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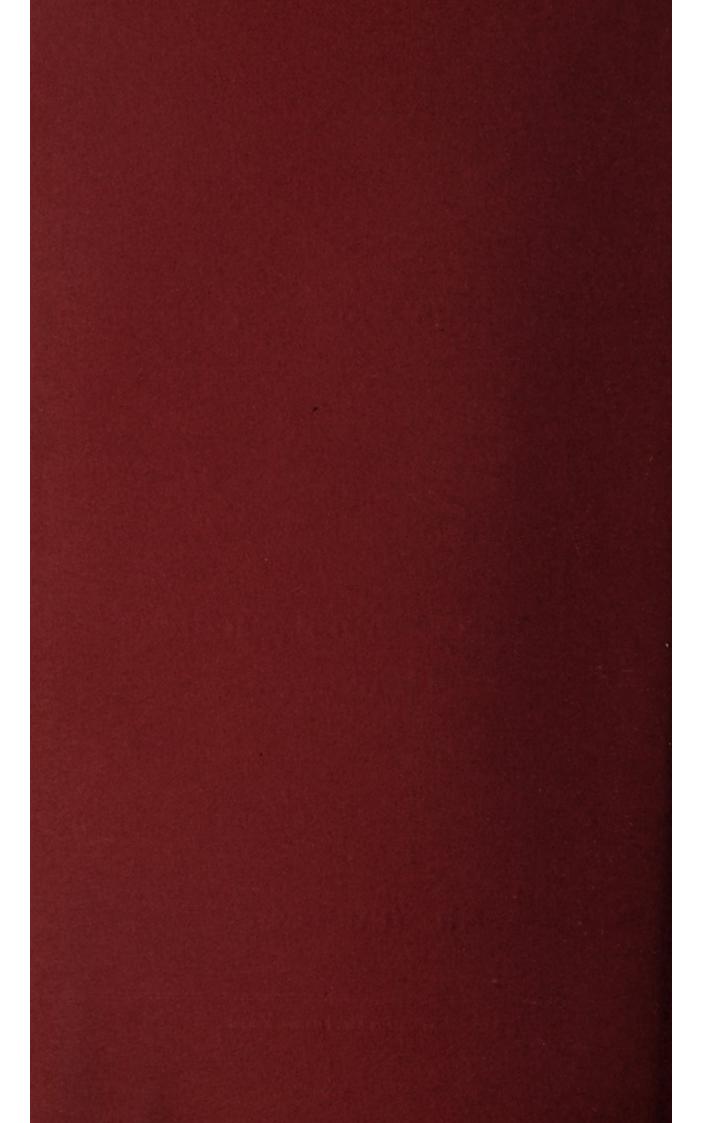
WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

of the

Principal School Medical Officer

THE YEAR 1959





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STAFF OF THE SCHOOL HEALTH SERVICE

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

School Medical Officer-R. J. K. Tallack, M.B., Ch.B., D.P.H.

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.
- G. Austin, B.DS.
- G. Hutton, L.D.S., (Commenced 1-6-59).

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 (Retired 31-8-59).

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

Dr. R. Douglas Young, Consultant Chest Physician, Lancaster and Kendal. (Commenced 1-9-59).

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

County Hall, Kendal.

September, 1960.

To the Chairman and Members of the Education Committee.

ANNUAL REPORT FOR THE YEAR 1959.

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 1959.

In penning a brief introduction to the Annual School Health report I am struck by the value of the "negative aspect" of statistics.

In this connection the number of school children whose general physical condition was found to be unsatisfactory has progressively declined from .8% in 1955 to .4% and this reflects the picture of the improved general wellbeing of youth of the county. Likewise there has been a small decrease in the number of children found to be verminous, another indication that we are getting away from the miseries of the war years.

The prophylactic campaigns against infectious disease continue as before.

My general impression in regard to the T.B. vaccination scheme is that fewer children have been found to give a positive reaction, indicating that the reservoir of infection may be lessening. This suggests that the anti-T.B. measures are gradually having an effect and that the disease is being slowly eradicated, at any rate in this county.

I am glad to report that there has been an improvement in the dental staffing of the services. We have now been fortunate in securing the services of a fourth Dental Officer and are now one of the few counties with a full complement of Dental Officers. It is to be hoped that with a full staff the ideal of annually inspecting the teeth of all school children in Westmorland is now within reach. The new equipment now provided in the surgeries should prove a help in treating the school children.

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 undesignated milk is again supplied to five maintained schools in the county, and the position cannot be regarded as entirely satisfactory 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 o		pplied.	No.	of Schools.
Tuberculin		ministration was	***	87
Pasteurised	military on	Chatten be		15
Ungraded	71.			5
			of Parts	
				107

Number of schools taking milk in bulk, 40.

Independent Schools.

Tuberculin	Tested	THE RESIDENCE		13
Pasteurised	Printer p	th or neadlish	20 1101	2
Ungraded	Mou si	llectomy and	interior an	1
Naumhan of	Sahaala	taleine mille	- l11-	10

Number of Schools taking milk in bulk 12

By arrangement with the Council's Sampling Officer, milk supplied to schools is submitted to bacteriological and pathological examination periodically and out of 57 samples taken nine were unsatisfactory. No sample was unsatisfactory on the Cavy Inoculation Test.

Infestation (Uncleanliness)

During the past year 20,872 examinations were carried out by the District Nurses, and the number of children found to be infested with lice or nits was 57 compared with 100 during the previous year.

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

	No. of examinations		o. of examinations No. of children			Per cent. of children		
Year.	for	uncleanlines	ss. fo	und unclea	n. fo	found unclean.		
1950	letota e	15,679		228		3.5%		
1951	alline as	22,254		168	100	2.2%		
1952		25,817		210		2.6%		
1953	dren re	26,673		177	dition	1.8%		
1954	Cilate	27,362		120	dvenear	1.5%		
1955	e	26,883	thousand no	98	Beergie	1.1%		
1956	n.end	24,789		81	S	1.0%		
1957	In.Pos	24,299	7	80	.,.	1.0%		
1958	s wifer	21,790		100	demiss as	1.4%		
1959		20,872		57		0.8%		

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

Both the number of pupils found unclean and the percentage are the lowest recorded since these statistics were first published in 1936.

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 15 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 101 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 1959 are as follows:—

		No. who had had tonsillectomy.	
Entrants	 849	63	7.4
Intermediate	 929	179	19.3
Leavers	 708	166	23.3
Others	 256	32	12.4

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 case as chronic otorrhoea, increasing deafness, infected sinuses. Ten cases were referred during the past year compared with eight in the previous year. The following list illustrates the type of case referred:—

Condition. No. of	childre
Defective hearing	5
Frequent cold, sinusitis and catarrh	3
Enlarged tonsils and adenoids with	
other symptoms	7

n referred.

Speech Therapy

Number of	children	who have	attended fe	or Speech	
Therapy	cuon. 57	(5) of the	tooth To	transia Contract	114
Number of	attendan	ces made	telgQotr	er a too	2,603
Number of	sessions	held	Markenittee	to 1	438

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 d	uring 1959	in Killenin	Liver	13
Number of attendances	exergisters	remedial	101 99	19
Number of Cases	ter of Ed	tondon for		15

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, skin disease is now seldom observed amongst school-chilldren in the County and such cases as do occur are dealt with by the family doctor; 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		Daily
		Ophthalmic examin-	time 1	Fortnightly
		ation		
		Speech Therapy	D	aily except Mon-
Friends' Meeting				days
House, Kendal		Child Guidance	labo	As required
U.D.C. Offices,				
Ambleside		Dental		As required
Old First Aid Post,				
Appleby		Dental		As required
Rugby Club,				
Kirkby Lonsdale	.,.	Speech Therapy		Weekly.

Orthopædic 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 35.

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

Westmorland County Hospital	165	Discages	370
Cumberland Infirmary, Carlisle	ved timons	As will b	71
Lancaster Royal Infirmary	oceur raio	Medical de	3

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 38, of whom 11 were recommended for admission to Special Schools for Educationally Subnormal Pupils, one for Physically Handicapped Pupils and one for Partially Deaf Pupils.

In addition three children were found to be ineducable and recommended for action under Section 57 (3), Education Act, 1944, and two under Section 57 (5) of the Act. Thirteen children were found on examination not to require education in a special school, and nine 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 reinforcing 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 twelfth 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	9)—Primary	6-1-18) 21			
Children	under 1 year of ag	ge	workdone		417
,,	aged 1—4 years				309
,,,	" 5—14 years				49
			Tot	al	775

Reinforcing doses :-

Chi	ldren	age	d 1-	4 yea	rs		solios	101		1.00	81
	,,			and the same of th			noiles				
											PRINCIPAL
								7	Cotal		721
											-
							Gran	d 7	Cotal		1,496

Ultra-Violet Ray Clinics

The only Ultra-Violet Ray Clinic operating in the County during the year was at Kendal, where 29 children made 134 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 ... 215

THE EDUCATION AREA

County of Westmorland :-

Area blo. amov	at five	504,917 acres.
Population (estimated mid-1959)	11 90 =	66,500
Estimated Product of 1d. Rate, 1959-60	20220	£3,227
Number of Schools-Primary	lours o	92
Secondary	less z	13
Nursery		
Special		1
Number of Pupils (31-1-59)—Primary	L. · · · L	6,191
Secondary	no be	3,750
Nursery	2000	54
Special		48
		or Educati
		10,043

TUBERCULOUS CONDITIONS IN SCHOOLCHILDREN

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

Beaumont Hospital, Lancaster	Ser volume	SAND BUG	1
Wrightington Hospital near Wigan	Hamilton March	Del cours	1

Now that non-pulmonary tuberculous conditions are dealt with by general surgeons and physicians and do not always come to the know-ledge 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. This scheme was extended by Circular 7/59 to include also pupils over the age of fourteen years who are still at school, college or university.

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, 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.

The following table gives details of the work done under the scheme during 1959:—

Number Skin Tested. 518	Found Positive.	Vaccinated.
No. of Concession, Name of Street, or other party of the Street, o		

POLIOMYELITIS VACCINATION

This work is carried out under the direction of the Local Health Authority, but is reported here as a big proportion 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. No further extension of the scheme was announced during the year, but as ample supplies of vaccine became available the main effort of the campaign was directed towards the giving of third doses to the 15—25 year old group and to those children whose names were registered late.

During the year a further 2,290 children reached the second dose stage (most children whose third dose was due had received it), a further 287 children had received their first dose and on 31st December, 1959, there remained only 287 children whose treatment had not commenced. These were mostly babies, and in all cases the consent had been received very recently.

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 cooperation in connection with the frequent visits to the schools to carry out the vaccination; without their ready forbearance the work would be impossible.

REPORT OF PRINCIPAL SCHOOL DENTAL OFFICER.

I have the honour to present the annual report of the School Dental Service for the County of Westmorland for 1959. The statistical table is to be found on page 20.

Staff. The appointment of Mr. G. Hutton, who took up duty on 1st June, again brought the dental staff to its full establishment and this position has been maintained, giving an overall wholetime equivalent of Dental Officers in post for the year of 3.6. This is a fractional improvement on 1958.

Miss S. Brockbank took up duty as a Dental Attendant on 1st June.

Dental Inspection and Treatment. Of a total of 9,870 school children in the county, 7,860 had a routine inspection during the year, i.e. 80% of the school population. This slight improvement on the previous year is another step towards the object of at least annual inspection for every child in the county. The other statistics show

a slight increase, apart from the number of fillings, but this is compensated for by an increase in the number of teeth filled.

Preventive Dentistry. The dental staff take every opportunity to emphasise to both parents and children the importance of diet and oral hygiene in the maintenance of a good dental state. The dental consent form issued to parents has been revised to stress the importance of oral hygiene, diet and regular dental attention.

During the year a circular from the Director of Education drew the attention of Headteachers to the undesirability of school tuck shops from a dental viewpoint. It cannot be stressed too often that the most potent causative agent of dental caries in children is the eating of sticky carbohydrates—sweets, biscuits, buns, etc., without some degree of immediate tooth cleansing, either by brushing, rinsing out with water, or the eating of detersive foods in the form of celery, raw carrot, or most popularly, apple.

Apart from diet and oral hygiene, the other, and from the point of view of the child population, more popular method of controlling dental caries, is the fluoridation of domestic water supplies. The experimental addition of controlled quantities of fluorine to drinking water in this county has been carried out for the past four years and it seems likely that the initial results will be available in the near future.

It is unfortunate that this measure has raised opposition in this country and, even more so, in countries where fluoridation is at present a really live issue. However, the objections raised appear to have no basis on either scientific fact, logic or common sense.

If the results from the experimental areas show, as they have done in North America, that fluoridation does reduce the incidence of dental caries without any untoward side effects, then its general non-introduction would appear to be a miscarriage of justice.

Clinical Accommodation. The Kendal Clinic was re-decorated during the year and the equipment brought up to standard. New equipment was installed in Appleby and some improvements made in the building there. The replacement of the older mobile dental clinic is planned.

These factors add up to improved treatment methods for the patients and improved facilities for the dental officers, both of which help in the expansion of our service.

With the widespread use of the high speed air turbine drill in general dental practice and in some local authorities, I feel that consideration should be given to its use in this county.

In conclusion, I wish to thank Dr. Guy for his support, the teaching staff for their generous co-operation and the dental staff for a year of continuous effort on behalf of the School Dental Service.

M. D. McGARRY, Principal School Dental Officer.

-mos at aim and STATISTICAL TABLES

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

	f Pupils spected	Physica Satisf No.	condition of actory % of Col. 2	Pupils Uns No.	Inspected satisfactory % of Col 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	76	76	100.0%	PH 10	Rollmosta on
1954	505	501	99.2%	4	0.8%
1953	268	268	100.0%	usp.de	rates thoras
1952	58	58	100.0%	ISO_ING	olies lo anite
1951	37	37	100.0%	meni-1	o-daring pushed
1950	34	34	100.0%	relev	ng out with w
1949	823	819	99.5%	4	0.5%
1948	106	106	100.0%	Talip U	Podi Tredy
1947	68	68	100.0%	child	wiew of the
1946	25	25	100.0%	ST THE	ental carios
1945	34	34	100.0%	giabba	sperimental a
1944 and earlier	708	705	99.6%	3	0.4%
Total	2742	2731	99.6%	11	0.4%

B.—PUPILS FOUND AT PERIODIC INSPECTIONS TO REQUIRE TREATMENT

Age Groups Inspected (By year of Birth)	vision	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1955 and later	Tall S Tebres	9	9
1954	9	31	38
1953	6	11	17
1952	3	4	6
1951	5	4	8
1950	1	plying 1 out	2
1949	39	39	76
1948	4	4	8
1947	4	4	7
1946	3	has a itages	4
1945	2	nevin al blood	3
1944 and earlie	r 30	13	42
Total	106	122	220

C.—OTHER INSPECTIONS.

Numbe	er of Special Inspections			59
	er of Re-Inspections	ND BY	MEDICAL DISPO	
	THE YEAR ENDI	PARE	SECURE OF SECURE	3,634
			Tre-t-1	0.000
NI NI	MEDICAL INSPECTIO		Total	3,693
				-
	TA	BLE D		
	INFESTATION	N WITH	VERMIN	
(1)]	Total number of examina	tions in	the schools by th	e
	school nurses or other	authoris	ed nersons	
				20,872
(II) To	otal number of individual	pupils 1	found to be infested	d 57
111) N	Number of individual p	upils in	respect of whon	n
	cleansing notices were	issued	(Section 54 [2]	
	Education Act, 1944		(0)	
	anchi Ores Mass	1		. 10
(iv) N	lumber of individual pu	ipils in	respect of whom	5.4
	cleansing orders were			
	cleansing orders were	issued	(Section 54 [3]	6 Eus-P
	Education Act, 1944		learing	Nil.
				0.0
		2		

C.--OTHER INSPECTIONS

PART II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1959.

A—PERIODIC INSPECTIONS.

	sols by the 8091	thecaphe	allenni	in milest above	to rad	count fets	T (i)	
372	20,5	ENTR.	ANTS	LEAV	ERS	Total (including other age groups)		
57	1950 beliefed 0501	Requ Treat- ment	iring Obser- vation	Requiring Treat- Obser- ment vation		Requi Treat- ment	obser- vation	
4 5	Skin S 48 .0	7	26	2	14 Table	ole:41sin	60	
	a. Vision b. Squint	17 12 1	34 31	30	52	106 23	176 45 5	
6	Ears— a. Hearing b. Otitis	2741	2	erew a	2.	cleansing	14	
7	c. Other Nose and Throat		30 3 161	1	3 13	4 9	45 3 259	
7 8 9	Speech Lymphatic	5 9	18	ATMEN	1	10	24	
10 11	Glands Heart Lungs	$\frac{2}{1}$	103 8 29	三	2 3 2	2 3 4	158 19 47	
12	Developmental— a. Hernia b. Other	2	9 38	_	2 7	2 3	13 83	
13	Othopaedic— a. Posture	100	8	-	14 15	4 12	53	
14	b. Feet c. Other Nervous system	7 2	56 47	6	23	20	131	
15	a. Epilepsy b. Other Psychological—		2 2	=	=	1	5 4	
	a. Develop- ment		10 12	-	2	17	25 29	
16 17	Abdomen Other		4 22	- 1	9	11	6 67	

TABLE A -EYE DISEASE II TRACTIVE VISION AND SQUINT

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1959.

B—SPECIAL INSPECTIONS.

			Requiring Treatment.	Requiring Observation.
Defe				
Code	No. Defect or Disease.	apect	its for whom	umber of pur
4	Skin		1	_
5	Eyes— 10 Promise	AND	-DISEASES	TABLE
	(a) Vision	Territ	22	1
	(b) Squint		CE TREATS	ENT
	(c) Other	.,. d	de importi lab	fumber of on
6	Ears—	-:	tive treatmen	eceived opera
6	(a) Hearing		. 1	3
	(b) Otitis Media		THE TO SSEED	(a) 101 (a)
	(c) Other	oi a.a.	nolds and el	bs_rol1(d)
817	Nose and Throat		1	2
8	Speech		2	1
9	Lymphatic Glands		1	seceived other
10	Heart		all we-	2
11	Lungs		_	_
12	Developmental—	and the		
	(a) Hernia	nwor	of pupils is	otal number
	(b) Other	n he	provided wil	3
13	Orthopædic-		etton (c.)	-:abin 41
2	(a) Posture		1959	ni (a)
11	(b) Feet		1	
	(c) Other	.,.	ac ancovard	2
11	Nervous System—	and 8	Surgical con	Manua 3
	(a) Epilepsy	DICE	ORTHOP	_ TABLE
	(b) Other	have	pile known to	umber of pu
215	Psychological—	wo to	of at clinics	desaT (a)
OTE T	(a) Development		_	1
	(b) Stability	1.10	Jeonte Ja de	3
16	Abdomen		as Incomp	e. Information
17	Other	onside	ably whiles in	the or on ture
Ho	mes or by general practitions	[2	6

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 squin	t
Errors of refraction, including squint	322
nollsviesdO Januarilo Dic INSPECTIONS. Total	322
Number of pupils for whom spectacles were prescribed	204
TABLE B.—DISEASES AND DEFECTS OF EAR, NO AND THROAT.	SE
Number of cases known to have been treated: Received operative treatment:—	a so
(a) for diseases of the ear	2
(b) for adenoids and chronic tonsillitis	81
(c) for other nose and throat conditions	18
Received other forms of treatment	20
Total	121
Total number of pupils known to have been provided with hearing aids:—	
(a) in 1959	2
(b) in previous years	11
TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTION Number of pupils known to have been treated:—	CTS
(a) Treated at clinics or out patient departments	479
(b) Treated at school for postural defects	7
Total	486

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

Number of cases known to have	oeen ti	reated.
Ringworm—(a) Scalp		- Carca.
(b) Body		
Scabies		
Impetigo		
Other skin diseases		
8 6 8 8 5073		
Total		
r offered treatment 2.53t		
TABLE E.—CHILD GUIDANCE TREATMENT	r	
Number of pupils know to have been seen at Child Guid	dance	
Clinics and the control of the c	b-MaR	15
	devote	10
TABLE F.—SPEECH THERAPY		
Number of pupils known to have been treated by SI	neech	
Therapists	, cccii	114
		111
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 un	don S	ah o a l
Health Service arrangements	der Se	1001
(c) Pupils who received B.C.G. vaccination	robA.	427
(d) Other:		421
1. Chest conditions		
2. Fractures and injuries		11
The same of the sa		13
included and Surgical condition	S	43
		494
	18 3	

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.

TABLE D.-DISEASES OF VI TRACIN (excluding Uncleanliness,

DENTAL INSPECTION AND TREATMENT.

(1)	Number	of chi	ldren who	were ins	pected h	y the	Auth	ority's
(1)		Officer		croof re	trnet Miss	12 (4) Ju		Ringr
		Periodi		office .	1000			7,860
	(b)	Special	ls				29	323
								9.100
	(c)	Total	(Periodic and	l Special	s)		ruble :	8,183
(9)	Number	found	to require t	reatment	ore pres			5,073
			treatment					4,248
			ly treated	D DEFE	CTS C.F		WO.SE	2,531
			ade by pupil	s for tre	atment	(includi	ing	
(0)			cases)			Suma		5,759
(6)	Half-day		Inspection	edventedr	84 \			
2010	devoted		Inspection			Total	Clini	1,155
	a) for e		Treatment		1,071			
		1	Permanent	Teeth	4,099			
(7)	Fillings	Aq p			known	Total	10.75	4,631
114	(c), for o		Temporary	Teeth	532			
(9)	Number	of (Permanent	Teeth	3,218			0
	teeth fill	7102 V 210	REATMENT	THERT	400	Total		3,710
		(Temporary		492)			
(0)	D 4 - 4		Permanent	Teeth	1,153	Total		2,957
(9)	Extraction	ons	Temporary	Teeth	1.804	Total	High	2,931
			time with \$10		rvice ar			
(10)	Admini	stratio	n of general	anaesthe	tics for	extracti	ons	703
(11)	Orthodo	ontics-	-					
	(a)	Cases A	commenced d	uring the	year			25
			carried forw			is year		24
			completed du discontinued	Total Control of the	The second second			11
	4 (100)		treated with	AND THE RESERVE			EXTE	23
		CONTRACTOR OF	able applian	A STATE OF THE PARTY OF				29
	(g)	Fixed	appliances fit	ted	disparés		97	1 -
	(h)	Total	attendances	discounts	observed			361
(12)	Numbe	r of pu	pils supplied	with ar	tificial d	entures	navia.	29
noitai	Inform	complete.	Permanent '	Teeth	677	sements		R.
TO PER LITTLE AND ADDRESS OF	Other	I nt n	tment carried	mant nothing	Dan sidel	Total	matte	1,574
	operatio	ns (Temporary	Teetn	897	e or by		

TABLE VI.—RETURN OF HANDICAPPED PUPILS.

Total 1 - 9	(10)	a		15	of the	(10)		1.5	30	13	
(9) Epi- leptic	(6)	1		11	on 57 (5	(6)			1	9 1 1 T	
(7) Education- ally sub- normal (8) Mal- adjusted	(8)	T Pi		1	r Section	(8)		111	1	2011	
(7) Educ ally norm (8) Mal- adju	(7)	00	,	13	pun pu	(2)		1	15	13	
(5) Delicate (6) Physically Handicapped	(9)	1		1	3), 3 ar	(9)		1	9	9 1 10	
(5) Delicate (6) Physical Handicappo	(5)	1		н) 25 nc	(2)		11	1	al I al	
Deaf Partially deaf	(4)	1		1	er Section 944, 2.	(4)		11	2	9 1 2	
(3) De (4) Pa	(3)	1		·	ar unde	(3)		11	2	8 1 2	
Blind Partially sighted	(2)	1		1	Calendar year under Section 57 (3), 3 and under Section 57 (5) of the Education Act, 1944, 2.	(2)		11	1	851	
(E) (S) (P)	(1)	1		T		E		11	5	8 1 0	
	In the Calendar Year:—	A Handicapped Pupils newly placed in Special Schools or Homes	B. Handicapped Pupils newly ascer- tained as requiring education	at Special Schools or Boarding in homes	Number of children reported during the	On or about 31st January, 1959:-	C. Number of Handicapped Pupils from the area—	(i) attending Special Schools as Day Pupils	Boarding Pupils	(ii) were on the registers of Independent Schools (under arrangements made by the Authority) Total (C)	

	Total 1-9 (10)	Saldu	lung.	111	Salaslo		Parist L
	(9) Epi- leptic (9)	ob I I	1 3	1 12 00	1 11		STATE TO
	(7) Education- ally sub- normal (8) Mal- adjusted (7) (8)		1 8	16			
	(5) Delicate (6) Physically Handicapped (5) (6)		I consider the state of the sta		1 11		Harbeygebbed (a) Lovinceso
TABLE VI-(Continued)	(3) Deat (4) Partially deaf (3) (4)	1 et m	Permane Tempora	THE REAL	1 1 532		(9) Deat (9)
	(1) Blind (2) Partially sighted (1) (2)	med	Permane Tempora Permane I B	The state of	3,218 1 11 492 11453 1 804	Togi	(3) Sendentia (3) Sendentia (4) Britania
		D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:— (i) In hospitals		(ii) Number in E (i) above who have not reached	the age of hye years— (a) A waiting day places (b) Awaiting boarding places (iii) Number in E(i) above	who have reached the age of five years but whose parents had refused consent to their	School— (a) A wa fitting day places (b) Awaiting boarding places

nil

F. Number on the register of Hospital Special Schools

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	terr	regate staff in ms of the equi- ent number of ble-time officers	1
Medical Officers			2		0.34	
General Practitions	ers working	part-	4		0.37	
Dental Officers			4		3.9	
Speech Therapists			1		1.0	
School Nurses			33		2.5	
Number of above h	olding H.V.	Cert.	22		_	
Nursing Assistants			-		_	
Dental Attendants			4		3.9	
Dental Anaesthetist	(part-time)		1		0.05	

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

... 9 + 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.

E	xamination and/or treatment	w	here such tre	Clinics (i.e., premises) atment is provided— under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals.
	(1)		(2)	(3)
A. :	Minor ailment and oth	ner		
	non-specialist examin	na-		
	tion or treatment			
B.	Dental		5	Output Officers
C.	Ophthalmic*		1	(-
D.	Ear, Nose and Throat		101	Bussell_Therapists
E.	Orthopædic		-	School-Russes
F.	Pædiatric†		h v= 1	
G.	Speech Therapy		8	
H.	Others (specify)		-	Nursi Assistants
*Ar	rangements made with	n the	Supplementa	ry Ophthalmic Service

Arrangements made with the Supplementary Ophthalmic 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	avai	lable by	the Manchester Regional

Hospital Board.