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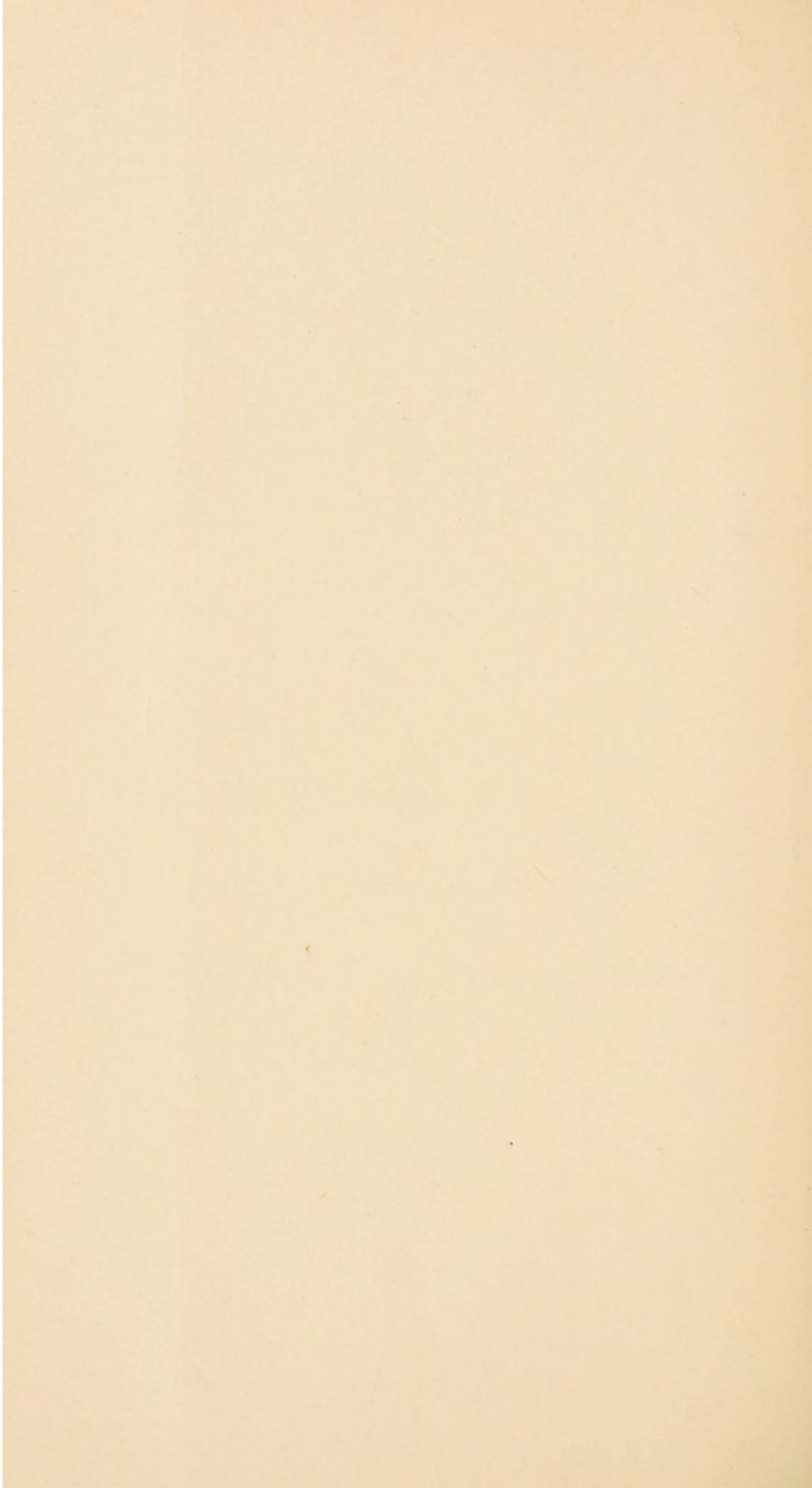
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COUNTY BOROUGH OF WIGAN



Annual Report
of the
Principal
School Medical Officer
For the year 1957

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

EDUCATION COMMITTEE

Chairman :

ALDERMAN E. MALONEY, J.P.

Vice-Chairman :

COUNCILLOR S. TAYLOR



HIS WORSHIP THE MAYOR (Councillor O. Somers, J.P.)

The Ex-Mayor (Alderman A. Horrocks)

Aldermen: H. Dowling, J. McCurdy, J. P. Mannion, J. E. Riley.

Councillors: W. Broxton, J. Collins, F. Connolly, P. Donnelly, 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, J. Taberner, W. Taylor, A. Tilston, S. Townley, A. H. Walker.

Other Members : Rev. W. H. Bullough, A. Davenport, M.A., Rev. A. Finch, B.A., Ronald A. France, T.D., LL.B., Mrs. W. A. Melling, J.P., Mrs. J. N. Pasquill, J.P., M.A., Mrs. H. Ritson, J.P., F. Simm, Dr. E. C. Smith, B.Sc., Miss A. Snelson, B.A., Rev. A. H. Tebbett, Rev. F. Turner, M.A.

CHILDREN'S WELFARE SUB-COMMITTEE

Chairman :

COUNCILLOR J. HITCHMOUGH

Vice-Chairman :

COUNCILLOR J. TABERNER

HIS WORSHIP THE MAYOR (Councillor O. Somers, J.P.)

Other Members :

W. Broxton, Mrs. E. Naylor, Mrs. H. Ritson, J. Collins, J. T. Farrimond, E. Maloney, J. E. Riley, F. Simm, S. Taylor, W. Taylor, Rev. A. H. Tebbett, S. Townley.

SCHOOL MEDICAL STAFF

1957

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.

Principal Dental Officer :

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

Dental Officers :

INA F. JONES, L.D.S., R.C.S. Eng. (to 30th April)
W. K. RIMMER, L.D.S. (Liv.), D.D.S. (Penn.) (from 1st May)

Orthodontic Service :

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

Speech Therapy Service :

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

Chiropody Service :

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

School Nurses :

E. GEE, A. M. KEENAN (to 30th September), B. NICHOLSON, M. PEET,
E. E. SMITH

Orthopædic Nurse :

*Mrs. H. JORDAN

Dental Attendants :

E. CHADWICK, H. HARTLEY (to 31st August),
F. HUNTINGTON (from 7th October)

Clerks :

D. JONES, D. MOYERS, J. M. PROCTOR (Dental Clerk)

* Denotes Part-time Officer

PRINCIPAL SCHOOL MEDICAL OFFICER'S ANNUAL REPORT FOR 1957

HEALTH OFFICE,
WIGAN. June, 1958.

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, 1957.

No major changes have been made in the administrative structure of the service during the year.

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.

Once again it is pleasing to report that the percentage of pupils found to be physically unsatisfactory at routine medical inspection has decreased and is now 0.13 per cent. of the total number examined. This is undoubtedly a sensitive index of the general well-being of the school population and of the care now being exercised on the rearing of our younger generation, this in spite of the fact, recently published, that in Wigan the number of mothers who go out to work, when expressed as a percentage of the male working population, is one of the highest in any town in the country. This is perhaps in some measure responsible for the relatively high uptake of school meals in the Borough, but it throws no light on the continued decrease in the number of applications from school children who wish to take up casual employment such as the delivery of newspapers. Only 14 such applications were made during the course of the year. It would appear that adequate pocket money is now forthcoming from other sources.

The ascertainment of handicapped pupils has gone ahead along the usual lines, and in this connection I should mention the impact of television, which appears to be something of a mixed blessing. Undoubtedly a proportion of children keep late hours, skimp their homework and tend to be unduly influenced by the constant exhibition of violence and crime, but on the other hand, as School Medical Officer Dr. Gilmour comments in the report, it does lead to the early detection of defective vision. A child might struggle along for a considerable time having difficulty in the classroom but it appears to be a different matter if he finds that he has difficulty in seeing his favourite T.V. programme.

The new class for educationally sub-normal pupils is doing extremely valuable work in the absence of a special school for such children, but we are still somewhat hampered by the lack of day accommodation for

physically handicapped children. However, many obstacles have been overcome through the close co-operation of the school nurses and teaching staff in ordinary schools.

Details are given in the report of the successful completion of a pilot scheme in connection with the vaccination of children with the Bacillus Calmette Guérin. Unfortunately, the tremendous amount of clinical and clerical work involved in the poliomyelitis vaccination scheme has prevented a wider application of B.C.G. to all school-leavers. For a similar reason diphtheria immunisation, particularly the reinforcing or booster dose, has suffered during the year.

Mr. Purslow, the Principal Dental Officer, has contributed an account of the work done in his surgeries during the year, and of particular interest is the amount of conservative dentistry and orthodontic work carried out.

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

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

Finally, I 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. I. F. Jones resigned on the 30th April, 1957, and Mr. W. K. Rimmer commenced duties on the 1st May, 1957.

Dental Service: Mrs. H. Hartley resigned on the 31st August, 1957, and Mrs. F. Huntington was appointed Dental Attendant from the 7th October, 1957.

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, so that a useful degree of liaison is obtained with all the services of the Council, which affect the welfare and health of children 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.

One Health Visitor on rota 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. |
|---------------|-------|--------------------------------|

Gidlow Secondary Modern School :—

| | | |
|---------------|-------|---|
| Speech Clinic | | Monday and Wednesday all day. Thursday afternoon and Friday morning. |
|---------------|-------|---|

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, 1957, was £840,817.

The gross cost of the School Health Service for the twelve months ended 31st March, 1957, was £15,542 14s. 4d., compared with £15,318 13s. 3d. in the preceding year. The Government Grant was

£9,183 8s. 7d. and income from other sources was nil, hence net cost was £6,359 5s. 9d.

The cost of the Service per child was 22s. 0.82d. gross and 9s. 0.35d. net, and the cost expressed in the terms of a penny rate was 4.44d. gross and 1.82d. net.

SCHOOL ACCOMMODATION AND HYGIENE

Number of Schools and Children

Primary Schools

| | No. | Departments | No. on Rolls | Average attendance |
|-------------------------|-----|-------------|-----------------|-----------------------|
| County Schools | 6 | 10 | 1931 | 1789 |
| Voluntary Schools | 20 | 39 | 6594 | 5983 |
| | 26 | 49 | 8525 | 7772 |

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 514 pupils on roll, and the High School has 502.

The Thomas Linacre School has 572 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 School Medical Officers have provided the following general comments on their work:—

(1) Dr. Gilmour writes:

The School Health Service has been carried on very much the same as in previous years.

We have been without the services of a nurse for three months, because one of the nurses who had been with the Authority for a considerable number of years retired at the end of September and the new nurse had not taken up her appointment by the end of the year.

The general physical condition of the school children is good. A steady improvement has been noted over the years, and it is rarely that one comes across a child whose condition is really unsatisfactory.

It is also very pleasing to be able to report that the general cleanliness of the children is very satisfactory—thanks in large measure to the vigilance of a conscientious nursing staff. There is still, of course, the occasional child whose cleanliness could be better, but with the expenditure of much time and patience, the nurse usually manages to make some improvement.

The detection of visual defects is one of the important findings of school medical inspection. It is interesting to note that, with the advent of television, parents often become aware of defects in vision which were formerly brought to their notice by teachers who found that the children were unable to see the blackboard from the back of the class. When glasses are found to be required, most parents are co-operative, and make sure they are worn.

Quite a few children have been referred for periods of residence in open-air schools, mostly in the South of England. Although these schools are a long way from industrial Lancashire, one rarely finds that a parent objects on this account. The resulting improvement in health more than justifies the expense involved by the Authority.

Our work is made easier and happier by the willing help given to us by our colleagues and by the Infirmary Staff of Consultants.

(2) Dr. Bain writes:

In the comparatively short time I have spent in the School Health Service I have worked in two widely differing areas, but have been impressed by the generally high standard of health among the school

children. Major illness is infrequently encountered, and when it is, one usually finds that the case is already under treatment.

The single outstanding feature which comes to mind with regard to school medical inspections is the number of older girls with bad posture. The defect, as a rule, is not severe enough to require special exercises and can be corrected by sustained effort. Occasionally a psychological factor is responsible—a tall ten-year-old girl wishes to approximate her height to that of her classmates, or a girl maturing early tries to conceal a developing bust by a forward hunch of the shoulders. In many cases, however, the cause is no more than defective habits of standing, sitting and walking. I am repeatedly pointing out to these pupils that failure to correct their stance will ruin their figures for good. A less frequently seen defect is hallux valgus, which in later years gives rise to crippling bunions. An important factor here is the wearing of shoes too small or too narrow which crowd the big toes outwards.

The standard of cleanliness among the children is on the whole satisfactory. Usually the pupils, or rather the parents, who offend in this respect are confined to a certain group which requires repeated attention from the school nurses to make them conform to any acceptable standard. The head-louse (like the poor) is always with us, unfortunately. However, in the vast majority of cases of infection poverty plays no important part in preventing the children's heads being kept in a satisfactory condition. An unpleasant feature is that infection can be easily spread to children from clean homes, causing distress to the child and righteous indignation in the parent.

The new class for educationally subnormal children has proved helpful. The majority of such children are capable of assimilating a certain amount of instruction, and those in the higher I.Q. level a very useful amount indeed. They have extreme difficulty in learning in an ordinary class, where the pace is far too fast for them and where the number of pupils prevent them receiving individual attention. They become discouraged and cease to try to learn, absorbing much less than their abilities allow.

The Minor Ailment Clinic at Billinge Road, for which I am responsible, does useful work. Because of the pressure of other duties, especially the poliomyelitis inoculation programme, the work of the clinic has frequently to be left to the school nurses, an arrangement which proves entirely satisfactory. The clinic enables children with minor complaints to receive treatment during school hours with a minimum loss of school time. However, a careful watch must be kept for the child who prefers the clinic to the classroom, who on the morning when his love for learning is at a particularly low ebb is not above examining himself carefully for the minute cut or small healing abrasion which will provide an excuse for him to make his leisurely way to Billinge Road.

The B.C.G. vaccination pilot survey which was carried out during the latter part of the year added interest and variety to the work.

FINDINGS OF 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 | 1091 | 162 | 14.84 |
| Second Age Group | 1355 | 245 | 18.08 |
| Third Age Group | 1093 | 211 | 19.30 |
| <hr/> | | | |
| Total (prescribed Groups) | 3539 | 618 | 17.46 |
| Other Periodic Inspections | 295 | 86 | 29.15 |
| <hr/> | | | |
| Grand Total | 3834 | 704 | 18.57 |

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

During the year 258 Scholarship children were examined.

The general condition of the children is satisfactory. The better standard of living, with the provision of milk and meals in schools, continues to be 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: 99.87 per cent.

Unsatisfactory: 0.13 per cent.

Ear, Nose and Throat Defects

Ear Diseases and Defective Hearing.—At routine medical inspection, 23 children were found to be suffering from ear trouble of various kinds; 39 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.—45 children were found at routine medical inspection to require treatment, and 77 required to be kept under observation. 233 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 | 1091 | 53 | 4.8 |
| Second Age Group | 1355 | 253 | 18.7 |
| Third Age Group | 1093 | 207 | 18.9 |
| Total | 3539 | 513 | 13.3 |

The overall percentage (13.3) is what might have been expected and is comparable to the findings in the surrounding Urban Areas. It was interesting to note when the statistics became available that our figures for each of the groups last year were within 0.9 per cent. of the averages for England and Wales.

Eye Diseases — Visual Defects

Eye Diseases.—45 children were found to be suffering from external eye disease, mainly conjunctivitis and blepharitis.

555 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

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

Orthopædic Defects

At the routine medical inspection 200 cases were revealed. 103 were referred to the Orthopædic Clinic for treatment and 97 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 14 applications received from children were investigated by the School Medical Officers and licences to all the applicants were subsequently granted.

COLLEGE ENTRANTS

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

SUPERANNUATION

9 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, 5,976 attendances were made in 304 sessions at the Central Clinic, and 1,548 attendances were made in 121 sessions at the Pemberton Clinic—an average of 20 children per session at the Central Clinic, and 10 children per session at Pemberton Clinic.

| | | |
|--------------------------------------|-------|-------|
| | 1956 | 1957 |
| No. of children attending | 1,681 | 1,662 |
| No. of attendances | 7,688 | 7,524 |
| Average No. of attendances per child | 4.6 | 4.5 |

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.—39 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 11,631, and of these, 364 had pediculosis of the head (i.e., lice or nits present).

At the final inspection the number of children with nits was 249.

At the first examination the percentage of infested children was 3.20 and at the final inspection the percentage had been reduced to 2.19.

We ask for greater understanding and co-operation from the parents. 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 the 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.

Two Orthopædic Consultants and a comprehensive department are still 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.

I am indebted to the Orthopædic Consultant, Miss M. F. Johnstone, for the following report:—

During the year 1957, 230 patients attended the Consultant's Clinic and 1,347 attendances were made for physiotherapy.

Hydrotherapy sessions at the Municipal Baths are held from April to December. Eight children have been so proficient as to obtain certificates from the Mayor for completing 1—2 lengths. Swimming is one of the few activities in which these children are able to take part as freely as a healthy child. The supervision and teaching has been speeded up and greatly helped by the presence of voluntary helpers in the water as well as the physiotherapist, and many of the children swim and dive remarkably well. The kindly co-operation of the Baths Superintendent and his staff is freely acknowledged.

Hospital treatment is still carried on at the Hospital School, Biddulph. Also, where necessary, arrangements are made for handicapped children to attend a residential school if unable to attend an ordinary school; or again, when ready to leave school, special training is obtained for them to equip them to earn their own livelihood.

A large number of children attend for remedial exercises, mainly for correction of defects of posture and foot deformities.

During the year the work has progressed steadily and in most cases considerable improvement in their disabilities has been evident.

Tuberculosis.—Two children were referred directly from the School Clinic for an opinion to the Chest Clinic. Neither of these was found to be tuberculous.

In early December the Health Department received notification of an open case of Pulmonary Tuberculosis in a fourteen-year-old schoolgirl who had been attending a school in the borough. A question of some urgency was whether the infection had been spread among the other pupils. It was ascertained from the Head Teacher that the child's contacts in school were confined to the pupils in her own class, and parental permission was forthwith obtained for the Tuberculin skin-testing, and X-raying where indicated, of the whole class concerned.

Of the 32 children skin-tested, 26 were negative, suggesting that no infection with the tubercle bacillus had taken place. Five tests were positive, indicating that at some time these children had been infected. In a fourteen-year-old this is not a cause for alarm; these five children were X-rayed and no significant lung abnormalities detected.

The teaching staff were given the opportunity of having chest X-rays; all but two accepted. The X-rays of the 13 examined were normal.

It was improbable that any child infected during the last week or two of contact would have been tuberculin-positive at the above examination, so all the negative reactors were again tested six weeks later. None had converted to positive.

It was discovered that the ill girl had been in the habit of spending considerable time in the company of a girl attending another school. The parent was approached and this girl attended for a skin-test, which was negative.

We have, therefore, satisfied ourselves as far as possible that this case of pulmonary tuberculosis had not disseminated the infection amongst her school contacts.

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.

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.

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.

School Leavers.—The Council having decided to introduce the scheme for the B.C.G. Vaccination of school leavers, the Headmasters of two schools, Whelley Secondary Modern and Pemberton Secondary Modern, were approached in the late summer with regard to a pilot survey and their willing co-operation was secured. The Chest Physician agreed to carry out miniature chest radiography on the tuberculin positive reactors. An explanatory letter, enclosing a Consent Form and the booklet "B.C.G.," was sent to the parents of the thirteen-year-old children in these schools. Unfortunately, the Asian 'flu epidemic made it inexpedient to start the actual work in schools till December.

The procedure consisted of visiting the school and Mantoux testing the children with Old Tuberculin of 10 T.U. strength. The tests were read in three days' time, when the negative reactors were vaccinated and letters sent to their parents describing the course of the vaccination. Explanatory letters were sent to the parents of the positive reactors, requesting permission for a chest X-ray. The vaccination sites were examined after a period of eight weeks. The family doctors were notified of the Mantoux Test results and any abnormal X-ray results in their own patients.

The following represents the result of this survey:—

| | Whelley S.M. | Pemberton S.M. | Total |
|--|-----------------|-------------------|-------|
| No. in 13 year age group | 106 | 121 | 227 |
| No. for whom consent was obtained | 71 | 72 | 143 |
| Percentage of acceptances | 66.4 | 59.5 | 63 |
| No. Mantoux Negative | 59 | 57 | 116 |
| No. Mantoux Positive | 12 | 15 | 27 |
| Percentage Positive | 16.9 | 20.8 | 18.6 |
| No. Vaccinated | 59 | 57 | 116 |
| No. who had Chest X-ray | 12 | 13 | 25 |
| No. where X-ray showed active tuberculosis | 0 | 0 | 0 |
| No. where X-ray showed lung abnormality requiring further observation | 1 | 2 | 3 |

The subsequent examination of the vaccination sites revealed no abnormal reactions.

For a newly introduced procedure the acceptance rate of 63 per cent. is encouraging and will probably rise as parents become better acquainted with this vaccination.

The figure for positive Mantoux tests gives an indication of the extent to which the children are being brought into contact with the germ of tuberculosis. Our percentage, 18.6, compares favourably with that in other urban industrial areas, suggesting that Wigan children are not unduly at risk in this respect, but it must be remembered that the number so far examined is too small for any firm conclusion to be drawn.

Child Guidance, 1957

| | |
|---|----|
| Number of Cases referred | 19 |
| Sources of reference:— | |
| School Medical Officer | 4 |
| Court Magistrates | 15 |
| Interviews held:— | |
| Remand Home | 12 |
| Notre Dame Child Guidance Clinic, Liverpool | 7 |
| Results:— | |
| (1) Treatment at Clinic recommended | 5 |
| (2) Diagnosed with advice | 14 |

It will be seen that seven of the nineteen 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 23.

CHIROPODY

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

The analysis of cases for 1957 shows an even greater relative number of Verrucae than before. This, we hope, shows that parents are becoming more careful in the choice of shoes and socks, thus reducing the incidence of such defects as Hallux Valgus, ingrown toe nails and common corns.

A further improvement could be made by encouraging children to attend the clinic on the first signs of Verrucae. Too often these growths are not seen by the Chiropodist until a late stage of development. This is the next problem to be solved.

Nineteen-fifty-seven has seen better, cleaner feet.

| | | | |
|-----------------------------------|-------|-------|-----|
| No. of attendances by Chiropodist | ..... | ..... | 47 |
| No. of Patients | ..... | ..... | 300 |
| No. of Treatments | ..... | ..... | 455 |

ANALYSIS OF CASES, 1957

| | | | |
|------------------|-------|-------|-----|
| Verrucae Pedis | ..... | ..... | 220 |
| Other Conditions | ..... | ..... | 80 |

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 17 and 274 cases respectively.

There were 8 cases of Whooping Cough, 1 of Typhoid Fever, 18 of Dysentery, 1 of Food Poisoning, 5 of Tuberculosis (Respiratory) and 2 of Pneumonia. There were no cases of Poliomyelitis.

The case of typhoid fever revealed an interesting situation. The patient, a little girl, had acquired the infection from her grandmother who lived in the home. This old lady had suffered from the disease in 1910 and after recovery had had her gall-bladder removed. As far as we could ascertain, no other case of typhoid fever had occurred for which she could be held responsible, so we have the surprising situation of this person being a typhoid carrier for forty-seven years and now giving rise to her first case. The child had been in subnormal health for several months due to repeated upper respiratory infections and may have been especially susceptible to a small dose of organisms.

The child made a good recovery, but an attempt to cure the carrier state in the grandmother with modern antibiotic drugs failed.

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.

The new administrative arrangements for the visiting of notified cases of infectious diseases are working satisfactorily. 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 class-room 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 | 406 |
| No. of children receiving booster inoculation | 380 |

Vaccination against Poliomyelitis.—This work has proceeded as quickly as the supplies of vaccine would allow. The groups eligible have now been extended to include schoolchildren up to 15 years of age. In November the Central Health Authority decided to import Canadian and American Salk vaccine. At the end of the year none had yet been supplied to this Department. Parents who object to the use of this vaccine may elect to have their children immunised with British, but this may involve waiting somewhat longer for the injections.

Number of children who received protection during year 1,999

Asian Influenza.—The Borough, in common with the country generally, suffered from the Asian Influenza epidemic during the autumn. This virus A influenza was fortunately not a severe type; the illness usually consisted of no more than the well-known 'flu symptoms of headache, malaise and chills, and lasted about a fortnight. Only the very young, the very old or the infirm were liable to develop severe pulmonary complications. There was no significant increase in the notifications of acute pneumonia in school children during the epidemic period nor were there any deaths of children of school age due to the disease.

The effect on school attendance may be seen from the following table:—

Average Attendance for all Schools

| | 1957 % | 1956 % | 1955 % |
|-----------------|-----------|-----------|-----------|
| August | 93.0 | 94.1 | 94.0 |
| September | 78.1 | 93.6 | 92.9 |
| October | 88.6 | 93.6 | 92.9 |
| November | 92.1 | 91.5 | 92.9 |
| December | 91.3 | 91.5 | 90.9 |

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 |
|---|--------------------|---------------------|
| (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 | — | 1 |
| Institute for Blind Welfare and School for Partially Sighted, Preston | — | 1 |
| Exhall Grange Special School, Exhall | 1 | — |

| | Number admitted | Number attending |
|--|--------------------|---------------------|
| (c) Deaf Pupils. | | |
| Number ascertained: Nil. | | |
| St. John's Institution for Deaf and Dumb, Boston Spa | — | 3 |
| Thomasson Memorial School for the Deaf, Bolton | — | 5 |
| Royal Residential School for the Deaf, Man- chester | — | 2 |
| (d) Partially Deaf Pupils. | | |
| Number ascertained: Nil. | | |
| (e) Delicate Pupils. | | |
| Number of children ascertained during 1957: 9. | | |
| Number of children admitted to Special Schools as under:— | | |
| St. Dominic's Open-air School, Surrey | 4 | 6 |
| Fairfield House Open-air School, Broadstairs | 2 | 2 |
| Children's Convalescent Home, West Kirby | 1 | 1 |
| St. Joseph's Heart Hospital, Rainhill | — | 1 |
| (f) Diabetic Pupils. | | |
| No cases were revealed during the year. | | |
| (g) Educationally Sub-normal Pupils. | | |
| Number of children examined during the year | | 24 |
| 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 | — | |
| Admission to Special Class in Ordinary School | | 14 |
| Total number of children actually admitted to Special Schools for Educationally Sub- normal Pupils during 1957 | | 4 |
| Total number of children admitted to Special Class | | 20 |
| Total number of children attending Special Schools during 1957 | | 12 |

| | Number admitted | Number attending |
|--|--------------------|---------------------|
| (h) Maladjusted Pupils. | | |
| Number ascertained as requiring treatment: 2. | | |
| Number of children admitted to Special Schools as under:— | | |
| St. Thomas More's School for Maladjusted, Devon | 2 | 4 |
| (i) Physically Handicapped Pupils. | | |
| Queen Elizabeth's Training College, Surrey | — | 1 |
| Bradstock Lockett Special School, Southport | 2 | 2 |
| (j) Epileptic Pupils. | | |
| Number ascertained: 1. | | |
| Number of children admitted to Special Schools as under:— | | |
| St. Elizabeth's School for Epileptics, Much Hadham, Hertfordshire | 1 | 1 |
| (k) Pupils Suffering from Speech Defect. | | |

Miss Kay reports:—

Again, the speech clinic has been well attended by a nucleus of children of co-operative and anxious parents. It is interesting to note that progress has been satisfactory in practically all the children forming this core. I have, unfortunately, however, again to report a certain reduction in numbers, caused by lack of co-operation on the part of parents.

Nevertheless, it can be reported that progress has again been made in both administration and therapy. A recent innovation is the use of a Pure Tone Audiometer to test the hearing of children attending the clinic. This investigates the possibility of the child's faulty sound reproduction being due to defective hearing.

| | |
|---|-------|
| Average number of cases treated per month | 78 |
| Total number of reviews made | 208 |
| Total number of attendances | 2,301 |
| Total number of cases discharged | 23 |
| Total number of cases treated | 137 |

EDUCATION ACT, 1944, SECTION 56

During the year four children received home teaching and 29 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 handwork 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 | 1 | 59 |

ACCIDENTS IN SCHOOLS

The Director of Education has kindly supplied the following information concerning accidents to scholars during the year ended 31st December, 1957:—

| | Primary Schools | Secondary Schools |
|--------------------------------|--------------------|----------------------|
| Free play in school yard | 28 | 25 |
| Gym. | 6 | 28 |
| Organised games | 6 | 34 |
| Classrooms | 9 | 7 |
| Woodwork or Metalwork | — | 10 |
| Laboratory | — | — |
| Domestic Science | — | — |
| On stairs | — | 5 |
| Doorways | 5 | 3 |
| Cloakroom and toilets | 4 | 2 |
| Hall | — | 4 |
| Garden | 1 | 3 |
| Road outside school | 1 | — |
| Corridors | 1 | 1 |

WORK OF THE SCHOOL NURSES

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

| | 1956 | 1957 |
|---|--------|--------|
| No. of visits paid to homes for following up of cases..... | 1,687 | 1,467 |
| „ visits paid to schools in connection with general cleanliness | 83 | 95 |
| „ children inspected for general cleanliness | 11,548 | 11,631 |
| „ visits paid to schools for re-inspection for general cleanliness | 318 | 263 |
| „ children re-inspected for general cleanliness | 32,342 | 24,957 |
| „ visits to schools for Infectious Diseases | 5 | — |
| „ children inspected for Infectious Diseases | 133 | — |
| „ visits paid to schools for other purposes | 110 | 110 |
| „ visits paid to homes for Infectious Diseases | 382 | 359 |
| „ visits paid to schools for Medical Inspection | 262 | 232 |
| „ visits paid to schools for Inoculations | 25 | 7 |
| „ journeys to Manchester with Children for Admission to Biddulph Hospital | 6 | 1 |
| „ Inoculation Sessions at School Clinic | 11 | 117 |

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 2,204, and the total number of children medically inspected was 3,834, the average attendance of parents being 57.48 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 help 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 | 26 |
| Annual Home Office Medical Inspections | 55 |

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 31 children.

PROVISION OF MEALS AND MILK

St. Cuthbert's R.C. Kitchen Dining Room

The new St. Cuthbert's R.C. Dining Room was opened on the 7th January, 1957. Owing to shortage of suitable applicants for the post of Cook-in-Charge, the cooking of meals on the school premises has been deferred. A transported meal is being supplied until a suitable person is appointed.

St. Mary's R.C. School

A new scullery and servery has been provided at the St. Mary's R.C. School. A new Hot Water Unit, Sterilising and Glazed Sinks have been installed. Serving of the school meals and washing-up are done under good hygienic conditions.

Wash-hand Basins.

Wash-hand basins and paper towel units have been provided in all School Meals Kitchens in accordance with the Food Hygiene Regulations. All First Aid Boxes have been renewed.

Mass Miniature Radiography.

One hundred and sixty-seven School Meals Employees have attended for X-ray during the year.

SUMMARY OF MILK AND MEALS SERVED

| | 1956 | 1957 |
|---|-----------|-----------|
| Free meals served to children | 102,906 | 101,831 |
| Paid meals served to children | 1,000,562 | 969,320 |
| Third-pint bottles milk | 2,001,096 | 2,089,686 |
| Meals supplied to Notre Dame High School | 58,906 | 43,415 |
| Meals supplied to Hope School | 11,613 | 11,911 |
| Meals supplied to "Meals on Wheels" Service | 8,620 | 7,774 |
| Meals supplied to Workshops for the Blind | — | 2,248 |

**PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT
FOR THE YEAR 1957**

The year 1957 presented many staff problems in the School Dental Service. Absence from duty through illness, the resignation of a dental officer and attendant reduced the personnel of the section by half. This could have made a serious impact on the complete working of the service but fortunately the immediate appointment of Mr. Rimmer on the professional side and later in the year the replacement of the dental attendant considerably helped in maintaining it at its former level. It was, therefore, possible to make similar arrangements for the dental inspection and treatment of children attending the various schools in the Borough as in the past.

Once more, as in previous years, many parents accepted the invitation to be present at the first school dental inspection of their children, and I am grateful for the collaboration of head teachers in helping to make this possible. There is no doubt that many dental defects which make an appearance at a later age could be avoided by accepting early advice or treatment. This is especially important in regard to the permanent dentition, as neglect in early childhood may cause abnormal position of the teeth, resulting in a prolonged course of orthodontic treatment for its correction.

The Orthodontic Service, with the limited time available, was used to its full capacity. During the twelve months under review 415 attendances were made at the clinic by children receiving orthodontic treatment and 169 were made for examination and treatment by Mr. Batten, the Orthodontist, who attended twelve half-days during the year.

Details of the Dental treatment, including Orthodontic work carried out at the Clinics during 1957, are shown in Table IX, and it is gratifying to note the amount of conservation work that has been done in the period under review.

Once again I am indebted to the Consultant Dental Surgeon to the Wigan and Leigh Hospital Management Committee for his help on those occasions when patients required specialised hospital treatment.

Throughout the year I received valuable help from the Dental Attendant and Clerk; both cheerfully accepted additional duties owing to the depletion of staff through sickness. They carried out a considerable amount of work, including 257 home visits in a "following up" capacity, and made 71 visits to schools, thus affording a valuable contribution in operating the service.

PHYSICAL EDUCATION, 1957

The success in Athletics, Association and Rugby Football are an indication of the increased activity in physical education in Wigan Schools during the past year. The Inter-Schools sports attracted a large number of competitors and several long-standing records were broken. Successes by Wigan pupils were recorded in the County and Inter-town events and two boys established new Lancashire County records in the half-mile and high jump. In the County Schools F.A. Cup Competition, Wigan along with Manchester are the joint holders of the Trophy. The town team and individual school teams gained successes in the County and Inter-town Rugby Competitions.

Swimming instruction continues to be given at the Public Baths. Forty-nine children gained elementary certificates, 235 intermediate certificates and 142 advanced certificates. In addition, 6 physically handicapped children gained elementary certificates. One hundred and fourteen children received instruction in life-saving and qualified for awards of the R.L.S.S. The Annual Life Saving Competition and Swimming Sports were held as usual.

APPENDIX "A"

STATISTICAL TABLES

TABLE I

Primary and Secondary Schools

Number of Children Inspected 1st January, 1957
to 31st December, 1957

A. PERIODIC MEDICAL INSPECTIONS

Number of Code Group Inspections:—

| | |
|--|-------|
| Entrants | 1,091 |
| 2nd Age Group | 1,355 |
| 3rd Age Group | 1,093 |
| Total | 3,539 |
| Number of other Periodic Inspections | 295 |

B. OTHER INSPECTIONS

| | |
|-------------------------------------|-------|
| Number of Special Inspections | 142 |
| Number of Re-inspections | 1,601 |
| Total | 1,743 |

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 | 1091 | 1089 | 99.82 | 2 | 0.18 |
| Second Age Group | 1355 | 1354 | 99.93 | 1 | 0.07 |
| Third Age Group | 1093 | 1091 | 99.82 | 2 | 0.18 |
| Other Periodic Inspections | 295 | 295 | 100.0 | — | — |
| Total | 3834 | 3829 | 99.87 | 5 | 0.13 |

TABLE III

Treatment Table

Minor Ailments (excluding Uncleanliness) Treated during
the Year ended 31st December, 1957

| Disease or Defect | Number of Defects treated, or under treatment during the year | | |
|--|---|------------------|--------------|
| | Under the Authority's Scheme (2) | Otherwise (3) | Total (4) |
| (1) | | | |
| Skin— | | | |
| Ringworm : Scalp | — | — | — |
| Ringworm : Body | 6 | — | 6 |
| Scabies | — | — | — |
| Impetigo | 27 | — | 27 |
| Other Skin Disease | 291 | — | 291 |
| Minor Eye Defects | 87 | — | 87 |
| (External and other, but excluding cases falling in Group II). | | | |
| Minor Ear Defects | 27 | — | 27 |
| Miscellaneous | 999 | — | 999 |
| (e.g., Minor injuries, bruises, sores, chilblains, etc.). | | | |
| Total | 1437 | — | 1437 |

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) | 605 | — | 605 |
| Other Defect or Disease of the Eyes (excluding those recorded in Group I) | — | — | — |
| Total | 605 | — | 605 |

Defective Vision

| | |
|--|-----|
| No. of refractions carried out at the Clinic | 605 |
| „ children for whom glasses were prescribed | 449 |
| „ children for whom glasses were not prescribed..... | 115 |
| „ children for whom new glasses were not con- sidered necessary | 8 |
| Uncompleted cases | 16 |
| No. referred to Infirmary | 17 |

Analysis of Cases in which Glasses were Prescribed

| | |
|---------------------------------|------------|
| Simple Hypermetropia | 56 |
| Simple Myopia | 70 |
| Hypermetropic Astigmatism | 185 |
| Myopic Astigmatism | 104 |
| Mixed Astigmatism | 34 |
| Total | 449 |

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 | | |
| 233 | — | 233 | 57 | 290 |

TABLE VI
Orthopædic Clinic
Orthopædic and Postural Defects

| | Wigan | Hindley | Ince | Standish | Ashton | Total |
|---|-------|---------|------|----------|--------|-------|
| No. of children of school age attending | 175 | 25 | 14 | 16 | — | 230 |
| No. of attendances of children of school age | 1042 | 102 | 121 | 82 | — | 1347 |
| No. of cases of children of school age referred for treatment to Bid-dulph Hospital, Staf-fordshire (in-patients) | 2 | — | 1 | — | — | 3 |

TABLE VII
Central Clinic

Classification of Consultations and Treatment at School Clinic, 1957

| | Primary Inspection at Clinic | Referred to Infirmary or own Doctor | Total Number of Attendances at Clinic |
|---|------------------------------|-------------------------------------|---------------------------------------|
| Uncleanliness | 4 | — | 7 |
| Ringworm : Scalp | — | — | — |
| Body | 5 | — | 28 |
| Scabies | — | — | — |
| Impetigo | 16 | — | 188 |
| Other Skin Diseases | 222 | — | 1547 |
| Blepharitis | 9 | — | 29 |
| Conjunctivitis | 9 | — | 44 |
| Defective Vision | 20 | — | 20 |
| Squint | 2 | — | 2 |
| Other Eye Conditions | 58 | 6 | 138 |
| Defective Hearing | — | — | 1 |
| Otitis Media | 3 | — | 95 |
| Other Ear Diseases | 18 | — | 74 |
| Enlarged Tonsils | — | — | — |
| Adenoids | — | — | — |
| Enlarged Tonsils and Adenoids | 1 | — | 1 |
| Other Nose and Throat Condi-tions | 24 | — | 48 |
| Carried forward | 391 | 6 | 2222 |

Central Clinic (continued)

| | Primary Inspection at Clinic | Referred to Infirmery or own Doctor | Total Number of Attendances at Clinic |
|------------------------------------|------------------------------------|--|--|
| Brought forward | 391 | 6 | 2222 |
| Enlarged Cervical Glands | 1 | — | 1 |
| Defective Speech | 2 | — | 2 |
| Anæmia | — | — | — |
| Bronchitis | — | — | — |
| Other Non-Tubercular Diseases : | | | |
| Lungs | 1 | — | 1 |
| Infectious Diseases | 2 | — | 3 |
| Tuberculosis— | | | |
| Pulmonary : | | | |
| Definite | — | — | — |
| Suspected | — | — | — |
| Non-Pulmonary : | | | |
| Glands | — | — | — |
| Skin | — | — | — |
| Bones and Joints | — | — | — |
| Chorea | — | — | — |
| Other Forms : Deformities | 20 | — | 22 |
| Injuries to Bones and Joints | 87 | 116 | 87 |
| Miscellaneous | 814 | 20 | 3515 |
| Other Defects and Diseases | 54 | — | 123 |
| Total | 1372 | 142 | 5976 |

Pemberton Clinic

| | Primary Inspection at Clinic | Referred to Infirmary or own Doctor | Total Number of Attendances at Clinic |
|-------------------------------------|------------------------------------|--|--|
| Ringworm | 1 | — | 8 |
| Uncleanliness | — | — | — |
| Scabies | — | — | — |
| Impetigo | 11 | — | 59 |
| Other Skin Diseases | 69 | — | 425 |
| Blepharitis | — | — | — |
| Conjunctivitis | — | — | — |
| Corneal Opacities | — | — | — |
| Defective Vision | — | — | — |
| Squint | — | — | — |
| Other Eye Conditions | 11 | — | 38 |
| Defective Hearing | — | — | — |
| Otitis Media | — | — | — |
| Other Ear Diseases | 6 | — | 15 |
| Enlarged Tonsils and Adenoids | — | — | — |
| Nose and Throat Conditions | 5 | — | 14 |
| Bronchitis | — | — | — |
| Defective Speech | — | — | — |
| Other Defects and Diseases | 2 | — | 3 |
| Miscellaneous | 185 | — | 986 |
| Injuries to Bones | — | — | — |
| Total | 290 | — | 1548 |

TABLE VIII

Uncleanliness and Verminous Conditions

| | | |
|-------|---|--------|
| (i) | Average number of visits per school made during the year by the School Nurses | 10 |
| (ii) | Total number of examinations of children in the Schools by School Nurses | 36,588 |
| (iii) | Number of individual children found unclean at first inspection | 364 |
| (iv) | Number of individual children found unclean at final inspection | 249 |
| (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 | 10,741 | |
| | (b) As Specials | 81 | |
| | | ————— | 10,822 |
| (2) | Number found to require treatment | | 5,424 |
| (3) | Number offered treatment | | 4,918 |
| (4) | Number actually treated | | 3,858 |
| (5) | Number of attendances made by pupils for treatment | | 5,709 |
| (6) | Half-days devoted to— | | |
| | Periodic (School) Inspection | 71 | |
| | Treatment | 710 | |
| | | ————— | 781 |
| (7) | Fillings: Permanent Teeth | 3,272 | |
| | Temporary Teeth | 75 | |
| | | ————— | 3,347 |
| (8) | Number of teeth filled: Permanent Teeth | 2,837 | |
| | Temporary Teeth | 67 | |
| | | ————— | 2,904 |
| (9) | Extractions: Permanent Teeth | 256 | |
| | Temporary Teeth | 1,635 | |
| | | ————— | 1,891 |
| (10) | Administration of general anæsthetics for extraction | | 148 |

(11) Orthodontics—

| | | | | |
|-----|--|-------|-------|-----|
| (a) | Cases commenced during the year | ..... | ..... | 32 |
| (b) | Cases carried forward from previous year | ..... | ..... | 50 |
| (c) | Cases completed during the year | ..... | ..... | 19 |
| (d) | Cases discontinued during the year | ..... | ..... | 2 |
| (e) | Pupils treated with appliances | ..... | ..... | 40 |
| (f) | Removable appliances fitted | ..... | ..... | 50 |
| (g) | Fixed appliances fitted | ..... | ..... | 1 |
| (h) | Total attendances | ..... | ..... | 684 |

(12) Number of pupils supplied with artificial dentures 7

(13) Other Operations: Permanent Teeth 351
 Temporary Teeth 22

————— 373

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 | 7 — 14 | — | | |
| ENCEPHALITIS | 4 — 30 | — | | |
| MENINGOCOCCAL INFECTION | 2 — 10 | — | | |

| | | | | | |
|--|--|---|---|--|--|
| <p>1. The first part of the paper discusses the importance of the research and the objectives of the study.</p> | <p>2. The second part of the paper describes the methodology used in the study, including the data collection and analysis techniques.</p> | <p>3. The third part of the paper presents the results of the study, including the statistical analysis and the findings.</p> | <p>4. The fourth part of the paper discusses the implications of the findings and the limitations of the study.</p> | <p>5. The fifth part of the paper concludes the study and provides recommendations for future research.</p> | <p>6. The sixth part of the paper provides a summary of the key findings and the overall conclusions of the study.</p> |
| <p>7. The seventh part of the paper discusses the theoretical contributions of the study and the practical implications.</p> | <p>8. The eighth part of the paper provides a detailed discussion of the research findings and their significance.</p> | <p>9. The ninth part of the paper discusses the limitations of the study and the need for further research.</p> | <p>10. The tenth part of the paper concludes the study and provides a final summary of the key findings.</p> | <p>11. The eleventh part of the paper provides a detailed discussion of the research findings and their significance.</p> | <p>12. The twelfth part of the paper provides a summary of the key findings and the overall conclusions of the study.</p> |
| <p>13. The thirteenth part of the paper discusses the theoretical contributions of the study and the practical implications.</p> | <p>14. The fourteenth part of the paper provides a detailed discussion of the research findings and their significance.</p> | <p>15. The fifteenth part of the paper discusses the limitations of the study and the need for further research.</p> | <p>16. The sixteenth part of the paper concludes the study and provides a final summary of the key findings.</p> | <p>17. The seventeenth part of the paper provides a detailed discussion of the research findings and their significance.</p> | <p>18. The eighteenth part of the paper provides a summary of the key findings and the overall conclusions of the study.</p> |