	219	27	-
7	b. Otitis Media	7	47	1	3	4	25	12	75	7	-
	c. Other	3	32	-	5	5	39	8	76	10	-
	Nose and Throat	109	323	8	28	92	313	209	664	203	4
8	Speech	16	81	-	9	13	71	29	161	18	1
9	Lymphatic Glands	1	129	-	-	1	99	2	228	1	-
10	Heart	5	82	3	17	3	104	11	203	-	-
11	Lungs	6	83	1	16	4	85	11	184	7	1
12	Development -										
	a. Hernia	-	8	-	-	-	6	-	14	-	-
	b. Other	34	75	-	9	45	76	79	160	5	-
13	Orthopaedic -										
	a. Posture	17	-	77	1	152	14	246	15	5	-
	b. Feet	467	20	97	5	842	19	1,406	44	15	-
14	c. Other	226	49	29	18	367	52	622	119	25	1
	Nervous system -										
	a. Epilepsy	-	5	-	3	4	3	4	11	-	2
15	b. Other	-	5	-	-	-	9	-	14	15	-
	Psychological -										
	a. Development	1	38	1	28	10	175	12	241	74	-
16	b. Stability	20	593	3	178	26	1,038	49	1,809	56	6
	Abdomen	7	14	-	5	2	42	9	61	15	2
17	Other	30	69	42	56	131	230	203	355	576	17



## PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND  
SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint .. .. .	111
Errors of Refraction (including squint)	<u>1,034</u>
Total	<u>1,145</u>
Number of pupils for whom spectacles were prescribed .. .. .	547

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

	<i>Number of cases known to have been dealt with</i>
Received operative treatment ..	
(a) for diseases of the ear	54
(b) for adenoids and chronic tonsillitis	179
(c) for other nose and throat conditions	13
Received other forms of treatment	<u>252</u>
Total	<u>498</u>
Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1965	4
(b) in previous years	26

TABLE C - Orthopaedic and Postural Defects

	<i>Number of cases known to have been dealt with</i>
(a) Pupils treated at clinics or out-patients departments ..	7
(b) Pupils treated at school for postural defects	<u>35</u>
Total	<u>42</u>

TABLE D - Diseases of the Skin (excluding uncleanness for which see Table C of Part I)

				<i>Number of cases known to have been treated</i>
Ringworm -	(i) Scalp	..	..	-
	(ii) Body	..	..	-
Scabies		..	..	4
Impetigo		..	..	40
Other skin diseases				<u>244</u>
	Total			<u>288</u>

TABLE E - Child Guidance Treatment

Pupils treated at Child Guidance Clinics	..	..	169
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TABLE F - Speech Therapy

Pupils treated by Speech therapists	..	..	127
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TABLE G - Other Treatment Given

			<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	..		996
(b) Pupils who received convalescent treatment under School Health Service arrangements	..		13
(c) Pupils who received B.C.G. vaccination	..		922
(d) Other than (a), (b), and (c) -			
(i) Audiometric Tests	..		220
(ii) Pure Tone Sweep Audiometric Tests	..		2,836
(iii) Pure Tone Sweep Audiometric Re-tests			572
(iv) Chiropody	..		1,042
Total (a) to (d)			6,601



## PART IV

**DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY  
DURING THE YEAR ENDED 31ST DECEMBER, 1965**

Number of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in January, 1965, as in Forms 7, 7M and 11 Schools ..... 22,046.

*(a) School Dental Inspections***I. Number of pupils inspected by the Authority's Dental Officers:-**

## PERIODIC AGE GROUPS

Age Groups	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Totals
Clears	15	70	340	924	1012	984	965	924	956	853	853	920	791	628	427	198	93	10,953
Defectives	4	38	387	1056	1014	1118	1083	970	855	709	777	804	759	464	146	25	22	10,231
Totals	19	108	727	1980	2026	2102	2048	1894	1811	1562	1630	1724	1550	1092	573	223	115	21,184

*(b) Dental Surgery Work*

(i) Attendances for treatment..... 9,600

(ii) Number of new patients treated..... 3,963

(iii) Number of courses of treatment completed..... 3,737

**II. Half days devoted to :**

i. Periodic (School) Inspection..... 97  
ii. Treatment of schoolchildren..... 816      Total II... 913

**III. Fillings :**

i. Permanent Teeth..... 4,602  
ii. Temporary Teeth..... 2,689      Total III... 7,290

**IV. Number of Teeth Filled :**

i. Permanent Teeth..... 3,758  
ii. Temporary Teeth..... 2,435      Total IV... 6,193

**V. Extractions :**

i. Permanent Teeth..... 865  
ii. Temporary Teeth..... 3,051      Total V... 3,916

VI.	i. Number of general anaesthetics given for extractions.....	812
	ii. Number of half days devoted to the administration of general anaesthetics by :	
	A. Dentists.....	-
	B. Medical Practitioners....	49
	Total VI.....	49
VII.	Number of pupils supplied with artificial teeth.....	23
VIII.	Other operations :	
	i. Number of pupils X-rayed.....	61
	ii. Prophylaxis.....	229
	iii. Silver nitrate, etc.....	185
	Total VIII.....	475

*(c) Orthodontics*

i.	Cases commenced during year.....	21
ii.	Cases brought forward from previous year.....	25
iii.	Cases completed during year.....	9
iv.	Cases discontinued during year.....	10
v.	No. of removable appliances fitted.....	29
vi.	No. of fixed appliances fitted.....	-
vii.	Cases referred to hospital consultant.....	9



