

[Report 1958] / School Medical Officer of Health, Westmorland County Council.

Contributors

Westmorland (England). County Council.

Publication/Creation

1958

Persistent URL

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

License and attribution

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

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

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



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



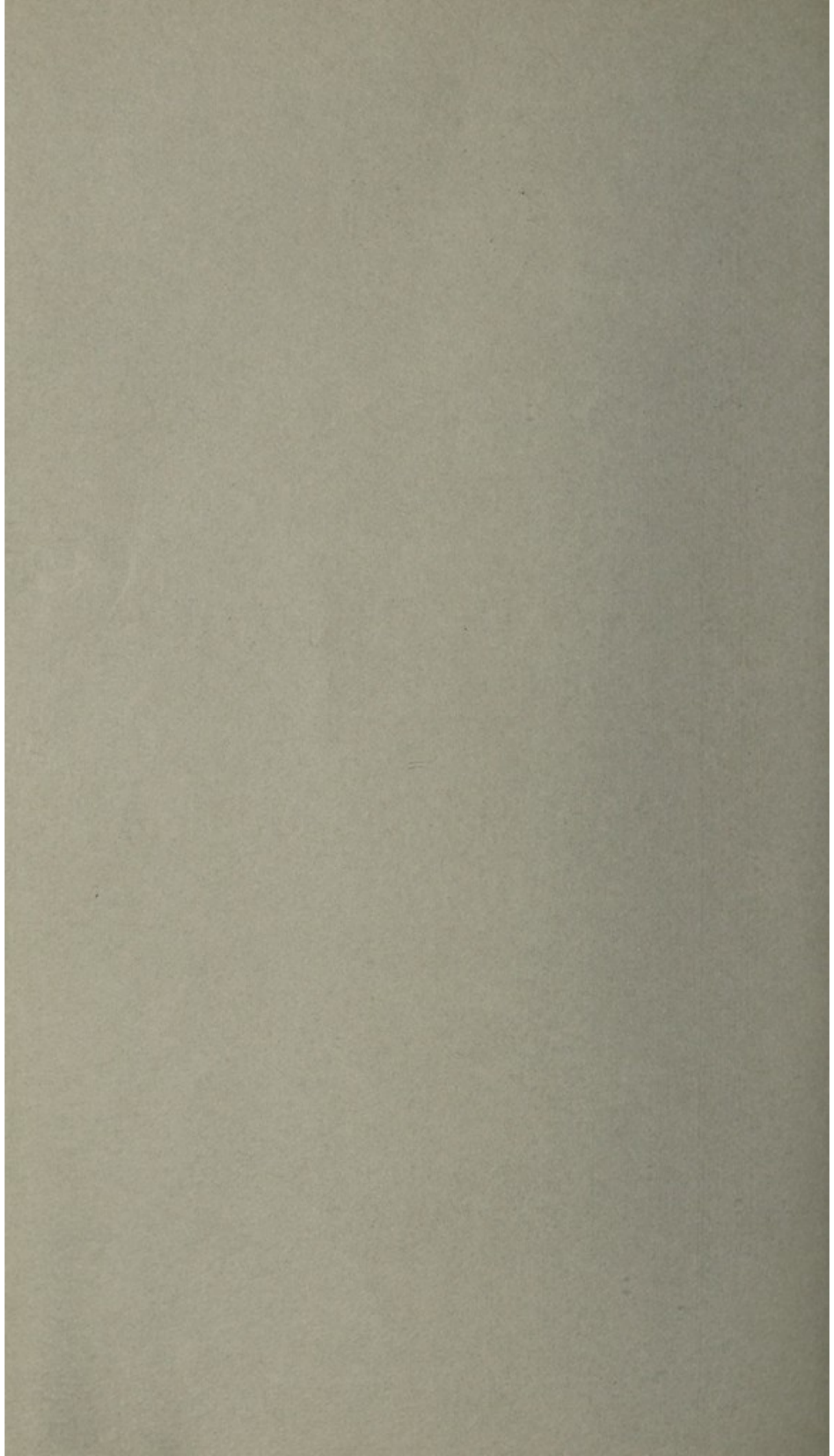
WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

of the

**Principal School Medical
Officer**

THE YEAR 1958





WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

of the

**Principal School Medical
Officer**

THE YEAR 1958

CONTENTS

	Pages
Child Guidance	7
Diphtheria Immunisation	9—10
Handicapped Pupils	8—9
Introduction	4
Milk in Schools Scheme	5
Minor Ailments	7
Nose and Throat Conditions	6
Orthopædic Scheme	8
School Dental Service	12—13
Speech Therapy	7
Skin Diseases	7
Statistical Tables	14—24
Staff and Consultants	3
Tuberculous Conditions in School Children	11
Ultra-Violet Ray Clinics	10
Verminous Infestation	5
Visual Defects—Treatment	10

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer.—John A. Guy, M.D., D.P.H.

School Medical Officer—F. M. Taylor, M.R.C.S., L.R.C.P.

(Retired 21-8-53.)

R. J. K. Tallack, M.B., Ch.B., D.P.H. (Commenced 1-9-58.)

Principal School Dental Officer—M. D. McGarry, L.D.S.

School Dental Officers—

A. S. Carter, M.R.C.S., L.R.C.P., L.D.S.

I. Fletcher, B.D.S. (Resigned 31-8-58).

G. Austin, B.D.S., (Commenced 1-5-58).

Speech Therapist—Hazel J. Smith, L.C.S.T.

SPECIAL CLINICS AND CONSULTANTS

Diseases of the Eye—

W. B. Brownlie, F.R.C.S., Underwood, Heversham.

Diseases of the Chest—Dr. J. Munro Campbell, Consultant Chest Physician, Meathop Sanatorium.

Dr. W. Hugh Morton, Consultant Chest Physician, Chest Centre, Carlisle.

Consulting Psychiatrist—Dr. R. C. Cunningham, Medical Superintendent, Royal Albert Hospital, Lancaster.

County Hall, Kendal.

May, 1959.

To the Chairman and Members of the Education Committee.

ANNUAL REPORT FOR THE YEAR 1958.

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present the Annual Report on the working of the School Health Service for the year 1958.

The form of the report remains much the same as in previous years and much of the information is contained in statistical shape. This year we said goodbye to Dr. Taylor, who reached the age limit and who for the past 12 years acted as Assistant School Medical Officer. We wish her well in her retirement. Dr. R. J. K. Tallack has been appointed in Dr. Taylor's place.

Vaccination against infectious disease is at present occupying a not inconsiderable portion of the Medical Staff's time. This year the limiting factor in the Poliomyelitis Campaign has been the supply of vaccine, but this is now greatly improved. Vaccination against Diphtheria and Whooping Cough continues.

There has been a slight rise this year in the number of children infested with pediculosis and I fear that a small hard core of infestation will remain for some time to come.

In general, the health of the Westmorland School Children is excellent and calls for no comment.

I have the honour to be,

My Lord, Ladies and Gentlemen,

Your obedient Servant,

JOHN A. GUY,

Principal School Medical Officer.

MILK IN SCHOOLS SCHEME

The Local Education Authority now enters into annual contracts with dairymen for the supply of milk to schools. The responsibility of the Principal School Medical Officer for approving the source of supply remains unaffected and it is disappointing to report that undesig-nated milk is again supplied to two maintained schools in the county, and the position cannot be regarded as entirely satis-factory until all supplies are delivered in one-third pint bottles, and all milk is derived from Tuberculin Tested herds, or has been pasteurised.

County Schools.

Designation of Milk Supplied.	No. of Schools.
Tuberculin Tested ...	78
Pasteurised ...	30
Ungraded ...	2
	110

Number of Schools taking milk in bulk, 29.

Independent Schools.

Tuberculin Tested ...	16
Pasteurised ...	1

Number of Schools taking milk in bulk, 14.

By arrangement with the Council's Sampling Officer, milk supplied to schools is submitted to bacteriological and pathological examination periodically, and out of 42 samples taken 12 were unsatisfactory. No sample was unsatisfactory on the Cavy Inocula-tion Test.

Infestation (Uncleanliness)

During the past year 21,790 examinations were carried out by the District Nurses, and the number of children found to be infested with lice or nits was 100 compared with 80 during the previous year.

The following Table shows the incidence of infestation during the past 10 years:—

Year.	No. of examinations for uncleanliness.	No. of children found unclean.	Per cent. of children found unclean.
1949 ...	24,797	468	5.2%
1950 ...	15,679	228	3.5%
1951 ...	22,254	168	2.2%
1952 ...	25,817	210	2.6%
1953 ...	26,673	177	1.8%
1954 ...	27,362	120	1.5%
1955 ...	26,883	98	1.1%
1956 ...	24,789	81	1.0%
1957 ...	24,299	80	1.0%
1958 ...	21,790	100	1.4%

The numbers of individual pupils found unclean are expressed in the right-hand column of the foregoing Table as a percentage of the number of pupils on the registers at the end of the respective years.

Ear, Nose and Throat Conditions

The enlargement of tonsils and adenoids were second in the list of defects found at school medical inspection to require treatment, and it is interesting to note that although only 8 pupils were referred to hospital on account of nose and throat defects as a result of school medical inspection, evidence is available to show that no less than 200 children received operative treatment for this condition during the year. This no doubt reflects largely the fact that patients are now usually referred to hospital by the School Medical Officer only after repeated observation and also that many children are referred by their family doctors.

The Ministry of Education is interested in the wide variations in the proportion of children in different parts of the country who have undergone tonsillectomy and is now asking Medical Officers to record for each child seen at Periodic Inspection whether he or she has undergone the operation at any previous time. The figures observed in this County in 1958 are as follows:—

	No. examined.	No. who had had tonsillectomy.	Percentage.
Entrants ...	825	31	3.7
Intermediate ...	905	142	15.6
Leavers ...	703	124	17.6
Others ...	222	27	12.1

Children with special defects or abnormalities are referred to the hospitals at Kendal, Lancaster and Carlisle, to be seen by the consulting surgeons. This procedure has been helpful in dealing with such cases as chronic otorrhoea, increasing deafness, infected sinuses, but this type of case also is referred in smaller numbers; eight during the past year compared with 29 in the previous year. The following list illustrates the type of case referred:—

Condition.	No. of children referred.
Defective hearing ...	3
Frequent cold, sinusitis and catarrh	3
Enlarged tonsils and adenoids with other symptoms ...	2

Speech Therapy

Number of children who have attended for Speech Therapy	...	...	...	...	113
Number of attendances made	...	...	...	...	2,298
Number of sessions held	...	...	...	...	509

Almost half the time of the Speech Therapist is still devoted to work in Kendal, but clinics have also been started in Calgarth, Milnthorpe, Levens and Heversham, Orton, Appleby and Kirkby Lonsdale.

Child Guidance Clinic

By agreement with the Manchester Regional Hospital Board the services of the Medical Superintendent of the Royal Albert Hospital, Lancaster, have been made available as Consultant Psychiatrist. Dr. R. C. Cunningham has continued to undertake this work, and he holds the clinic at the Friends' Meeting House, Kendal, as required.

Number of Clinics held during 1958	...	...	...	14
Number of Attendances	...	...	...	19
Number of Cases	...	...	...	12

Minor Ailments

The minor ailments formerly dealt with at School Clinics are now seen but rarely in the schools, and such cases as do occur now usually attend their family doctor.

Skin Diseases

As will be seen from Table D on page 19, the incidence of skin diseases is no longer a serious problem amongst the school-children in the County; the high incidence of scabies prevalent in war-time is now a thing of the past, and the diagnostic facilities of the Mycological Department of the London School of Hygiene and Tropical Medicine, together with the installation of a Woods' Light at the School Clinic, has enabled the spread of ringworm infection to be controlled.

School Clinics

The Ministry has requested that this Report should give the location and details of the sessions held at the School Clinics recorded in Part III of Table VII on page 24, and the relevant information is given below:—

Location.	Types of Clinics.	Frequency of Sessions.
Stramongate Clinic, Kendal	... Dental treatment ... Ophthalmic examin- ... ation Speech Therapy	Daily Fortnightly Daily except Mon- days
Friends' Meeting House, Kendal	... Child Guidance ...	Weekly
U.D.C. Offices, Ambleside	... Dental ...	As required
Old First Aid Post, Appleby	... Dental ...	As required
Rugby Club,	... Speech Therapy ...	Weekly.
Kirkby Lonsdale	... Speech Therapy ...	Weekly.
School Clinic,* Penrith	... Dental ...	As required

* This clinic belongs to the Cumberland County Council, from whom the Westmorland L.E.A. rent it as required.

Orthopaedic Scheme.

All cases within reasonable reach of Kendal are referred to the Orthopaedic Out-Patient Department at the Westmorland County Hospital, and Mr. Kitchin, the Orthopaedic Specialist, has undertaken to arrange for remedial exercises, etc., and follow-up treatment of these cases.

A small number of cases continued to be seen at the Out-Patient Clinics held by Dr. Bucknell at the Ethel Hedley Hospital and, by courtesy of the Cumberland Authority, at Penrith; the total cases known to have attended during the year being 34.

Number of children known to be attending other Out-Patient Departments :—

Westmorland County Hospital		182
Cumberland Infirmary, Carlisle		60
Lancaster Royal Infirmary		7

Handicapped Pupils

Under the Education Act, 1944, it is the duty of the Local Education Authority to ascertain what children require special educational treatment. These children are usually reported by the school teachers or the Educational Adviser to the School Medical Officer, who examines them and reports to the Local Education Authority. The number of cases examined during the year was 57, of whom 8 were recommended for admission to Special Schools for Educationally Subnormal Pupils, one for Physically Handicapped Pupils, one for Delicate Pupils, one for Diabetic Pupils and one for Maladjusted Pupils.

In addition ten children were found to be ineducable and recommended for action under Section 57 (3), Education Act, 1944. Nineteen children were found on examination not to require education in a special school, and 16 were recommended for re-examination after a trial period. A copy of the report on each case is submitted to the Education Adviser so that any special attention possible in the ordinary school may be given to those children needing it.

The object of these examinations is to place the handicapped child in a school or class where he will receive special education calculated to make the best use of his limited capabilities, or to remove from school those children whose mental condition is such that they cannot benefit from any form of education, but whilst the numbers shown above represent the limit of these cases which can be dealt with by the present staff, they in no way represent the extent of the problem. The position with regard to the placing of pupils in special boarding-schools is now much improved, and the opening of Ingwell and Higham Special Schools by the Cumberland Local Education Authority, and of Eden Grove Special School as a private venture, has enabled places to be found for most of the pupils whose parents are willing for them to attend.

I am indebted to the Director of Education for the figures in Table VI on pages 21 and 22.

Diphtheria Immunisation

Immunisation against diphtheria has, since 1948, been the responsibility of the County Council. The treatment is given either by the County Council medical staff or the general practitioners, at the choice of the parents, at or before the first birthday, whilst all parents are urged to consent to their children receiving a re-inforcing dose at five years old.

The success of these schemes may be judged from the fact that there were no cases of diphtheria notified among residents of the County for the eleventh consecutive year, compared with 62 notifications and six deaths in 1942, for example. Details of children immunised during the year are given below :—

Primary Immunisation :—

Children under 1 year of age ...	...	...	264
„ aged 1—4 years ...	...	...	358
„ „ 5—14 years ...	...	...	48
			—
Total ...			670
			—

Reinforcing doses :—

Children aged 1—4 years	...	...	22
„ „ 5—14 years	...	...	395
			—
Total	...	...	417
			—
Grand Total	...	...	1,087
			—

Ultra-Violet Ray Clinics

The only Ultra-Violet Ray Clinic operating in the County during the year was at Kendal, where 36 children made 132 attendances.

Treatment of Defective Vision.

All school-children found to be suffering from refractive errors are referred for examination under the Supplementary Ophthalmic Service administered by the Executive Council under the National Health Service Act, and spectacles, where necessary, are supplied under the provisions of that Act. By arrangement with the Local Executive Council, Mr. Brownlie, the Ophthalmologist, continues to hold sessions as required at the Stramongate School Clinic, but parents are given the opportunity to make their own arrangements with opticians if they prefer it.

Children whose eye condition necessitates treatment other than the provision of spectacles are referred to the Ophthalmic Consultants at the Westmorland County Hospital or at the Cumberland Infirmary.

Number referred for Ophthalmic Examination ... 151

THE EDUCATION AREA**County of Westmorland :—**

Area	...	...	...	504,917 acres.
Population (estimated mid-1958)...	...	...	...	66,400
Estimated Product of 1d. Rate, 1958-9	...	...	...	£2,988
Number of Schools—Primary	...	...	...	92
Secondary	...	...	...	13
Nursery	...	...	...	1
Special	...	...	...	1
Number of Pupils (31-1-58)—Primary	...	...	...	6,191
Secondary	...	...	...	3,750
Nursery	...	...	...	54
Special	...	...	...	48
				—
Total	...	...	...	10,043
				—

TUBERCULOUS CONDITIONS IN SCHOOLCHILDREN

Number of children who received in-patient treatment at the following Hospitals :—

Westmorland Sanatorium, Meathop	...	...	1
Beaumont Hospital, Lancaster	...	...	1
City General Hospital, Carlisle	...	...	2

Now that non-pulmonary tuberculous conditions are dealt with by general surgeons and physicians and do not always come to the knowledge of the Tuberculosis Officer (Chest-Physician), our knowledge of this type of case is by no means as complete as it was pre-1948. From the aspect of preventive medicine this state of affairs must be regarded as a serious defect in the National Health Service, although there is good reason for the belief that the non-respiratory forms of the disease are becoming increasingly rare, due to a considerable extent to the improved milk supplies.

B.C.G. VACCINATION OF SCHOOLCHILDREN.

Although B.C.G. Vaccination is a function of the County Council as Local Health Authority, it is reported here as the patients are schoolchildren and the work is carried out in the Schools.

Since the Spring of 1955 B.C.G. Vaccination has been available to schoolchildren between their thirteenth and fourteenth birthdays in accordance with the suggestions of Ministry of Health Circular 22/53.

Owing to the fact that the tests must be read at 72-hour intervals and that, for practical purposes, the actual vaccination can be carried out only on Thursday, owing to the restricted life of the vaccine, the arrangement of a programme of this work so that it does not interfere seriously with other arrangements such as regular clinics, Committee meetings, etc., nor clash with school holidays, functions and examinations, is a matter of difficulty and has become increasingly so with the advent of the poliomyelitis vaccination campaign. A simplification of the procedure approved by the Ministry whilst this report was under preparation should do something to simplify the arrangements for the future.

The following table gives details of the work done under the scheme during 1958:—

Found positive at first Pre-Vaccination Test.	Found Positive at second Pre-Vaccination Test.	Vaccinated.
86	10	365

POLIOMYELITIS VACCINATION

This work is carried out under the direction of the Local Health Authority, but is reported here as the great majority of the persons covered by the scheme are of school age.

The Poliomyelitis Vaccination Scheme announced by the Ministry of Health in January, 1956, had by the end of 1957 been extended to all children under the age of 15 years, to expectant mothers, and to persons born in the years 1933 to 1942, and it had been decided to give a third dose, not sooner than 7 months after the second.

In the country areas particularly, it is only by using the schools as clinics that it is possible to deal with the numbers involved, with the staff available for this work. I would like to take this opportunity of repeating my thanks to the teachers for their ready co-operation in connection with the frequent visits to the schools to carry out the vaccination; without their ready forbearance the work would be impossible.

The limiting factor during the whole of the year remained the vaccine supply position, supplies consistently falling far below the amount needed. During the year a further 6,680 children reached the second dose stage, 4,282 persons (mostly children) had received the third dose, a further 573 children had received their first dose and on 31st December, 1958, there remained only 347 children whose treatment had not commenced.

It is much too soon to express any view, based on our own experience, on the degree of protection afforded by this vaccine, but it is pleasing to report that there have been no reactions worthy of comment.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER.

I have the honour to present the annual report of the School Dental Service for the County of Westmorland for 1958. The statistical table is to be found on page 20.

Staff. The appointment of Mr. George Austin, who took up duty on 1st May, brought the dental staff to its full establishment, a state of affairs which has not existed since pre-1948. This happy position was but briefly maintained, and with the resignation of Mr. Fletcher in August, the overall wholetime equivalent of dental officers in post for the year became 3.5, a marked improvement on the figure of 2.5 for the previous year.

Miss P. A. Dickens took up duty as a Dental Attendant on 1st May and Mrs. M. I. McLaren resigned from her position as Dental Attendant on 7th September.

Dental Inspection and Treatment. Of a total of 9,952 schoolchildren in the County, 7,644 had a routine inspection during the year, i.e. 77% of the school population. While falling short of the object of annual inspection for every child, this does show sufficient improvement on the returns of more recent years to allow me to view the future with cautious optimism. The subsequent treatment returns show a corresponding increase.

As a result of the installation of X-ray equipment in the Mobile Clinic and the Kendal Clinic, facilities for dental radiography are now available and 54 X-rays were done during the year.

Orthodontics. The number of cases treated shows a marked increase on the previous year, but care is taken to restrict this form of treatment to patients whose own and parental co-operation is assured and whose general dental state merits the expenditure of the dental officer's time. Our X-ray equipment has proved to be a useful adjunct in orthodontic treatment.

General Anaesthetics. During the year an anaesthetic machine was installed in Appleby Clinic. Routine sessions have been held, when Drs. Ainscow and Horler have acted as anaesthetists.

Dr. Hughes continues as anaesthetist for routine sessions in the Kendal Clinic.

The bulk of our extractions have been done under local anaesthetics, but with the improved facilities in Appleby Clinic a general anaesthetic, when clinically necessary, is now available without undue inconvenience to the vast majority of the school population.

Clinical Accommodation. In September, the new Gloster type Mobile Dental Clinic went into service. To date it has been used in the North-Eastern area of the County and the Windermere area, and has proved to be admirably suited to its purpose.

In comparison, the Lord's type self propelled Mobile Clinic offers unsatisfactory and time-wasting working conditions and I feel that its replacement should be considered.

The proposed replacement of some of the equipment will be very helpful in improving working conditions in both Kendal and Appleby Clinics.

In conclusion, I wish to thank Dr. Guy for his continued assistance and the members of the dental staff for their conscientious work. The co-operation of the Head Teachers has been as generous as in the past, and we are grateful to them.

M. D. McGARRY,

Principal School Dental Officer.

STATISTICAL TABLES

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical condition of Pupils Inspected		Pupils Inspected	
		Satisfactory No.	% of Col. 2	Unsatisfactory No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	72	68	94.4%	4	5.6%
1953	459	455	99.1%	4	0.9%
1952	294	285	96.9%	9	3.1%
1951	45	41	91.1%	4	8.9%
1950	42	40	95.2%	2	4.8%
1949	29	28	96.6%	1	3.4%
1948	786	778	98.9%	8	1.1%
1947	119	116	97.5%	3	2.5%
1946	73	73	100.0%	—	—
1945	33	32	97.0%	1	3.0%
1944	42	42	100.0%	—	—
1943 and earlier	661	655	99.0%	6	1.0%
Total	2655	2613	98.4%	42	1.6%

B.—PUPILS FOUND AT PERIODIC INSPECTIONS TO
REQUIRE TREATMENT

Age Groups Inspected (By year of Birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1954 and later	—	1	1
1953	10	26	32
1952	5	16	20
1951	2	2	4
1950	6	2	8
1949	3	—	3
1948	44	27	66
1947	8	7	15
1946	7	3	10
1945	4	3	6
1944	3	3	5
1943 and earlier	23	5	28
Total	115	95	198

C.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	80
Number of Re-Inspections	...	...	...	4,037
			Total	4,117

TABLE D
INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	...	21,790
(ii)	Total number of individual pupils found to be infested		100
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 [2], Education Act, 1944)	...	4
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 [3], Education Act, 1944)	...	—

PART II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31st DECEMBER, 1958.

A—PERIODIC INSPECTIONS.

Defect Code No.	Defect or Disease	ENTRANTS		LEAVERS		Total (including other age groups)	
		Requiring Treat- ment	Obser- vation	Requiring Treat- ment	Obser- vation	Requiring Treat- ment	Obser- vation
4	Skin	—	17	2	17	7	60
5	Eyes—						
	a. Vision	16	42	25	62	115	202
	b. Squint	25	15	—	1	32	24
	c. Other	1	4	—	1	1	8
6	Ears—						
	a. Hearing	1	7	—	4	5	20
	b. Otitis						
	Media	—	23	1	8	3	55
	c. Other	—	1	—	—	—	1
7	Nose and Throat	2	212	—	16	5	310
8	Speech	6	8	—	2	8	14
9	Lymphatic Glands	1	112	—	6	1	161
10	Heart	1	9	—	3	3	23
11	Lungs	1	43	—	8	2	72
12	Developmental—						
	a. Hernia	—	4	—	1	—	9
	b. Other	—	41	—	4	4	86
13	Orthopaedic—						
	a. Posture	2	3	—	11	6	44
	b. Feet	4	61	—	20	7	139
	c. Other	4	48	2	35	11	125
14	Nervous system						
	a. Epilepsy	1	4	1	1	3	7
	b. Other	—	2	—	—	—	2
15	Psychological—						
	a. Develop- ment	—	6	—	1	—	15
	b. Stability	—	11	—	1	—	18
16	Abdomen	—	10	—	—	—	15
17	Other	—	11	1	8	2	43

PART II
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31st DECEMBER, 1958.

B—SPECIAL INSPECTIONS.

Defect Code No.	Defect or Disease.	Requiring Treatment.	Requiring Observation.
4	Skin ...	—	1
5	Eyes—		
	(a) Vision ...	34	17
	(b) Squint ...	4	—
	(c) Other ...	—	—
6	Ears—		
	(a) Hearing ...	2	1
	(b) Otitis Media ...	1	—
	(c) Other ...	—	—
7	Nose and Throat ...	2	—
8	Speech ...	4	—
9	Lymphatic Glands ...	—	—
10	Heart ...	—	3
11	Lungs ...	—	3
12	Developmental—		
	(a) Hernia ...	—	—
	(b) Other ...	—	2
13	Orthopædic—		
	(a) Posture ...	—	—
	(b) Feet ...	—	2
	(c) Other ...	—	—
11	Nervous System—		
	(a) Epilepsy ...	—	1
	(b) Other ...	—	—
15	Psychological—		
	(a) Development ...	—	—
	(b) Stability ...	—	—
16	Abdomen ...	—	1
17	Other ...	—	5

PART III

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

Number of cases known to have been dealt with:

External and other, excluding errors of refraction and squint ...	1
Errors of refraction, including squint ...	421
	—
Total	422

Number of pupils for whom spectacles were prescribed ... 289

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE
AND THROAT.

Number of cases known to have been treated:

Received operative treatment:—

(a) for diseases of the ear ...	15
(b) for adenoids and chronic tonsillitis ...	165
(c) for other nose and throat conditions ...	20
Received other forms of treatment ...	12
	—
Total	212

Total number of pupils known to
have been provided with hearing
aids:—

(a) in 1958 ...	5
(b) in previous years ...	9

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

Number of pupils known to have been treated:—

(a) Treated at clinics or out patient departments ...	283
(b) Treated at school for postural defects ...	6
	—
Total	289

TABLE D.—DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table D of Part I)

Number of cases known to have been treated.			
Ringworm—(a) Scalp	...	...	—
(b) Body	...	...	—
Scabies	...	...	—
Impetigo	...	...	—
Other skin diseases	...	...	—
Total	...	...	—

TABLE E.—CHILD GUIDANCE TREATMENT

Number of pupils known to have been at Child Guidance Clinics			
...	...	...	12

TABLE F.—SPEECH THERAPY

Number of pupils known to have been treated by Speech Therapists			
...	...	...	113

TABLE G.—OTHER TREATMENT GIVEN.

Number of cases known to have been dealt with:			
(a) Pupils with minor ailments	...	...	—
(b) Pupils who have received convalescent treatment under School Health Service arrangements	...	...	—
(c) Pupils who received B.C.G. vaccination	...	...	365
(d) Other:			
1. Chest conditions	...	...	4
2. Fractures and injuries	...	...	5
3. Miscellaneous Medical and Surgical conditions	...	...	29
			403

NOTE.—It should be observed throughout Part III above that the figures given for treatment other than that carried out under the Authorities' arrangements can be regarded only as incomplete. Information received from hospitals varies considerably, whilst little or no information is available regarding treatment carried out in Private Nursing Homes or by general practitioners.

PART IV

DENTAL INSPECTION AND TREATMENT.

(1) Number of children who were inspected by the Authority's Dental Officers:—				
(a) Periodic	...	...	...	7,644
(b) Specials	...	...	...	284
(c) Total (Periodic and Specials)	...	...	...	7,928
(2) Number found to require treatment	...	...	...	4,817
(3) Number offered treatment	...	...	...	3,517
(4) Number actually treated	...	...	...	2,168
(5) Attendances made by pupils for treatment (including orthodontic cases)	...	...	...	5,529
(6) Half-days devoted to	Inspection	...	82	Total ... 1,099
	Treatment	...	1,017	
(7) Fillings	Permanent Teeth	4,257	Total ... 4,780	
	Temporary Teeth	523		
(8) Number of teeth filled	Permanent Teeth	3,054	Total ... 3,462	
	Temporary Teeth	408		
(9) Extractions	Permanent Teeth	1,262	Total ... 3,319	
	Temporary Teeth	2,057		
(10) Administration of general anaesthetics for extractions				710
(11) Orthodontics—				
(a) Cases commenced during the year	...	...	...	34
(b) Cases carried forward from previous year	...	...	...	14
(c) Cases completed during the year	...	...	...	11
(d) Cases discontinued during the year	...	...	...	13
(e) Pupils treated with appliances	...	...	...	29
(f) Removable appliances fitted	...	...	...	32
(g) Fixed appliances fitted	...	...	...	1
(h) Total attendances	...	...	...	277
(12) Number of pupils supplied with artificial dentures				20
(13) Other operations	Permanent Teeth	659	Total ... 1,863	
	Temporary Teeth	1,204		
(14) X-rays	...	...	...	54

TABLE VI.—RETURN OF HANDICAPPED PUPILS.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	(1) Blind	(2) Partially sighted	(3) Deaf	(4) Partially deaf	(5) Delicate	(6) Physically Handicapped	(7) Educationally sub-normal adjusted	(8) Mental	(9) Epileptic	Total
In the Calendar Year:—										
A. Handicapped Pupils newly placed in Special Schools or Homes ...	1	—	—	1	—	1	6	—	—	9
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or Boarding in homes ...	—	—	—	—	3	3	4	1	—	11
Number of children reported during the Calendar year under Section 57 (3), 4, and under Section 57 (5) of the Education Act, 1944. Nil.										
On or about 31st January, 1959:—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
C. Number of Handicapped Pupils from the area—										
(i) attending Special Schools as Day Pupils ..	—	—	—	—	—	—	—	—	—	—
Boarding Pupils ...	5	—	3	3	1	6	14	1	1	34
(ii) were on the registers of Independent Schools (under arrangements made by the Authority) ...	—	—	—	—	—	—	10	—	—	10
Total (C) ...	5	—	3	3	1	6	24	1	1	41

TABLE VI—(Continued)

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically Handicapped	(7) Education- ally sub- normal (8) Mal- adjusted	(9) Epi- leptic (9)	Total 1—9 (10)
D. Number of Handicapped Pupils being educated under arrange- ments made under Section 56 of the Education Act, 1944:—						
(i) In hospitals ...	—	—	—	—	—	—
(ii) In other groups ...	—	—	—	—	—	—
(iii) At home ...	—	—	—	—	—	—
E. Number of Handicapped Pupils requiring places in Special Schools:						
(i) Total—	—	—	—	—	—	—
(a) Day ...	—	—	2	22	—	14
(b) Boarding ...	—	—	—	—	—	—
(ii) Number in E (i) above who have not reached the age of five years—						
(a) Awaiting day places ...	—	—	—	—	—	—
(b) Awaiting boarding places ...	—	—	—	—	—	—
(iii) Number in E(i) above who have reached the age of five years but whose parents had re- fused consent to their admission to Special School—						
(a) Awaiting day places ...	—	—	—	—	—	—
(b) Awaiting boarding places ...	—	—	—	12	—	12
F. Number on the register of Hospital Special Schools	—	—	—	2	—	—

TABLE VII.

I.—STAFF OF THE SCHOOL HEALTH SERVICE
(excluding Child Guidance)

Principal Schol Medical Officer: JOHN ALLAN GUY

Principal School Dental Officer: MICHAEL DESMOND McGARRY

			Number		Aggregate staff in terms of the equivalent number of whole-time officers
Medical Officers	...	...	2	...	0.35
General Practitioners working part-time	...	...	5	...	0.41
Dental Officers	...	...	3	...	2.9
Speech Therapists	...	...	1	...	1.0
School Nurses	...	...	32	...	2.5
Number of above holding H.V. Cert.			20	...	—
Nursing Assistants	...	...	—	...	—
Dental Attendants	...	...	3	...	2.90
Dental Anaesthetist (part-time)	...	...	2	...	0.18

II.—NUMBER OF SCHOOL CLINICS (i.e., premises at which clinics are held for schoolchildren) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics ... 3 + 2 Mobile Dental Units

III.—TYPE OF EXAMINATION AND/OR TREATMENT provided, at the School Clinics returned in Section II, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the Clinic.

Examination and/or treatment.	Number of School Clinics (i.e., premises) where such treatment is provided—	
	directly by the Authority.	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals.
(1)	(2)	(3)
A. Minor ailment and other non-specialist examination or treatment ...	—	—
B. Dental ...	5	—
C. Ophthalmic* ...	1	—
D. Ear, Nose and Throat ...	—	—
E. Orthopædic ...	—	—
F. Pædiatric† ...	—	—
G. Speech Therapy ...	8	—
H. Others (specify) ...	—	—

*Arrangements made with the Supplementary Ophthalmic Service are returned in Column (2).

†Clinics for children referred to a specialist in children's diseases.

IV.—CHILD GUIDANCE CENTRES.

Number of Child Guidance Centres provided by the Authority ... 1

Staff of Centres—	(a) Number.	(b) Aggregate in terms of the equivalent number of whole-time officers.
Psychiatrists ...	1	One session fortnightly.
Educational Psychologists ...	1	One session weekly.
Psychiatric Social Workers ...	Nil.	Nil.
Others (specify)		
Mental Health Worker ...	1	One session weekly

The Psychiatrist is made available by the Manchester Regional Hospital Board.