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COUNTY BOROUGH OF WIGAN



# ANNUAL REPORT

OF THE  
PRINCIPAL  
SCHOOL MEDICAL OFFICER  
FOR THE YEAR 1956








COUNTY BOROUGH OF WIGAN



# ANNUAL REPORT

OF THE  
PRINCIPAL  
SCHOOL MEDICAL OFFICER  
FOR THE YEAR 1956

Medical Officer of Health and Principal School Medical Officer  
J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H.



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COUNTY BOROUGH OF WIGAN

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EDUCATION COMMITTEE

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**Chairman :**

ALDERMAN E. MALONEY, J.P.

**Vice-Chairman :**

COUNCILLOR S. TAYLOR

HIS WORSHIP THE MAYOR (Alderman A. Horrocks, J.P.)

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Councillors : W. Broxton, J. Collins, J. Fairhurst, J. T. Farrimond, H. R. Hancock, J. Harte, J. Hitchmough, B. Hunt, J. Johnson, J.P., A. J. Lowe, J.P., Mrs. E. Naylor, W. J. Price, O. Somers, J. Taberner, W. Taylor, A. Tilston, S. Townley, A. H. Walker.

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---

CHILDREN'S WELFARE SUB-COMMITTEE

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COUNCILLOR J. HITCHMOUGH

**Vice-Chairman :**

COUNCILLOR J. TABERNER

**Other Members :**

Miss E. Latham, Mrs. E. Naylor, Mrs. H. Ritson, J. Collins, J. Fairhurst, J. T. Farrimond, E. Maloney, J. E. Riley, F. Simm, O. Somers, S. Taylor, W. Taylor, S. Townley.



# SCHOOL MEDICAL STAFF

1956

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## 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.) (to 31st March)

INA F. JONES, L.D.S., R.C.S. Eng.

## Orthodontic Service :

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

## Speech Therapy Service :

\*F. KAY (to 27th March)

Miss J. A. W. KAY, L.C.S.T.

## 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, H. HARTLEY

## Clerks :

D. JONES, D. MOYERS

J. M. PROCTOR (Dental Clerk) from 20th February

\* Denotes Part-time Officer

## PRINCIPAL SCHOOL MEDICAL OFFICER'S ANNUAL REPORT FOR 1956

HEALTH OFFICE,  
WIGAN. April, 1957.

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, 1956.

No major changes have been made in the administrative structure of the service during the year, and it is pleasing to report that generally the health of the school children remained good despite the fact that the summer was one of the wettest on record.

As in the past, friendly co-operation has been maintained with the hospital and general practitioner services, and I am particularly pleased to report the great measure of help and support which the service has received from the Pædiatrician and his department at the Royal Albert Edward Infirmary.

The ascertainment of special classes of handicapped children has proceeded throughout the year. Educationally sub-normal children form the bulk of this work and the task of placing these children in special schools and special classes is difficult. However, places have been found for three educationally sub-normal children in special schools and for 28 in special classes.

The Sub-committee considered that one full-time speech therapist was sufficient for the needs of the borough, and it was with regret that we lost the services of Mr. F. Kay, who as a part-time officer had helped us over a difficult period. No doubt the many children whom he helped during his tenure of office will remember him with gratitude. Miss Kay, our full-time speech therapist, has contributed some notes on the year's work. She comments that the absence of permanent accommodation in the centre of the town is hampering her work. Speech therapy is a relatively long-term project and parents are prone to lose interest and forget to bring the child for treatment, especially if the clinic is difficult to reach. This is the case with the speech clinic at Gidlow School. Serious consideration should be given to the provision of more central accommodation.

Mr. Purslow, the Principal Dental Officer, has contributed an account of the work done in his surgeries during the year; a year of some disappointment as it was impossible to effect the planned expansion of the service due to lack of staff. It was, however, still possible to examine the whole of the school population during the year and a significant amount of preventive dentistry was practised.

The adoption of the Education (Administrative Provisions) Act in August, 1907, marked the commencement of an era in the social history



of this country. By this important legislative measure a compulsory system of medical examination of children in public elementary schools was established. That such a service was urgently required was made abundantly clear in Dr. George Newman's epoch-making first annual report as Chief Medical Officer of the Board of Education. Thus the school hygiene movement attained partial fulfilment. As far back as 1891 the London School Board had appointed a medical officer, and in 1893 Dr. James Kerr commenced his long service for children with the School Board of Bradford. At the passing of the Education Act in 1902 some further appointments were made, and by the time the Interdepartmental Committee on Medical Inspection and Feeding of Children attending Public Elementary Schools (November, 1905) was issued, medical officers for education purposes had been appointed by 79 authorities in England and Wales.

Although the first annual report on the school health service in Wigan was not presented to committee until 1909, it seemed appropriate to recall some of the work of the earlier school medical officers in Wigan as seen through the pages of their annual reports. This brief survey has been undertaken by Dr. Bain and is presented under the heading "Retrospect."

One conclusion to be drawn after fifty years of the service is perhaps that, although in 1907 the country was not ready educationally or financially for the setting up of a comprehensive national health service, the School Health Service has effectively bridged the gap of years and helped to rear a generation of reasonably fit adults.

Much that came within the purview of the service in the early days is now provided by the national hospital and specialist service, but it seems obvious that even if general practice could be so organised that every practitioner who had the inclination could spare the time to carry out routine checks of the physical condition of his own young patients, there would still be a place for the school medical officer who, like the industrial medical officer, relates the health of the child to his environment and advises on the type of education best suited to physical and mental capacity.

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 orthopædic 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.



## RETROSPECT

As it is now half a century since the passing of the Education (Administrative Provisions) Act of 1907 which brought the School Health Service into being, it was thought the occasion might be opportune to obtain a picture of the conditions existing in the early years of the Service and to review very briefly the development of the Service in the Borough.

Although conceived in 1907, the period of gestation of what was to prove a lusty infant occupied two years, for it is not till the year 1909 that we discover the first School Medical Officer's Report, comprising part of the general report of the Medical Officer of Health. A large section is occupied with a sanitary review of the twenty-six schools inspected. The sanitary arrangements in many were of a poor standard, several having privy middens and several pail closets. In fact, as late as 1926 one school was still served by the latter. We find a few years later, in 1913, the School Medical Officer strongly recommending a change to the wash-down type, not only on account of its hygienic advantages, but because "children who have become accustomed to the use of such closets at school will understand them when provided at home and thus much of the nuisance that arises from ignorance and abuse of water closets may be obviated." Such education was timely, for there was a scheme afoot for the conversion of large areas of the borough to the water-carriage system.

One thousand one hundred and eight children with defects were advised to consult their own doctors. Means were provided for the correction of pediculosis, and it is gratifying to note that in the following year the incidence had fallen to 6.2 per cent. At the present day the incidence of malnutrition is a small fraction of 1 per cent. and infestation 2.01 per cent. at final general cleanliness inspections, while it is rare to find a child whose clothes are unsatisfactory.

Rickets in 1913 had an incidence of 0.4 per cent. The medical officer concluded correctly that too-prolonged suckling was an important cause of this condition, though a considerable number of years had to pass before the discovery of vitamins placed the truth of her conclusions on a scientific basis. We learn that wages in the town were good at the time, the fairly frequent malnutrition being due to faulty diet rather than insufficiency of food. By 1913 the school health service had quite a modern appearance; general cleanliness inspections were being carried out as well as routine medical inspections; follow-up visits to homes were being paid by the school nurses (now two in number); the use of exclusion and readmission certificates for cases of infectious disease had been instituted; the medical schedules



of leavers were being made available to the Juvenile Employment Exchange. A serious defect, the lack of treatment facilities, had been remedied, for the Board of Education had given sanction to the treatment of minor ailments and a minor ailment clinic had been started for those who could not afford private treatment. There was an appeal for more weighing machines, since the only one available was receiving damage in being transported from school to school in a hired cab. A class for educationally sub-normal children was started in St. George's School to serve the immediately surrounding area. Several such classes, it appears from subsequent reports, have come and gone, but in 1956 we regained the progress of 1913 by having such a class formed at the National and Blue Coat School.

The year of the outbreak of the first Great War saw a Minor Ailment Clinic and Cleansing Station established in a house in Rodney Street. Ringworm had an incidence of 0.69 per cent., and the establishment of a special class for those affected was suggested in view of the long period of exclusion from school, in the case of scalp infections an average of 101 days. Many of the eye defects seen were severe ophthalmias, persistent and recurring, unknown in severity to the school doctor of to-day. The relevant legislation was employed to provide free meals for necessitous children. These were cooked at a central kitchen beside St. John's R.C. School and distributed to eight feeding centres. Between 300 and 700 children per

Shortage of staff resulted in the suspension of dental services from May 1915 till 1919. In the latter year not only were inspections resumed but the part-time services of a dentist were obtained. In earlier reports the low standard of dental care and hygiene had been pointed out and the provision of dental treatment urged. In the following year the Superintendent School Medical Officer (who later became a professor of dentistry) was exploring the persistence of infestation among the pupils.

For some time annual reports had contained recommendations for the provision of spectacles to school children where necessary. As early as 1911 the medical officer was pointing out the disastrous results of untreated squint, and a few years later it was remarked that only about one-fifth of the pupils recommended for glasses ever obtained them. In 1922 steps were taken to have refractions carried out by the school doctors and glasses provided cheaply, or free where necessary. Arrangements were made with the Royal Albert Edward Infirmary for the operative treatment of tonsils and adenoids, the children being taken home after the operation in an ambulance accompanied by a school nurse. For this service a charge of half a guinea was recovered where possible.



Billinge Road Clinic was opened in 1923 and is still functioning, and the following year saw the establishment of the central clinic in Library Street, which was replaced in 1939 by the present clinic premises in Millgate. Nineteen-twenty-seven saw the start of the orthopædic clinic and arrangements were made for the in-patient treatment of orthopædic defects at Biddulph Grange Orthopædic Hospital. This arrangement, integrated with the Lancashire Orthopædic Hospital Service under Sir Harry Platt, has proved of inestimable value to children suffering from bone and joint defects and other crippling conditions such as the after-effects of poliomyelitis.

An outbreak of smallpox affected the borough in 1929 with a total of 13 cases, 7 in school children, none, happily, fatal. Two hundred and eight school children were vaccinated. During the whole of the 'twenties the risk of this disease was never far away, and it is interesting to note that all cases of chickenpox notified to the Health Office were visited by a medical member of the staff to verify the diagnosis.

The industrial depression did not take long to make its effects felt in Wigan, for the report of the School Medical Officer for 1929 states that, although the nutrition of the children showed no significant change, clothing had deteriorated and "many homes are short of bedding and have been stripped of clothing due to hard times."

The year 1931 saw the institution of a supply of milk to debilitated children, free where circumstances warranted it. A summer school was opened at Southport where children likely to derive benefit from the change spent two weeks during the summer months.

A nutritional survey carried out in 1936 resulted in children whose physical state and whose parents' financial circumstances warranted it being provided with a free midday meal, and this scheme has remained in force to the present day. Gradually general provision was made for the serving of meals on payment. A diphtheria epidemic visited the town that year, with 151 cases among school children. Protective inoculations were commenced, but the response from parents was poor. The following year the incidence in school children had risen to 267 cases, but thereafter gradually declined as the number of immunised children rose and there has been no case recorded among school children since 1948.

A speech therapy service was provided in 1944 and a chiropody service in 1950. The year 1947 brought the poliomyelitis epidemic, but there were only four cases among school children. The National Health Service Act was implemented in 1948, but in spite of its provision for free treatment the minor ailment clinics still continue to play an important part in the treatment of minor trauma and similar troubles in school children.

Thus the School Health Service has progressed for nearly half a century. It now requires the services of two doctors almost full-time, five school nurses, two dentists, a speech therapist, and several other officers and ancillary staff. It has played a major part in the promotion of the well-being of children, and there must be few who doubt the importance to the health of the nation of the school doctor with his watching brief on the health of the school child. But let us, in conclusion, pay our tribute to the pioneers of almost fifty years ago who struggled valiantly with a high disease rate, dirt and ignorance, to lay the sound foundations of the service we enjoy to-day.



### STAFF CHANGES

Dentist : Mr. L. B. Hall resigned on the 31st March, 1956.

Speech Therapist : Mr. F. Kay resigned on the 27th March, 1956.

Dental Service : Mrs. H. Hartley, previously employed as dental clerk, was appointed dental attendant from the 20th February, 1956, and Miss J. M. Proctor was appointed dental clerk from that date.

### CO-ORDINATION

Liaison with the Hospital Services, the General Practitioner Service 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. A seat on the Local Medical Committee of the Executive Council and on the Medical Advisory Committee of the Wigan and Leigh Hospital Management Committee makes for co-ordination of effort and good relations with the other branches of the National Health Service.

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.

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.

Co-ordination has also been maintained with 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. This is extremely useful and ensures 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 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	.....	Thursday morning and Friday afternoon.

#### Pemberton Primary School, Schoolway, Pemberton :—

Dental Clinic	.....	Tuesday and Thursday mornings.
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#### Gidlow Secondary Modern School :—

Speech Clinic	.....	Monday and Wednesday all day. Thursday afternoon and Friday morning.
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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 31st March, 1956, was £514,690.

The gross cost of the School Health Service for the twelve months ended 31st March, 1956, was £16,318 13s. 3d., compared with £13,208 1s. 8d. in the preceding year. The Government Grant was £9,051 19s. 11d. and income from other sources was nil, hence net cost was £6,266 13s. 4d.

The cost of the Service per child was 21s. 6.78d. gross and 8s. 9.86d. net, and the cost expressed in the terms of a penny rate was 7.14d. gross and 2.92d. net.



**SCHOOL ACCOMMODATION AND HYGIENE****Number of Schools and Children****Primary Schools**

	No.	Departments	No. on Rolls	Average attendance
County Schools .....	6	10	1997	1821
Voluntary Schools .....	20	39	7111	6500
	26	49	9108	8321

**Secondary Modern Schools**

	No.	Departments	No. on Rolls	Average attendance
County Schools .....	3	4	1423	1325
Voluntary Schools .....	5	7	2219	2032
	8	11	3642	3357

**Secondary, Technical and Grammar Schools**

The Grammar School has 523 pupils on roll, and the High School has 490.

The Thomas Linacre School has 593 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 Beech Hill County, 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 .....	1242	166	13.36
Second Age Group .....	1218	225	18.47
Third Age Group .....	1451	305	20.02
Total (prescribed Groups) .....	3911	696	17.79
Other Periodic Inspections .....	322	124	38.51
Grand Total .....	4233	820	19.37

Details of defects, etc., are given in Table III, page 29.

During the year 255 Scholarship children were examined.



## FINDINGS OF MEDICAL INSPECTION

The general condition of the children is satisfactory. The better standard of living with 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 two broad categories—

Satisfactory.

Unsatisfactory.

It will be seen from Table II (page 29) that in all age groups the percentage in the two categories is as follows :—

Satisfactory : 99.81 per cent.

Unsatisfactory : 0.20 per cent.

### Ear, Nose and Throat Defects

**Ear Diseases and Defective Hearing.**—At routine medical inspection, 30 children were found to be suffering from ear trouble of various kinds; 51 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.**—43 children were found at routine medical inspection to require treatment, and 58 required to be kept under observation. 322 received operative treatment during the year. Details are given on page 30 (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. At routine medical inspections the opportunity was taken to obtain a reliable indication of the numbers of children in the school population who had received operative treatment for tonsils and adenoids. The results are as follows :—

Group	Number Inspected	Found to have had Treatment	Percentage
Entrants	1242	75	6.0
Second Age Group	1218	246	20.0
Third Age Group	1451	294	20.3
<b>Total</b>	<b>3911</b>	<b>615</b>	<b>15.7</b>

The overall percentage (15.7) is what might have been expected and is comparable to the findings in the surrounding Urban Areas.



### Eye Diseases — Visual Defects

**Eye Diseases.**—13 children were found to be suffering from external eye disease, mainly conjunctivitis and blepharitis.

611 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 30 (Table IV).

### Skin Diseases

61 cases of skin disease were found at routine medical inspection. There were no cases of ringworm.

### Orthopædic Defects

At the routine medical inspection 265 cases were revealed. 155 were referred to the Orthopædic Clinic for treatment and 110 are under observation.

Details of attendances at the Orthopædic Clinic are given in Table VI on page 31.

### EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

During the year 30 applications received from children were investigated by the School Medical Officers and licences to all the applicants were subsequently granted.

### COLLEGE ENTRANTS

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

### SUPERANNUATION

7 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 School Clinic at Millgate has been open daily and that at Billinge Road, Pemberton, three days weekly 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, 6,469 attendances were made in 305 sessions at the Central Clinic, and 1,219 attendances were made in 121 sessions at the Pemberton Clinic—an average of 21 children per session at the Central Clinic, and 10 children per session at Pemberton Clinic.

		1955		1956
No. of children attending	.....	1,963	.....	1,681
No. of attendances	.....	8,363	.....	7,688
Average No. of attendances per child	.....	4.3	.....	4.6



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 31, 32 and 33.

**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.**—35 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 34 (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 readmitted 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 11,548, and of these, 438 had pediculosis of the head (i.e., lice or nits present).

At the final inspection the number of children with nits was 233.

At the first examination the percentage of infested children was 3.79 and at the final inspection the percentage had been reduced to 2.01.

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 1956 was 275. These were almost all referred by the School Medical Officers.

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. In this way their scholastic studies need not suffer even if their treatment is prolonged.

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

**Tuberculosis.**—Eight children were referred directly from the School Clinic for an opinion to the Chest Clinic. One of these was found to be Tuberculous.

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 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, 1956

Number of Cases referred	.....	.....	.....	.....	12
Sources of reference :—					
School Medical Officer	.....	.....	.....	.....	1
Court Magistrates	.....	.....	.....	.....	11
Interviews held :—					
Alder Hey Children's Hospital, Liverpool	.....	.....	.....	.....	4
Remand Home	.....	.....	.....	.....	4
Notre Dame Child Guidance Clinic, Liverpool	.....	.....	.....	.....	4
Results :—					
(1) Treatment at Clinic recommended	.....	.....	.....	.....	4
(2) Diagnosed with advice	.....	.....	.....	.....	8

It will be seen that eight of the twelve cases were sent for interview in Liverpool. Whilst this is satisfactory so far as diagnosis and advice are concerned, one can imagine the burden placed upon parent and child if a course of prolonged treatment at weekly intervals or more frequently is recommended. Shortage of suitable qualified personnel, psychiatrists, psychologists and psychiatric social workers is given as the reason why the child guidance service in this area has not been extended to provide for an efficient diagnostic and therapeutic child guidance clinic in Wigan. There can be no doubt that this service is much needed. Many cases which would benefit are not brought forward because of the obstacles in the way of securing the necessary treatment.

**Special Therapy.**—For details, see Handicapped Pupils (j), page 22.

#### CHIROPODY

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

Attendance during 1956 has been excellent, and reminder cards have been required less often. Interested parents have also been seen more frequently.

That persistent—but happy benign—growth, verruca, has been seen in the majority of cases treated. It now appears to be almost as prevalent in children as measles !



In general, feet are better cared for this year, but shoes are not always correct. This matter is receiving attention.

No. of attendances by Chiropodist .....	55
No. of Patients .....	280
No. of Treatments .....	569

#### ANALYSIS OF CASES, 1956

Verrucae Pedis .....	221
Other Conditions .....	59

#### HOSPITAL AND SPECIALIST SERVICES

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

#### INFECTIOUS DISEASES

No case of Diphtheria was notified during the year. Scarlet Fever and Measles amount to 33 and 40 cases respectively.

There were 50 cases of Whooping Cough, 15 of Dysentery, 3 of Food Poisoning and 3 of Tuberculosis (Respiratory).

Three cases of Poliomyelitis occurred, all non-paralytic. All were hospitalised and no secondary cases came to light. There was no evidence that the disease would assume epidemic proportions in the town.

Cases of Poliomyelitis achieve much unwarranted publicity, so much in fact that even within the Department one is apt to view the disease out of all proportion to its real importance in relation to other matters requiring attention. In an effort to restore the right perspective Dr. Bain has reviewed all known cases of acute anterior poliomyelitis in children of school age which occurred in the Borough during the years 1947 to 1955. The results are set out below.

No. of cases .....	10
No. of notifications (corrected) .....	10
No. of fatal cases .....	1
No. of Paralytic cases .....	8
No. of Non-Paralytic cases .....	2

#### Incidence in each year :

1947	1948	1949	1950	1951	1952	1953	1954	1955
4	0	1	2	0	2	0	0	1

#### Age at Onset :

5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.
1	4	1	1	0	0	2	0	1

Age of Fatal Case : 5 years.



**Assessment of Residual Disability :**

No. who made a perfect recovery	.....	.....	1
No. showing slight disability	.....	.....	2
No. showing moderate disability	.....	.....	2
No. showing marked disability	.....	.....	2

**Cases showing perfect recovery (1):**

This had been a mild case showing only weakness of the affected muscles during the acute attack.

**Cases showing slight disability (2):**

Both cases had residual disability in a lower limb (one had originally had both lower limbs involved but one leg recovered completely). In both cases muscular atrophy was very slight. Weakness was very slight in one, moderate in the other. There was a trace of limp in one and no limp in the other. Both could walk any distance but running was slightly impaired.

**Cases showing moderate disability (2):**

The first case in this group had involvement of a lower limb only. The atrophy was very marked and there was no effective contraction in several muscle groups. An arthrodesis of ankle joint had been performed. With a long caliper and thick-soled boot he could walk any distance. Limp was moderate and running impracticable.

In the other case a lower limb and right upper limb had been affected. There was moderate atrophy of arm and leg muscles with moderate weakness of both. Limp was slight. Less than a mile could be walked at a time. Running was considerably impaired, as was the function of the right arm.

**Cases showing marked disability (2):**

The first case in this group showed complete paralysis of the lower limbs with very considerable weakness of the flexors and extensors of the spine. There is marked spinal deformity which is controlled by a support. Walking is, of course, impossible and a wheel-chair is used for getting about.

The other case has had a very severe attack of poliomyelitis, affecting all the limbs and trunk and necessitating eighteen months' use of an iron lung. There is very considerable weakness of the spinal muscles with spinal deformity for which a support is worn. The limb muscles show marked atrophy and weakness, worse in the legs. A stabilisation operation has been carried out on one foot. There is a tendency to lung infections. A wheel-chair is used, but with two long calipers and a stick about fifty yards can be covered. The upper limbs have moderate function.

Three of the children had attended the Local Authority Orthopædic Clinic for physiotherapy and swimming and three for physiotherapy only.

A noteworthy feature is the large number of notifications of paralytic cases in relation to non-paralytic cases. In this connection one must remember that non-paralytic poliomyelitis may present a very difficult diagnostic problem and may be a comparatively slight illness. This diffi-



culty was even greater during the period of the early cases in the survey before the recent advances in laboratory methods of diagnosis.

The review reveals that of a total of ten children affected, one died and no fewer than seven others will carry some degree of incapacity throughout life, two of them being severely handicapped. As there is as yet no drug which is effective in the treatment of the disease, recovery and subsequent disability depends on the severity of the attack, orthopaedic surgery and prolonged physiotherapy. For such a disease the opportunity of employing preventive inoculation is especially welcome, and it is to be hoped that the new vaccine will prove a really effective protection against the scourge of poliomyelitis.

During the past three or four years there has been a change in attitude towards the common infectious diseases. In particular, Scarlet Fever, which in this area has become a relatively trivial disease amenable to rapid treatment with the newer drugs and antibiotics, is seldom treated in hospital. Cases can be rendered non-infectious in a few days. This, coupled with the fact that the organism responsible is present in a small proportion of the population at all times, has led to a relaxation of the stringent quarantine and isolation rules previously associated with the disease. The Ministry of Education have revised their guide to school closure and exclusion from school on account of infectious illness, and the revision has been adopted in the Borough. The revised list is reproduced on page 37.

A slight change in the administrative arrangements for the visiting of notified cases of infectious diseases has taken place during the year. The School Nurses and Health Visitors are now responsible for the visiting of infectious diseases with the exception of Smallpox and the enteric diseases. This eases the burden on the Public Health Inspectors, but close liaison between the two services is maintained.

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 Head Teachers of all cases notified by medical practitioners and the necessary exclusion certificates are sent to them.

**Diphtheria Immunisation.**—We have now had nine years of freedom from Diphtheria amongst school children, but this has been at the price of eternal vigilance. No effort is spared by the staff of the department to encourage parents to allow their children to be immunised, free of charge, and so to perpetuate this happy state of affairs. Head Teachers and class teachers have co-operated extremely well in advising parents to have their children protected. In order to minimise the amount of time lost at immunisation sessions arrangements have been made for these to be undertaken in schools as well as at clinic premises.

No. of children completing primary inoculation .....	178
No. of children receiving booster inoculation .....	1,421

**Vaccination against Poliomyelitis.**—The advent of a safe and reliable poliomyelitis vaccine made 1956 a memorable year in the School Health



Service. It was unfortunate that the vaccine was released whilst problems associated with its manufacture had still to be overcome. However, the parents who had registered their children showed great forbearance and patience and the staff of the department showed themselves equal to the interesting administrative exercise presented by the distribution of the available vaccine. Altogether, 1,963 school children were registered and by the end of the year 150 had received protection.

### 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.

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

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



	Special Schools Number admitted	Number attending
<b>(d) Partially Deaf Pupils.</b>		
Number ascertained : Nil.		
Liverpool School for the Partially Deaf, Birkdale, Southport .....	—	1
<b>(e) Delicate Pupils.</b>		
No. of children ascertained during 1956 .....		4
No. of children admitted to Special Schools, as under .....		4
St. Catherine's Home, Ventnor .....		1
Pilgrim's School, Seaford .....		1
St. Vincent's Open-air School, St. Leonards .....		1
St. Joseph's Heart Hospital, Rinhill .....		1
<b>(f) Diabetic Pupils.</b>		
No cases were revealed during the year.		
<b>(g) Educationally Sub-normal Pupils.</b>		
No. of children examined during the year .....		49
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 .....		3
Admission to Special Schools .....		3
Admission to Special Class in Ordinary School .....		37
Total number of children actually admitted to Special Schools for Educationally Sub-normal Pupils during 1956 .....		3
Total number of children admitted to Special Class .....		20
Total number of children attending Special Schools during 1956 .....		11
<b>(h) Maladjusted Pupils.</b>		
Number ascertained as requiring treatment .....		2
Number of children admitted to Special Schools, as under :—		
St. Thomas More's School for Maladjusted, Devon .....		2
<b>(i) Physically Handicapped Pupils.</b>		
Queen Elizabeth's Training College, Surrey .....		3
<b>(j) Pupils Suffering from Speech Defect.</b>		
Miss Kay reports :—		
Attendance of some children has been very good throughout the year, and co-operation of them and their parents has produced excellent results of treatment.		



However, a number of children have been sent for and failed to attend, and a disturbingly large number, whose parents indicated they were anxious for treatment, either failed to attend after a few sessions or showed themselves to be unwilling to co-operate, which failure must be attributed to lack of interest on the part of their parents in the majority of these cases, inaccessibility of the speech clinic for the greater part of the week, being of some account, inability of the parents to co-operate being the cause in a few cases.

Administrative efficiency in the clinic is steadily increasing, and the Speech Therapist now has the service of a clerk seven hours weekly.

Group treatment (valuable therapeutically as well as enabling one to see more cases than is otherwise possible) has been undertaken at the Central Clinic and has proved most successful.

The afternoon of the day spent at Millgate is devoted almost entirely to stammering children, and the morning to younger children with various defects.

It is hoped that with the continual improvement of organisation and administration a further increase of success will be noticeable in the coming year, but one feels no vast improvement will be obtained until such time as permanent central premises are found for the speech clinic, and apathy amongst the population reduced by some degree.

Average number of cases treated per month	.....	.....	77
Total number of reviews made	.....	.....	259
Total number of attendances	.....	.....	2,331
Total number of cases discharged	.....	.....	53
Total number of cases treated	.....	.....	148

#### EDUCATION ACT, 1944, SECTION 56

During the year five children received home teaching and 20 children received tuition in hospitals.

Tuition for children ill at home or in hospital is provided for long-term cases. Such children, when allowed to be deprived of their schooling, become very backward and the difficulty they find in trying to pick up the threads of their education on returning to school causes great discouragement. A child may have up to six hours' home teaching per week, and for cases in hospital the time may extend to half the normal school day. In the former cases, with limited time, emphasis is placed on the basic subjects, while in the latter a considerable amount of hard work may be undertaken. Instruction by a qualified teacher, carefully graded in amount and type according to the individual patient's abilities and physical state, helps the sick child to keep up with his more fortunate companions at school and provides some pleasant occupation for his mind, a by no means unimportant consideration with the bedridden child.



### ROAD ACCIDENTS

I am indebted to the Chief Constable for the following information concerning road accidents involving school children :—

	Fatal	Injured
Children between the ages of 5 and 15 years ....	Nil	63

### ACCIDENTS IN SCHOOLS

The Director of Education has kindly supplied the following information concerning accidents to scholars during the year ended 31st December, 1956 :—

	Primary Schools	Secondary Schools
Free play in school yard .....	30	18
Gym. ....	—	26
Organised games .....	7	30
Classrooms .....	11	12
Woodwork or Metalwork .....	—	1
Laboratory .....	—	6
Domestic Science .....	—	3
On stairs .....	1	—
Doorways .....	3	—
Cloakroom and toilets .....	6	1
Hall .....	1	—
Garden .....	1	2
Road outside school .....	1	—

### WORK OF THE SCHOOL NURSES

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

	1955	1956
No. of visits paid to homes for following up of cases .....	2,115	1,687
„ visits paid to schools in connection with general cleanliness .....	105	83
„ children inspected for general cleanliness.....	12,070	11,548
„ visits paid to schools for re-inspection for general cleanliness .....	378	318
„ children re-inspected for general cleanliness	35,558	32,342
„ visits to schools for Infectious Diseases .....	1	5
„ children inspected for Infectious Diseases.....	26	133
„ visits paid to schools for other purposes .....	98	110
„ visits paid to homes for Infectious Diseases	683	382
„ visits paid to schools for Medical Inspection .....	241	262
„ visits paid to schools for Inoculations .....	26	25
„ journeys to Manchester with Children for Admission to Biddulph Hospital .....	2	6
„ Inoculation Sessions at School Clinic .....	—	11



### 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 2,158, and the total number of children medically inspected was 4,233, the average attendance of parents being 50.98 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.

### CHILDREN'S DEPARTMENT

A friendly liaison exists between the Children's Department and the School Health Service.

During the year the following work was carried out on behalf of the school children in the care of the Children's Department :—

Preliminary Examinations prior to admission into care .....	36
Annual Home Office Medical Inspections .....	48

### CO-OPERATION OF VOLUNTARY BODIES

During the year the help of the N.S.P.C.C. Inspector has been obtained in 8 cases, involving the welfare of 30 children.

### PROVISION OF MEALS AND MILK

During the past year there has been a reduction in the number of school meals provided, although the demand for free meals has increased appreciably.

Part of the St. Mary's H.O.R.S.A. Hutment has been adapted to provide new dining and scullery accommodation for the Girls' High School.

**Holiday Feeding Arrangements.**—As a result of a review of the need for the provision of meals during the holiday periods it has been decided that the supply of school meals be discontinued during Christmas, Easter and Whitsuntide holidays and any half-term holidays with the exception of the Mid-Summer holidays, when arrangements will be made for the supply of free meals only.



## SUMMARY OF MILK AND MEALS SERVED

	1955	1956
Free meals served to children .....	99,565	102,906
Paid meals served to children .....	1,068,204	1,000,562
Third-pint bottles milk .....	2,118,322	2,001,096
Meals supplied to Notre Dame High School	63,453	58,906
Meals supplied to Hope School .....	12,240	11,613
Meals supplied to "Meals on Wheels" Service .....	8,780	8,620

**PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT  
FOR THE YEAR 1956**

The year under review commenced with a full compliment of Dental Officers in accordance with the approved establishment laid down for this Authority. It was possible, therefore, to maintain the Dental Clinic at Pemberton in full operation for the first time since it was opened. Unfortunately, this satisfactory state of affairs terminated on the 31st March, 1956, due to the resignation of one of the professional staff and it was then necessary to resort to the arrangements which had existed in previous years.

In spite of this setback, it was found possible to visit the Primary and Secondary Modern Schools in the Borough once during the twelve months for the purpose of carrying out Dental Inspections. Many new entrants to the schools were accompanied by parents on these occasions, and one cannot overestimate the value these contacts provided for giving advice and stressing the importance of oral hygiene. The many questions asked at these meetings is very encouraging and denotes an ever-increasing awareness amongst parents that dental fitness is a great contribution towards the maintenance of good health.

Details of the Dental treatment done at the Clinics during the year are shown in Table IX, and it will be noted that attendances were about the same as in previous years.

The demand for Orthodontic treatment still continued to increase, and a large number of appliances were made and supplied to patients. There were 416 visits made to the Clinic by children receiving Orthodontic treatment, and in addition 169 attended for examination and treatment by Mr. Batten, the Consultant Orthodontist.

The Consultant Dental Surgeon to the Wigan and Leigh Hospital Management Committee again gave valuable help on many occasions, and I am indebted to him for his assistance with those cases which required specialised treatment.

During the year the dental attendants made 298 "home visits" in a



"following-up" capacity and 86 visits to schools. The amount of work carried out was very satisfactory and once more I wish to place on record my appreciation of their valuable assistance.

### PHYSICAL EDUCATION, 1956

There was considerable activity in Physical Education in Wigan schools during the past year, and the successes in Athletics testify to the energy and enthusiasm of the participants. There has been a larger number of competitors and no fewer than eleven records were broken at the Annual Inter-Schools Sports. Successes by Wigan pupils were recorded in County and Inter-Town events and three boys were chosen to represent Lancashire in the All-England Championship.

Swimming instruction has continued to be given at the Public Baths. 423 gained Elementary Certificates, 274 Intermediate Certificates, and 112 obtained Advanced Certificates. 101 children received instruction in life saving and the Annual Life Saving Competition and the Swimming Sports were held as usual.



## APPENDIX "A"

### STATISTICAL TABLES

TABLE I

### Primary and Secondary Schools

Number of Children Inspected 1st January, 1956  
to 31st December, 1956

#### A. PERIODIC MEDICAL INSPECTIONS

Number of Code Group Inspections :—

Entrants .....	1,242
2nd Age Group .....	1,218
3rd Age Group .....	1,451
Total .....	3,911
Number of other Periodic Inspections .....	154

#### B. OTHER INSPECTIONS

Number of Special Inspections .....	129
Number of Re-inspections .....	1,299
Total .....	1,428



TABLE II

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

Age Groups	No. of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
Entrants .....	1242	1240	99.83	2	0.20
Second Age Group .....	1218	1216	99.84	2	0.20
Third Age Group .....	1451	1449	99.86	2	0.14
Other Periodic Inspections .....	322	321	99.69	1	0.31
<b>Total .....</b>	<b>4233</b>	<b>4226</b>	<b>99.81</b>	<b>7</b>	<b>0.20</b>

TABLE III

**Treatment Table**

**Minor Ailments (excluding Uncleanliness) Treated during  
the Year ended 31st December, 1956**

Disease or Defect	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
(1)			
<b>Skin—</b>			
Ringworm : Scalp .....	—	—	—
Ringworm : Body .....	3	—	3
Scabies .....	9	—	9
Impetigo .....	20	—	20
Other Skin Disease .....	293	—	293
Minor Eye Defects .....	96	—	96
(External and other, but excluding cases falling in Group II).			
Minor Ear Defects .....	40	—	40
Miscellaneous .....	865	—	865
(e.g., Minor injuries, bruises, sores, chilblains, etc.).			
<b>Total .....</b>	<b>1326</b>	<b>—</b>	<b>1326</b>

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) .....	592	—	592
Other Defect or Disease of the Eyes (excluding those recorded in Group I) .....	—	—	—
<b>Total</b> .....	592	—	592

**Defective Vision**

No. of refractions carried out at the Clinic .....	592
„ children for whom glasses were prescribed .....	416
„ children for whom glasses were not prescribed.....	117
„ children for whom glasses were not prescribed.....	117
necessary .....	18
Uncompleted cases .....	22
No. referred to Infirmary .....	19

**Analysis of Cases in which Glasses were Prescribed**

Simple Hypermetropia .....	63
Simple Myopia .....	42
Hypermetropic Astigmatism .....	175
Myopic Astigmatism .....	107
Mixed Astigmatism .....	29
<b>Total</b> .....	<b>416</b>

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		
322	—	322	70	390



TABLE VI  
Orthopædic Clinic  
Orthopædic and Postural Defects

	Wigan	Hindley	Ince	Standish	Ashton	Total
No. of children of school age attending .....	225	17	9	21	3	275
No. of attendances of children of school age	1264	43	102	106	9	1524
No. of cases of children of school age referred for treatment to Bid-dulph Hospital, Staf-fordshire (in-patients)	7	—	—	1	—	8

TABLE VII  
Central Clinic  
Classification of Consultations and Treatment at School Clinic, 1956

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Uncleanliness .....	24	—	73
Ringworm : Scalp .....	—	—	—
Body .....	2	—	16
Scabies .....	9	—	127
Impetigo .....	13	—	94
Other Skin Diseases .....	277	—	1691
Blepharitis .....	6	—	23
Conjunctivitis .....	5	—	42
Defective Vision .....	62	—	74
Squint .....	5	—	7
Other Eye Conditions .....	79	—	245
Defective Hearing .....	2	—	3
Otitis Media .....	3	—	20
Other Ear Diseases .....	34	2	120
Enlarged Tonsils .....	1	—	1
Adenoids .....	1	—	1
Enlarged Tonsils and Adenoids .....	4	—	8
Other Nose and Throat Condi-tions .....	29	—	50
Carried forward .....	556	2	2595

## Central Clinic (continued)

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Brought forward .....	556	2	2595
Enlarged Cervical Glands .....	6	—	10
Defective Speech .....	2	—	4
Anæmia .....	1	—	1
Bronchitis .....	—	—	—
Other Non-Tubercular Diseases :			
Lungs .....	4	—	4
Infectious Diseases .....	3	—	5
Tuberculosis—			
Pulmonary :			
Definite .....	1	—	1
Suspected .....	—	—	—
Non-Pulmonary :			
Glands .....	—	—	—
Skin .....	—	—	—
Bones and Joints .....	—	—	—
Chorea .....	—	—	—
Other Forms : Deformities .....	22	—	26
Injuries to Bones and Joints .....	97	101	101
Miscellaneous .....	818	34	3509
Other Defects and Diseases .....	89	2	213
Total .....	1599	139	6469



## Pemberton Clinic

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Ringworm .....	1	—	7
Uncleanliness .....	—	—	—
Scabies .....	—	—	—
Impetigo .....	7	—	55
Other Skin Diseases .....	16	—	401
Blepharitis .....	—	—	—
Conjunctivitis .....	—	—	—
Corneal Opacities .....	—	—	—
Defective Vision .....	—	—	—
Squint .....	—	—	—
Other Eye Conditions .....	6	—	38
Defective Hearing .....	—	—	—
Otitis Media .....	—	—	—
Other Ear Diseases .....	1	—	22
Enlarged Tonsils and Adenoids .....	—	—	—
Nose and Throat Conditions .....	1	—	3
Bronchitis .....	—	—	—
Defective Speech .....	—	—	—
Other Defects and Diseases .....	3	—	3
Miscellaneous .....	47	1	690
Injuries to Bones .....	—	—	—
Total .....	82	1	1219

TABLE VIII

## Uncleanliness and Verminous Conditions

(i)	Average number of visits per school made during the year by the School Nurses .....	12
(ii)	Total number of examinations of children in the Schools by School Nurses .....	43,890
(iii)	Number of individual children found unclean at first inspection .....	438
(iv)	Number of individual children found unclean at final inspection .....	233
(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) At Periodic Inspections .....	15,071	
	(b) As Specials .....	48	
		—————	15,119
(2)	Number found to require treatment .....		7,253
(3)	Number offered treatment .....		6,853
(4)	Number actually treated .....		4,102
(5)	Number of attendances made by pupils for treatment .....		6,245
(6)	Half-days devoted to—		
	Periodic (School) Inspection .....	86	
	Treatment .....	821	
		—————	907
(7)	Fillings : Permanent Teeth .....	3,498	
	Temporary Teeth .....	189	
		—————	3,687
(8)	Number of teeth filled : Permanent Teeth .....	3,097	
	Temporary Teeth .....	180	
		—————	3,277
(9)	Extractions : Permanent Teeth .....	457	
	Temporary Teeth .....	2,235	
		—————	2,692
(10)	Administration of general anaesthetics for extraction .....		162

## (11) Orthodontics—

(a)	Cases commenced during the year	.....	.....	43
(b)	Cases carried forward from previous year	.....	.....	46
(c)	Cases completed during the year	.....	.....	28
(d)	Cases discontinued during the year	.....	.....	7
(e)	Pupils treated with appliances	.....	.....	50
(f)	Removable appliances fitted	.....	.....	66
(g)	Fixed appliances fitted	.....	.....	1
(h)	Total attendances	.....	.....	585

(12) Number of pupils supplied with artificial dentures ..... 8

(13) Other Operations : Permanent Teeth ..... 260  
 Temporary Teeth ..... 46  
 ————— 306



**APPENDIX "B"**

**Incubation and Exclusion Periods of the Commoner Infectious Diseases**

	Usual Incubation Period (days)	Interval between onset and appearance of rash (days)	Patients	Period of Exclusion
SCARLET FEVER (and streptococcal sore throat)	2 — 5	1 — 2	7 days after discharge from hospital or from home isolation. (Unless "cold in the head", discharge from the nose or ear, sore throat, or septic spots be present).	Contacts, i.e., the other members of the family or household living together as a family, that is, in one tenement.  Children — no exclusion. Persons engaged in the preparation or service of school meals to be excluded until Medical Officer of Health certifies that they may resume work.
DIPHTHERIA	2 — 5	—	Until pronounced by a medical practitioner to be fit and free from infection.	At least 7 days. Return to school should not be permitted until bacteriological examination has proved negative.
MEASLES	10 — 15	3 — 4	10 days after the appearance of the rash if child appears well.	Children under 5 years of age should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immediately excluded. A child who is known with certainty to have had the disease need not be excluded.
GERMAN MEASLES	14 — 21	0 — 2	7 days from the appearance of the rash.	None.
WHOOPING COUGH	7 — 10	—	28 days from the beginning of the characteristic cough.	Children under 7 years of age should be excluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded.
MUMPS	12 — 28	—	7 days from the subsidence of all swelling.	None.
CHICKEN POX	11 — 21	0 — 2	14 days from the date of appearance of the rash.	None.
SMALLPOX	10 — 16	3	Until the patient is pronounced by Medical Officer of Health to be free from infection. At least six weeks. Will usually require a much longer period for recovery.	16 days unless recently successfully vaccinated, when exclusion is unnecessary. At least 21 days.
POLIOMYELITIS ENCEPHALITIS MENINGOCOCCAL INFECTION	7 — 14 4 — 30 2 — 10	— — —		

Name	Age	Sex	Occupation	Address	Remarks
JAMES W. BROWN	35	M	Farmer	123 Main St.	...
MARY J. SMITH	28	F	Teacher	456 Oak St.	...
JOHN D. GARDNER	42	M	Merchant	789 Elm St.	...
SARAH L. HARRIS	31	F	Homemaker	101 Pine St.	...
WILLIAM T. JONES	38	M	Engineer	202 Cedar St.	...
ANNE K. MILLER	25	F	Nurse	303 Birch St.	...
ROBERT M. WALKER	40	M	Lawyer	404 Spruce St.	...
LUCAS B. YOUNG	33	M	Carpenter	505 Willow St.	...