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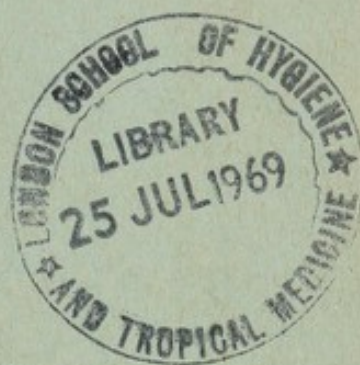
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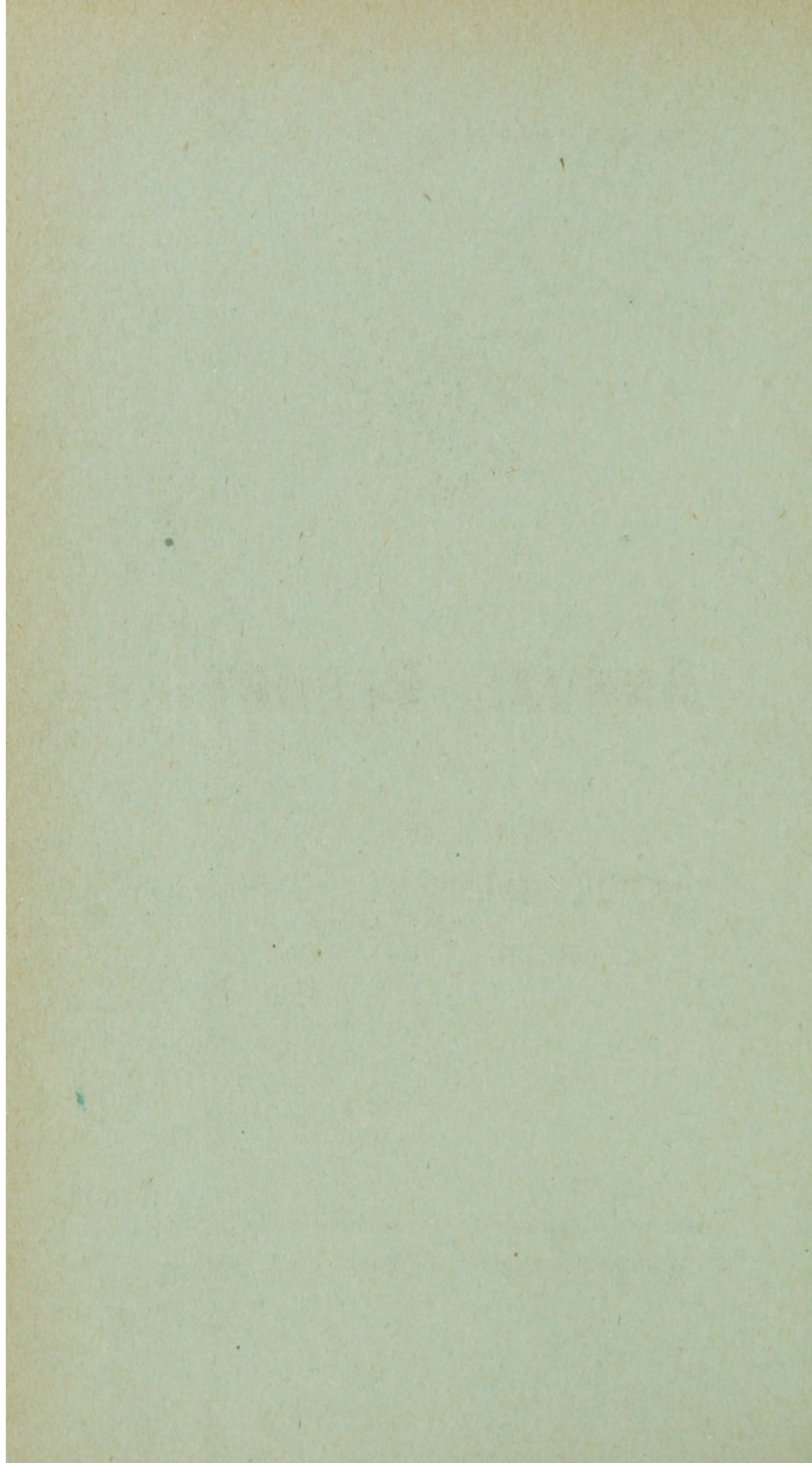
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COUNTY BOROUGH OF WIGAN



ANNUAL REPORT
OF THE
PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR THE YEAR 1955




COUNTY BOROUGH OF WIGAN



ANNUAL REPORT
OF THE
PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR THE YEAR 1955

Medical Officer of Health and Principal School Medical Officer

J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H.



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INDEX

	Page
Adenoids	11
Child Guidance	14
Children's Welfare Sub-Committee	3
Chiropody	15
Co-operation of Parents	19
" Teachers	20
" Voluntary Bodies	20
Co-ordination of Local Health Services	7
Cost of the School Health Service	9
Dental Service	21
Diphtheria Immunisation	16
Ear Defects	11
Education Committee	3
Employment of Children and Young Persons	20
Eye Diseases	11
Handicapped Pupils	17—19
Hospital Service	15
Infectious Diseases	15, 16
Introduction	5, 6
Medical Inspection	10
Minor Ailments	12
Nursery Classes	9
Orthopædic Defects	11
Orthoptic Service	12
Physical Education	21
Primary Schools	9
Provision of Meals and Milk	20
School Accommodation	9
Secondary Grammar Schools	9
Secondary Modern Schools	9
Skin Diseases	11

INDEX (continued)

	Page
Specialist Service	15
Speech Therapy	19
Staff	4, 7
Tonsils	11
Treatment of Minor Ailments	12
„ Visual Defects	12
„ Uncleanliness	12, 13
„ Orthopædic Defects	13
„ Tuberculosis	14
Work of the School Nurses	19

APPENDIX :

Table I. No. of Children Inspected at Primary and Secondary Schools ...	22
„ II. Classification of the General Condition of Pupils Inspected ...	23
„ III. Treatment of Minor Ailments (excluding Uncleanliness) ...	23
„ IV. Treatment of Defective Vision and Squint (excluding Minor Eye Defects, treated as Minor Ailments)	24
„ V. Treatment of Defects of Nose and Throat	24
„ VI. Orthopædic Clinic : Orthopædic and Postural Defects ...	25
„ VII. Classification of Consultations and Treatment :	
Central Clinic	25, 26
Pemberton Clinic	27
„ VIII. Uncleanliness and Verminous Conditions	28
„ IX. Dental Inspection and Treatment	29

COUNTY BOROUGH OF WIGAN

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Vice-Chairman :

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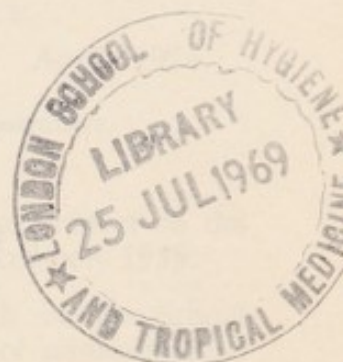
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Other Members :

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SCHOOL MEDICAL STAFF

1955

Principal School Medical Officer :

J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H.

School Medical Officers :

JANE T. GILMOUR, M.B., Ch.B., D.P.H.

RODERICK McL. BAIN, M.B., Ch.B., D.P.H.

Orthopædic Surgeon :

*MARGUERITE F. JOHNSTONE, M.B., Ch.B.

Orthopædic Nurse :

*Mrs. H. JORDAN

Principal Dental Officer :

C. F. L. PURSLOW, L.D.S., R.C.S. Eng.

Dental Officers :

L. B. HALL, L.D.S. (Liv.)

INA F. JONES, L.D.S., R.C.S. Eng. (from 1st October)

Orthodontic Service :

*A. G. BATTEN, L.D.S., R.C.S. Eng.

Speech Therapy Service :

*F. KAY, *Mrs. M. INGAMELLS (to 31st May)

Miss J. A.W. KAY, L.C.S.T. (from 1st September)

Chiropody Service :

*R. S. JOHNSON, M.Ch.S.

School Nurses :

E. GEE, A. M. KEENAN, B. NICHOLSON, M. PEET, E. E. SMITH

Dental Attendants :

E. CHADWICK, N. PRICE

Clerks :

D. JONES, H. HARTLEY (Dental Clerk), M. TAYLOR (to 30th June)

D. MOYERS (from 8th August)

* Denotes Part-time Officer

PRINCIPAL SCHOOL MEDICAL OFFICER'S ANNUAL REPORT FOR 1955

HEALTH OFFICE,

WIGAN. April, 1956.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit for your consideration my report on the work of the School Health Service for the year ended December, 1955.

The service has continued to safeguard the health of the school children throughout the year, with only minor changes of administrative character.

During the year we recruited an additional Dental Officer, Mrs. Ina F. Jones, L.D.S., R.C.S. (England). This appointment has enabled full use to be made of the dental suite attached to Pemberton Primary School for the first time since the equipment was installed, and one felt that, at last, the priority dental service was equal to the task awaiting it.

It was also our good fortune to obtain the services of Miss J. A. W. Kay, L.C.S.T., as full-time speech therapist, and following this appointment much preliminary work was done in laying the foundations of a full-time service to augment the work of the part-time therapist, who has so successfully filled the gap in our service for the past six years.

The general condition of the children has been maintained, and perhaps it is a reflection of the existence of full employment in the Borough that fewer children have been recommended for free school meals.

The standard of clothing and footwear continues to improve steadily, and unsatisfactory personal cleanliness has ceased to be a major problem amongst the children, although a small percentage are still infected by head lice. The main problem here is undoubtedly reinfestation from other and older members of the family who are not attending school, and one can only ask for better parental co-operation and hope that fashion's decree will ensure that the adolescent elder sister will adopt some easily handled hair style, rather than the extensively permed head which seems to be left undisturbed for periods and is thus prone to infestation.

It is interesting to note that in spite of the provision of a comprehensive free Health Service we are still finding that over 19 per cent. of children seen at periodic medical inspection have defects requiring treatment. Some doubts have been expressed recently concerning the value of these examinations, but it is certain that many conditions amenable to preventive or early treatment would be missed if medical inspections were discontinued.

Behaviour problems and other minor mental aberrations are relatively common amongst children, and a periodic medical examination enables doctor, nurse and parent to discuss such problems freely and enables valuable advice to be given in the early stages, when its application will be most effective.

Attendances at minor ailment clinics showed a slight reduction on figures for the previous year, but perhaps the run of extremely good weather during the long summer had a beneficial influence on the host of minor septic skin conditions which make up a considerable proportion of the work.

One case of poliomyelitis occurred during the year in a primary school child. All reasonable precautionary measures were taken to limit the spread of infection and no further cases were notified.

No case of Diphtheria was notified, and in this respect it is pleasing to note that the last notified case in a school child occurred in 1948 and the last death from this disease was in 1943, a striking testimony to the efficiency of immunisation against this dreadful disease. No effort has been spared to maintain the level of immunisation in the child population, and I would again seek the co-operation of parents in consenting to the protection of their children, so that we may keep Diphtheria out of Wigan.

Friendly co-operation has been maintained with the hospital and general practitioner services. An especially strong link has been forged with the paediatric clinic at the Royal Albert Edward Infirmary. Our thanks are due to the paediatrician and his staff for their interest and co-operation. The ear, nose and throat department also deserves special mention. The real waiting list for operations for non-urgent tonsil and adenoid cases has, during the year, been reduced from 391 to 347, and I am informed that during the first quarter in 1956 a further reduction has taken place. On the 19th February there were 257 cases on the list, the normal waiting period for non-urgent cases being approximately seven months, a considerable improvement having been achieved over the previous two or three years.

We are still served by a dual Orthopaedic service, a system which occasionally leads to some confusion but does not operate to the detriment of the children, and I would like to thank the Orthopaedic surgeons of Wigan Infirmary and their staffs for their co-operation during the year. Details of the service operating from the Millgate Clinic appear elsewhere in the report.

The ascertainment and placing of handicapped children has been vigorously pursued. The policy of the Department is to recommend that all handicapped children should, wherever possible with the co-operation of the teaching staff concerned, be educated in ordinary schools. Only in the last resort, and in the interests of the child or his schoolmates, is it recommended that special school education is essential. Even so, the continuing need for a day special school for educationally subnormal children is apparent. During the four years 1952 to 1955, 76 children were ascertained as needing special educational treatment, and of this number 9 were actually admitted to special schools for educationally subnormal children. There are at present no special classes in Wigan for educationally subnormal children and the difficulties in the way of providing these are many. The overall numbers of educationally subnormal children are relatively small in a population of some 83,000, and the age range is wide. A further complication occurs when religious denomination has to be taken into account. At the present time it would appear that we shall have

to be content with the classes which exist in most primary schools to accommodate the more retarded children. Perhaps when the "bulge" has worked its way out of the school system, it may be possible to make extra provision.

Mr. Purslow, the Principal School Dental Officer, has contributed an account of the work done in his surgeries during the year, and it is hoped that with increased staff the year 1956 will see a significant expansion of the valuable preventive dentistry achieved therein.

My thanks are due to the several full and part time officers who have provided material for inclusion in this report, and I should again like to place on record my appreciation of the high standard of work performed by the school medical and dental officers, by the part-time consultant orthopaedic and orthodontic surgeons, and by the nursing officers and ancillary staff of the Department.

I would also thank the Director of Education and the teaching staff of the schools, without whose co-operation our work could not be successfully carried out.

Finally, I must acknowledge with thanks the help of the Chairman and Members of the Children's Welfare Sub-Committee, whose enthusiasm has been an inspiration to the Department during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. HAWORTH HILDITCH,

Principal School Medical Officer.

STAFF CHANGES

Dentist : Mrs. Ina F. Jones joined the staff on the 1st October, 1955.

Speech Therapist : Mrs. M. Ingamells resigned on the 31st March, 1955, and her successor, Miss J. A. W. Kay, commenced duty on the 1st September, 1955.

Clerks : Mrs. M. Taylor resigned on the 30th June, 1955, and the position was filled by Miss D. Moyers from the 8th August, 1955.

CO-ORDINATION

Liaison with the Hospital Services and other Local Authority Health Services is achieved in the following manner :—

The Principal School Medical Officer is also the Medical Officer of Health. One Assistant Medical Officer of Health holds appointments in both the School Health Service and the Maternity and Child Welfare Service.

The Medical Officer of Health is also the executive officer for the Council's function under the National Assistance Act, 1948, including provision of aid for the handicapped and the work amongst homeless and problem families. He is also in administrative charge of the Children's Department, thus a useful degree of liaison is obtained with all the services of the Council which affect the welfare and health of children, and this without the inevitable overlapping which occurs when the three or four departments are distinct.

None of the School Nurses possess the Health Visitor's Certificate, so no joint Health Visitor/School Nurse appointments have been made. No change can be anticipated in this direction until the acute national shortage of Health Visitors is overcome. Friendly co-operation between Health Visitors and School Nurses ensures that the service does not suffer.

During the year every effort has been made to preserve the good relationship which exists between the assistant medical officers of the School Health Service and the general practitioners in the town. Their co-operation is essential to the welfare of the children in our care.

Co-ordination has also been maintained with the hospital services and the County Health Services. A Liaison Committee at officer level holds regular meetings.

A Health Visitor attends the Pædiatric Clinic at Wigan Infirmary and brings to the notice of the Consultant the social background and environment of the children from the Borough who are attending. She arranges to visit the home in necessitous cases and is available to advise the parents as to the best way of carrying out the treatment indicated by the pædiatrician.

The E.N.T. Surgeon passes to the School Health Service regular information on children receiving operative treatment or being placed on the waiting list.

Many children are referred for Orthoptic treatment.

Interchange of information concerning children upon discharge from hospital has been established subject to certain limitations designed to protect the doctor/patient relationship. So far as the scheme goes, it is extremely useful to ensure that maximum information is available on which to base decisions which might influence the child's future education and prospects in later life.

CLINICS

Central Clinic, Millgate, Wigan :—

Minor Ailments Clinic	.....	Monday afternoon, Tuesday, Wednesday, Thursday, Friday and Saturday mornings.
Ophthalmic Clinics	.....	Tuesday and Thursday mornings, by appointment.
Speech Therapy Clinic	.....	Tuesday and Friday, all day.
Chiropody Clinic	.....	Tuesday afternoon.
Orthopædic Clinic	.....	Monday, Wednesday and Thursday, all day.
		Orthopædic Specialist attends every alternate Monday morning.
Dental Clinic	.....	Each afternoon.

Pemberton Clinic, 15 Billinge Road, Pemberton :—

Minor Ailments Clinic	.....	Monday, Wednesday and Friday mornings.
Speech Clinic	.....	Tuesday and Wednesday, all day.

Pemberton Primary School, Schoolway, Pemberton :—

Dental Clinic	Tuesday and Thursday mornings.
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COST OF THE SCHOOL HEALTH SERVICE

I am indebted to the Borough Treasurer for the following :—

The rateable value of the Borough on 1st April, 1955, was £504,033.

The gross cost of the School Health Service for the twelve months ended 31st March, 1955, was £13,208 1s. 8d., compared with £11,973 10s. 7d. in the preceding year. The Government Grant was £7,924 17s. 0d. and income from other sources was nil, hence net cost was £5,283 4s. 8d.

The cost of the Service per child was 18s. 8.80d. gross and 7s. 5.92d. net, and the cost expressed in the terms of a penny rate was 6.29d. gross and 2.52d. net.

SCHOOL ACCOMMODATION AND HYGIENE

Number of Schools and Children

Primary Schools

	No.	Departments	No. on Rolls	Average attendance
County Schools	5	9	1890	1730
Voluntary Schools	20	42	6587	5948
	25	51	8477	7678

Secondary Modern Schools

	No.	Departments	No. on Rolls	Average attendance
County Schools	3	4	1392	1259
Voluntary Schools	5	7	2050	1877
	8	11	3442	3136

Secondary, Technical and Grammar Schools

The Grammar School has 512 pupils on roll, and the High School has 477.

The Thomas Linacre School has 570 pupils on roll.

There is one direct-grant secondary grammar school in the town, viz., the Notre Dame High School.

Nursery Classes

Children between 3 and 5 years are admitted to Warrington Lane County and St. Thomas's C.E. Schools, which have the only Nursery Classes in the borough.

The children in these classes are subject to examination on entry and share all other facilities of the School Health Service.

MEDICAL INSPECTION

The periodic medical inspection of three age groups continued throughout the year. The number of children inspected and found to require treatment (excluding Uncleanliness and Dental Diseases) were as follows :—

Group	Number Inspected	Found to require treatment	Percentage
Entrants	1647	293	17.78
Second Age Group	1348	261	19.36
Third Age Group	952	188	19.74
Total (prescribed Groups)	3947	742	18.79
Other Periodic Inspections	154	43	27.92
Grand Total	4101	785	19.14

Details of defects found, etc., are given in Table III, page 23.

During the year, 259 Scholarship children were examined.

FINDINGS OF MEDICAL INSPECTION

The general condition of the children in all the three age groups is satisfactory. This is well shown by the fact that over 94 per cent. of them are assessed as normal or better than normal, and only a very small proportion (.56 per cent.) as being below normal. The provision of milk and meals in schools has no doubt been a very important factor here. A small number of children have been recommended to have free meals when their general physical condition seemed to warrant this and family finances are inadequate to support the modest charge.

The condition of the pupils has been assessed in three broad categories—

- (A) Good.
- (B) Fair.
- (C) Poor.

It will be seen from Table II (page 23) that in all age groups the percentage in the three categories is as follows :—

- (A) 4.85 per cent.
- (B) 94.59 per cent.
- (C) 0.56 per cent.

Whilst Class (B) is taken as the normal for the town, Class (C) means generally that the child should be kept under observation and steps are taken to obtain whatever treatment is considered necessary to improve the general condition.

Ear, Nose and Throat Defects

Ear Diseases and Defective Hearing.—At routine medical inspection, 55 children were found to be suffering from ear trouble of various kinds; 34 had discharging ears. No attempt has been made to use Mass Audiometer Testing, but individual children are tested by pure tone audiometry.

Tonsils and Adenoids.—100 children were found at routine medical inspection to require treatment, and 68 required to be kept under observation. 388 received operative treatment during the year. Details are given on page 24 (Table V).

Co-operation with the E.N.T. Consultant at the R.A.E. Infirmary is very satisfactory and we regularly receive lists of the names of children who have been asked to attend for treatment and also of those who have had operative treatment. The waiting time for non-urgent cases decreased slightly during the year and is now about seven months. On the 31st December, 1955, some 347 children, County and Borough, were awaiting operative treatment.

For these figures I am indebted to Mr. T. W. Hurst, Secretary of the Wigan and Leigh Hospital Management Committee.

Eye Diseases — Visual Defects

Eye Diseases.—21 children were found to be suffering from external eye disease, mainly conjunctivitis and blepharitis.

562 cases were found to have defective vision and squint.

Details of cases examined and the numbers for whom glasses were prescribed are given on page 24 (Table IV).

Skin Diseases

30 cases of skin disease were found at routine medical inspection, including 2 cases of Ringworm.

Orthopædic Defects

At the routine medical inspection 214 cases were revealed. 119 were referred to the Orthopædic Clinic for treatment and 95 are under observation.

Details of attendances at the Orthopædic Clinic are given in Table VI on page 25.

COLLEGE ENTRANTS

41 candidates for admission to various Training Colleges were medically examined during the year.

SUPERANNUATION

10 employees of the School Meals Service were medically examined for superannuation purposes.

ARRANGEMENTS FOR TREATMENT

Arrangements to secure the availability of comprehensive free medical treatment, other than domiciliary treatment, for pupils for whom the Authority accepts responsibility included the following :—

Minor Ailments : School Clinics.—The two School Clinics at Millgate and Billinge Road, Pemberton, have been open daily during the school days and during the school holiday periods for treatment of minor ailments and the carrying out of special examinations.

During the year, 7,033 attendances were made in 303 sessions at the Central Clinic, and 1,330 attendances were made in 123 sessions at the Pemberton Clinic—an average of 23 children per session at the Central Clinic, and 11 children per session at Pemberton Clinic.

	1954	1955
No. of children attending	2,114	1,963
No. of attendances	8,859	8,363
Average No. of attendances per child	4.2	4.3

At the School Clinics special examinations of children referred by school nurses, teachers, parents and Attendance Officers are carried out by the School Medical Officers in addition to the treatment of minor ailments.

The School Nurses attend to cleansing the heads of children referred to the Clinic for this purpose.

Detailed particulars of minor ailments treated, and the means by which Treatment was obtained, are given in Table VII, pages 25, 26 and 27.

Treatment of Visual Defects.—Children suspected of having defective vision are examined by Dr. J. T. Gilmour, School Medical Officer at the Clinic, and glasses are prescribed where necessary. All children who are known to have visual defects are re-examined annually.

The medical and lay staff of the Royal Albert Edward Infirmary ophthalmic unit have been most helpful and co-operative.

Orthoptic Service.—32 school children have been referred to the Wigan Infirmary to benefit from the orthoptic exercises provided there.

Uncleanliness.—Arrangements for head inspections have continued as in previous years. Details are to be found on page 28 (Table VIII).

The following scheme has been in operation during the year :—

- (1) Complete survey by a School Nurse of each school as soon as possible after term begins.
- (2) Children found to be harbouring live vermin are excluded from school and attend the Clinic every day until quite clean. They are then re-admitted and directions given to the parents to keep them clean.

- (3) In the case of children with nits only, notices to parents are sent in the usual way with instructions as to the best method of getting rid of nits. The children are seen by Nurses at intervals of three or four days until quite clean. Notices to parents are repeated in cases where nits are still present.

Great efforts have been made to apply the scheme thoroughly, and the results have been very gratifying.

The total number of first examinations of children was 12,070, and of these, 467 had pediculosis of the head (i.e., lice or nits present).

At the final inspection the number of children with nits was 257.

At the first examination the percentage of infested children was 3.87 and at the final inspection the percentage had been reduced to 2.12.

We ask for greater understanding and co-operation from the parents. Many teachers are keenly interested in this important work, and the help they give to the nurses is very valuable. Many children, after being freed from nits and lice at the Clinic, or by carrying out the Medical Officer's advice, became re-infested in their homes.

Orthopædic Service.—The orthopædic scheme, operated jointly with Lancashire County Council, has continued to operate throughout the year, the Surgeon attending two Sessions per month and the Orthopædic Nurse attending six sessions per week.

The number of school children treated at the Orthopædic Clinic during 1955 was 274.

These cases are divided into three groups :—

- (1) Congenital deformities.
- (2) Acquired deformities.
- (3) Deformities secondary to infectious diseases as in Poliomyelitis, septic joints and Tuberculosis.

The treatment of congenital defects starts in infancy in the department and is continued until school-leaving age if necessary.

Acquired defects include Flat Feet, Knock Knee and postural defects which are grouped into special classes for specific exercises each week.

Hydrotherapeutic treatments are carried out at the Wigan Baths each week. These treatments are giving great pleasure to the more seriously handicapped children as this is the only physical field in which they can compete with normal children. The tonic effect of learning to swim contributes to the free movement of the weak or wasted muscles which is the main objective.

The kindly co-operation of the Baths Superintendent and his Staff has succeeded in surmounting the very natural difficulties that must arise in using the public baths for this purpose.

Children are sent to the Hospital School at Biddulph for operative treatment under Sir Harry Platt.

Further advice and special follow-up treatment is obtained from Sir Harry Platt's unit at the Royal Infirmary, Manchester, when necessary.

Two Orthopaedic Consultants and a comprehensive department are available at the R.A.E. Infirmary, to which general practitioners of the town invariably send their child orthopaedic cases to sit amongst the many adult cases awaiting specialist advice. There seems to be some overlapping in the orthopaedic services provided in the Borough, and one would like to see all children of school age and below attending for out-patient orthopaedic consultations at the Health Centre, Millgate, where a considerable amount of remedial physiotherapy is carried out.

Tuberculosis.—Six children were referred directly from the School Clinic for an opinion to the Chest Clinic. None of these was found to be Tuberculous.

Altogether five Wigan children were notified cases of Tuberculosis during the year, two being non-pulmonary in character. Two of the three pulmonary cases were picked up as a result of Mass Miniature Radiography.

Arrangements for treatment are now in the hands of the Regional Hospital Board, the School Health Service being responsible for adequate after-care and reference to Special Schools if necessary.

B.C.G. Vaccination.—All child contacts of known tuberculous cases are referred to the Consultant Chest Physician for diagnostic jelly or Mantoux testing. B.C.G. vaccination is offered to those cases where it is considered that its administration would be of value.

No comprehensive scheme for the mass vaccination of school-leavers has been put forward as the present medical strength in the department is insufficient to ensure its successful continuance.

Arrangements have been agreed whereby all personnel of the School Meals Service and School Caretakers are subject to X-ray examination as a preventive measure. Unfortunately, this does not extend to teachers already in post, but all new entrants to the profession are screened.

Child Guidance, 1955

Number of Cases referred	5
--------------------------------	---

Sources of reference :—

School Medical Officer	2
------------------------------	---

Court Magistrates	3
-------------------------	---

Interviews held :—

Alder Hey Children's Hospital, Liverpool	1
--	---

R.A.E. Infirmary, Wigan	3
-------------------------------	---

Calderstones Mental Hospital	1
------------------------------------	---

Results :—

(1) Treatment at Clinic recommended	1
---	---

(2) Diagnosed with advice	4
---------------------------------	---

Special Therapy.—For details, see Handicapped Pupils (k), page 19.

CHIROPODY

I am indebted to Mr. R. S. Johnson for the following report :—

1955 has again been a busy year, with fairly good attendance.

Children do not, however, respond to cards calling for re-inspection. It is felt that an occasional check in the schools would discover many cases in an early stage. This would assist a speedy recovery.

A recent check of shoe sizes revealed many faults. A continuance of this, with relevant advice, will prevent many deformities in later life.

In short, there is a great deal yet to be done in 1956.

No. of attendances by Chiropodist	45
No. of Patients	293
No. of Treatments	508

ANALYSIS OF CASES, 1955

Verrucae Pedis	190
Heloma Durum	30
Pronation	15
Hallux Valgus	4
Onychocryptosis	15
Miscellaneous	39

HOSPITAL AND SPECIALIST SERVICES

There have been no material changes to Hospital and Specialist Services available for children since my last report.

INFECTIOUS DISEASES

There were no notified Diphtheria cases, and Scarlet Fever and Measles amounted to 22 and 485 cases respectively.

There were also 32 cases of Whooping Cough, 1 of Pneumonia, 4 of Dysentery and 1 of Food Poisoning.

There was one confirmed case of Poliomyelitis in the school population.

Due to the difficulties attending early diagnosis, notification of this case was delayed for several days after the onset. Immediate investigation was commenced at the Primary school involved, when it was apparent that seventeen of the children in the same age group as the case and in other age groups were suffering from an acute gastro intestinal condition, characterised by pyrexia, sore throat, diarrhoea and vomiting. The condition seemed to clear under simple treatment in about four days. It became necessary for the medical staff of the department to visit each child who was off school due to illness with consultation with the family doctor to decide whether we were dealing with early abortive or non-paralytic poliomyelitis or whether, in fact, the gastro intestinal upset was a separate clinical entity.

Laboratory investigation disclosed no causal organisms, but, on the other hand, no further cases of poliomyelitis were confirmed amongst the children or their contacts.

The original case developed a paresis of certain leg muscles, but after physiotherapy and hydrotherapy in the Department was discharged as completely recovered.

As chicken pox, mumps, influenza, etc., are not compulsorily notifiable, the total number of cases is not known.

Cases of smallpox, scarlet fever, diphtheria and enteric fevers are notified by general practitioners in the usual way, and are visited by the Sanitary Inspectors of the Health Department. The Medical Officer of Health is not now primarily responsible for the admission to hospital of infectious cases. Where the social circumstances indicate that admission to hospital is required to prevent spread of the disease, consultation with the family doctor rarely fails to enlist his co-operation in arranging the patient's admission.

It is compulsory to notify cases of measles and whooping cough. All cases are visited by the School Nurses.

The extensive use of antibiotics has greatly simplified the treatment of Scarlet Fever, once the commonest cause of admission to infectious disease hospitals, and it is quite exceptional to admit a case now, even for social reasons.

A printed table of minimum periods of exclusion for various diseases has been prepared by the Principal School Medical Officer and copies supplied to the Health Department, Education Committee, Head Teachers and Welfare Officers.

Exclusion certificates are issued for definite periods or until the child is fit, when a re-admission certificate is given.

No child who has been suffering from an infectious disease must be re-admitted to school before a re-admission form or medical certificate of fitness from a private practitioner has been received.

There is complete co-ordination between the School Medical Service and the Health Department in the control of infectious diseases. The Medical Officer of Health informs the Head Teacher of all cases notified by medical practitioners, and exclusion certificates are sent to them.

Diphtheria Immunisation.—Protective inoculation against Diphtheria is offered free, and the written consent of the parents is obtained before any child is immunised. Consent forms have been issued on several occasions to each child to take home to his parents for signature, and the Head Teachers have been asked to co-operate in advising parents to have their children inoculated. Other forms of propaganda have been carried out in conjunction with national campaigns.

Where numbers warrant such action, immunisation sessions are undertaken in schools as well as at clinic premises.

No. of children who received first injection	.....	354
No. of children who received second injection	.....	302
No. of children who received reinforcing injection	.....	993

HANDICAPPED PUPILS

Ascertainment of handicapped pupils has continued throughout the year.

Many handicapped pupils are found during the first periodic medical inspection, and others are brought to the notice of the Department by teachers or parents. A proportion are discovered prior to their admission to school whilst attending Welfare Clinics, and the close liaison which exists between the School Health and Maternity and Child Welfare Service ensures that these children are guided early into the educational channels which will be of most benefit to them.

One feature of the service is that should the child be so incapacitated as to be unable to attend the School Clinic, arrangements are made for the School Medical Officer to visit the home in conjunction with the Family Doctor who is attending, thus first-hand information of the child's previous history is obtained.

Lack of suitably qualified personnel has prevented any survey of minor degrees of deafness in school.

Particulars of the numbers of handicapped children ascertained during the year and the numbers attending Special Schools are as follows :—

	Number admitted	Number attending
(a) Blind Pupils.		
Number ascertained : Nil.		
St. Vincent's School for the Catholic Blind and Partially Sighted, Liverpool	—	1
(b) Partially Sighted Pupils.		
Number ascertained : Nil.		
Special School :—		
St. Vincent's School for the Catholic Blind and Partially Sighted, Liverpool	—	2
Institute for Blind Welfare and School for Partially Sighted, Preston	—	1
(c) Deaf Pupils.		
Number ascertained : 1.		
St. John's Institution for Deaf and Dumb, Boston Spa	—	4
Thomasson Memorial School for the Deaf, Bolton	1	5
Royal Residential School for the Deaf, Man- chester	1	2

(d) **Partially Deaf Pupils.**

Number ascertained : Nil.

Liverpool School for the Partially Deaf, Birkdale, Southport	—	1
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(e) **Delicate Pupils.**

No. of children ascertained during 1955	7
No. of children admitted to Special Schools, as under	7
St. Dominic's Open Air School, Hambledon	2
St. Catherine's Home, Ventnor	3
Brentwood School of Recovery, St. Leonards	1
Pilgrim's School, Seaford	1

(f) **Diabetic Pupils.**

No cases were revealed during the year.

(g) **Educationally Sub-normal Pupils.**

No. of children examined during the year	25
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The following recommendations were made :—

Reported to the Local Authority for the purpose of the Mental Deficiency Acts, in accordance with Section 57 of the Education Act, 1944.

(a) Under Sub-section 3	6
(b) Under Sub-section 5	8
Admission to Special Schools	4
Admission to Special Class in Ordinary School	7
Total number of children actually admitted to Special Schools for Educationally Sub-normal Pupils during 1955	2
Total number of children attending Special Schools	12

(h) **Epileptic Pupils.**

Number ascertained : Nil.

	Special Schools	
	Number admitted	Number attending
St. Elizabeth's Home for Epileptics	—	2
Lingfield Epileptic Colony, Surrey	—	1

(i) **Maladjusted Pupils.**

Number ascertained as requiring treatment : 1.

Cases are referred to the Child Guidance Clinic for advice and treatment.

	Special Number admitted	Schools Number attending
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(j) **Physically Handicapped Pupils.**

Number ascertained : 2.

Queen Elizabeth's Training College, Surrey	1	2
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(k) **Pupils Suffering from Speech Defect.**

Mrs. Ingamells gave four sessions per week to the treatment of children with Speech Defects until she left the service on the 31st May. Her successor, Miss Kay, commenced duty as a full-time Speech Therapist on the 1st September.

Mr. Kay continued to give four sessions per week throughout the year.

During the year 300 cases made 3,102 attendances.

WORK OF THE SCHOOL NURSES

During the year the School Nurses have carried out the following number of visits :—

	1954	1955
No. of visits paid to homes for following up of cases	1,891	2,115
„ visits paid to schools in connection with general cleanliness	88	105
„ children inspected for general cleanliness.....	11,281	12,070
„ visits paid to schools for re-inspection for general cleanliness	437	378
„ children re-inspected for general cleanliness	37,455	35,558
„ visits to schools for Infectious Diseases	1	1
„ children inspected for Infectious Diseases.....	102	26
„ visits paid to schools for other purposes	111	98
„ visits paid to homes for Infectious Diseases	283	683
„ visits paid to schools for Medical Inspection	207	241
„ visits paid to schools for Inoculations	22	26
„ journeys to Manchester with Children for Admission to Biddulph Hospital	2	2
„ Inoculation Sessions at School Clinic	2	—
„ Journeys to Brockhall Institution with children for Psychiatric examination.....	1	—

CO-OPERATION OF PARENTS

The number of parents present at Medical Inspection varies considerably in the different schools. The total number of parents present was 2,476, and the total number of children medically inspected was 4,101, the average attendance of parents being 60.37 per cent.

CO-OPERATION OF TEACHERS

The teachers in the schools of Wigan are usually very helpful to School Medical Officers. They provide them with the best accommodation possible, report any abnormality they have noticed in the children, and submit special cases for inspection. Prompt and complete information regarding infectious disease is very valuable to the Principal School Medical Officer and helps him to control or even prevent epidemics. The teachers see that such cases are kept away from the school for the minimum period prescribed and until a re-admission form is received, and also that contacts are excluded as recommended.

CO-OPERATION OF VOLUNTARY BODIES

During the year the help of the N.S.P.C.C. Inspector has been obtained in 6 cases, involving the welfare of 23 children.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

During the year 6 applications received from children were investigated by the School Medical Officers and licences to all the applicants were subsequently granted.

PROVISION OF MEALS AND MILK

During the year the School Kitchens were visited and inspected by a School Medical Officer. No serious defects were discovered and on the whole the staff work in a cleanly manner and seem to understand the principles of food hygiene.

The School Meals Organiser has submitted the following information :

Despite the fact that there has been a further decrease in the number of free meals provided, the total number of meals (including free and paid) increased by 85,000 over the previous year. An additional kitchen-dining room at St. Thomas More R.C. School was brought into operation at the beginning of the year.

The demand for free meals during holiday periods has shown a further decrease.

SUMMARY OF MILK AND MEALS SERVED

	1954	1955
Free meals served to children	128,521	99,565
Paid meals served to children	953,575	1,068,204
Third-pint bottles milk	2,135,665	2,118,322
Meals supplied to Notre Dame High School	61,409	63,453
Meals supplied to Hope School	7,735	12,240
Meals supplied to "Meals on Wheels" Service	6,932	8,780

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT FOR THE YEAR 1955

The dental inspection and treatment of children attending the schools in the Borough has been carried out as in former years. During the latter part of the period under review, there was some improvement in the facilities available due to the appointment of an additional Dental Officer. The Dental Clinic at Pemberton was in use full-time from the beginning of October. Unfortunately, it is doubtful whether this will be continued in the future in view of the resignation of one of the professional staff. The difficulty in obtaining the services of School Dental Officers still exists in this area, and there is little response to frequent advertisements.

Details of the work done during the year covering dental inspection and treatment are shown in Table 9. There have also been several partial dentures made and a considerable number of orthodontic appliances supplied to patients.

Requests for Orthodontic Treatment continued to increase, and every endeavour was made to see that those on the waiting list were seen as early as possible. Mr. Batten, the Consultant, attended the Clinic one session each month, and although the time available for this branch of dentistry was very limited, a great deal of treatment was carried out.

During the year 549 attendances were made at the Dental Clinic by children for Orthodontic Treatment; of these, 153 were special appointments for attention by the Orthodontist.

Mr. Cooper, the Consultant Dental Surgeon to the Wigan and Leigh Hospital Management Committee, again gave valuable help throughout the year, and I am indebted to him for his assistance with those cases which required specialised treatment.

During the year the dental attendants made 179 "home visits" in a "following-up" capacity and 85 visits to schools. The resignation of one dental attendant somewhat reduced the number of "home visits," but the amount of work carried out was very satisfactory and once more I wish to acknowledge their continued valuable assistance.

Details of the number of children inspected and treated by the dental officers are given in Table IX, page 29.

PHYSICAL EDUCATION, 1955

A full programme of physical education has been maintained in Wigan schools. Notwithstanding the shortage of playing fields, keen interest has been shown in team games and in athletics, and local entrants have acquitted themselves well in competitive events.

Two additional schools took advantage of the facilities afforded for swimming instruction, and 162 pupils received instruction in life-saving in preparation for the Royal Life-Saving Examinations. The interest of pupils is stimulated by the annual life-saving competition for teams from Wigan schools and by the Swimming Sports held in September.

APPENDIX

STATISTICAL TABLES

TABLE I

Primary and Secondary Schools

Number of Children Inspected 1st January, 1955
to 31st December, 1955

A. PERIODIC MEDICAL INSPECTIONS

Number of Code Group Inspections :—

Entrants	1,647
2nd Age Group	1,348
3rd Age Group	952
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Total	3,947
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Number of other Periodic Inspections	154
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B. OTHER INSPECTIONS

Number of Special Inspections	155
Number of Re-inspections	1,125
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Total	1,280
							<hr/>

TABLE II

**Classification of the General Condition of Pupils Inspected
during the Year in Age Groups**

Age Groups	No. of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
Entrants	1647	69	4.19	1569	95.26	9	0.55
Second Age Group	1348	72	5.34	1272	94.36	4	0.30
Third Age Group	952	51	5.36	894	93.90	7	0.74
Other Periodic Inspections	154	7	4.55	144	93.50	3	1.95
Total	4101	199	4.85	3879	94.59	23	0.56

TABLE III

Treatment Table

**Minor Ailments (excluding Uncleanliness) Treated during
the Year ended 31st December, 1955**

Disease or Defect	Number of Defects treated, or under treatment during the year		
(1)	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
Skin—			
Ringworm : Scalp	—	—	—
Ringworm : Body	13	—	13
Scabies	—	—	—
Impetigo	33	—	33
Other Skin Disease	352	—	352
Minor Eye Defects	132	—	132
(External and other, but excluding cases falling in Group II).			
Minor Ear Defects	73	—	73
Miscellaneous	1081	—	1081
(e.g., Minor injuries, bruises, sores, chilblains, etc.).			
Total	1684	—	1684

TABLE IV

**Defective Vision and Squint (excluding Minor Eye Defects,
Treated as Minor Ailments)**

Defect or Disease (1)	No. of Defects dealt with		
	Under Authority's Scheme (2)	Otherwise (3)	Total (4)
Errors of Refraction (including Squint)	524	—	524
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	—
Total	524	—	524

Defective Vision

No. of refractions carried out at the Clinic	524
„ children for whom glasses were prescribed	401
„ children for whom glasses were not prescribed	91
„ children for whom new glasses were not considered necessary	12
Uncompleted cases	8
No. referred to Infirmary	12

Analysis of Cases in which Glasses were Prescribed

Simple Hypermetropia	70
Simple Myopia	50
Hypermetropic Astigmatism	168
Myopic Astigmatism	92
Mixed Astigmatism	21
Total	401

TABLE V

**Treatment of Defects of Ear, Nose and Throat
Number of Defects**

Received Operative Treatment			Received Other Forms of Treatment	Total Number Treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital apart from the Authority's Scheme	Total		
388	—	388	118	506

TABLE VI
Orthopædic Clinic
Orthopædic and Postural Defects

	Wigan	Hindley	Ince	Standish	Total
No. of children of school age attending	221	18	12	23	274
No. of attendances of children of school age	1291	95	116	171	1673
No. of cases of children of school age referred for treatment to Biddulph Hospital, Staffordshire (in-patients)	4	—	—	—	4

TABLE VII
Central Clinic
Classification of Consultations and Treatment at School Clinic, 1955

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Uncleanliness	1	—	4
Ringworm : Scalp	—	—	—
Body	4	—	11
Scabies	—	—	—
Impetigo	25	—	255
Other Skin Diseases	264	—	1518
Blepharitis	8	—	45
Conjunctivitis	17	—	62
Defective Vision	53	—	56
Squint	9	—	9
Other Eye Conditions	84	5	317
Defective Hearing	3	—	3
Otitis Media	7	—	68
Other Ear Diseases	46	—	199
Enlarged Tonsils	6	—	6
Adenoids	—	—	—
Enlarged Tonsils and Adenoids	4	—	4
Other Nose and Throat Conditions	42	—	62
Carried forward	573	5	2619

Central Clinic (continued)

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Brought forward	573	5	2619
Enlarged Cervical Glands	—	—	1
Defective Speech	5	—	6
Anæmia	1	—	1
Bronchitis	3	—	4
Other Non-Tubercular Diseases :			
Lungs	3	—	8
Infectious Diseases	1	—	2
Tuberculosis—			
Pulmonary :			
Definite	—	—	—
Suspected	—	—	—
Non-Pulmonary :			
Glands	—	—	—
Skin	—	—	—
Bones and Joints	—	—	—
Chorea	—	—	—
Other Forms : Deformities	26	—	31
Injuries to Bones and Joints	45	97	49
Miscellaneous	913	29	4184
Other Defects and Diseases	59	2	125
Total	1630	133	7030

Pemberton Clinic

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Ringworm	9	—	27
Uncleanliness	1	—	1
Scabies	—	—	—
Impetigo	8	—	43
Other Skin Diseases	88	—	400
Blepharitis	2	—	4
Conjunctivitis	7	—	17
Corneal Opacities	—	—	—
Defective Vision	8	—	8
Squint	1	—	1
Other Eye Conditions	14	—	26
Defective Hearing	—	—	—
Otitis Media	6	—	23
Other Ear Diseases	11	—	45
Enlarged Tonsils and Adenoids	2	—	2
Nose and Throat Conditions	3	—	5
Bronchitis	—	—	—
Defective Speech	1	—	2
Other Defects and Diseases	4	—	4
Miscellaneous	168	—	722
Injuries to Bones	—	—	—
Total	333	—	1330

TABLE VIII

Uncleanliness and Verminous Conditions

(i)	Average number of visits per school made during the year by the School Nurses	15
(ii)	Total number of examinations of children in the Schools by School Nurses	47,628
(iii)	Number of individual children found unclean at first inspection	467
(iv)	Number of individual children found unclean at final inspection	257
(v)	Number of children cleansed under arrangements made by the Local Education Authority	—
(vi)	Number of cases in which legal proceedings were taken :—	
	(a) Under the Education Act, 1921	—
	(b) Under School Attendance Byelaws	—

TABLE IX

Dental Inspection and Treatment

(1)	No. of Pupils Inspected by the Authority's Dental Officers :—		
	(a) Periodic Age Groups	13,541	
	(b) Special Inspections	75	
		————	13,616
(2)	Number found to require treatment		7,548
(3)	Number offered treatment		7,206
(4)	Number actually treated		4,694
(5)	Attendances made by Pupils for Treatment		6,850
(6)	Half-days devoted to (a) Inspection	85	
	(b) Treatment	841	
		————	926
(7)	Fillings : Permanent Teeth	3,360	
	Temporary Teeth	223	
		————	3,583
(8)	Number of Teeth Filled : Permanent Teeth	2,968	
	Temporary Teeth	217	
		————	3,185
(9)	Extractions : Permanent Teeth	485	
	Temporary Teeth	2,668	
		————	3,153
(10)	Administration of General Anæsthetics for Extraction		135
(11)	Other Operations : Permanent Teeth	996	
	Temporary Teeth	159	
		————	1,155

THE FIRST TABLE IX

General Inspection and Treatment

No. of Patients	Inspected	Treated	Total
1	100	100	200
2	100	100	200
3	100	100	200
4	100	100	200
5	100	100	200
6	100	100	200
7	100	100	200
8	100	100	200
9	100	100	200
10	100	100	200
11	100	100	200
12	100	100	200
13	100	100	200
14	100	100	200
15	100	100	200
16	100	100	200
17	100	100	200
18	100	100	200
19	100	100	200
20	100	100	200
21	100	100	200
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26	100	100	200
27	100	100	200
28	100	100	200
29	100	100	200
30	100	100	200
31	100	100	200
32	100	100	200
33	100	100	200
34	100	100	200
35	100	100	200
36	100	100	200
37	100	100	200
38	100	100	200
39	100	100	200
40	100	100	200
41	100	100	200
42	100	100	200
43	100	100	200