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COUNTY BOROUGH OF WIGAN



*Annual Report*  
*of the*  
*Principal*  
*School Medical Officer*  
*For the year 1961*

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



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for the year 1961

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**COUNTY BOROUGH OF WIGAN**

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O. Somers, S. Taylor, S. Townley.

Other Members : Miss E. Hodson, M.B.E., J.P., Mrs. J. N. Pasquill, J.P., M.A.,  
Miss A. Snelson, B.A.



# SCHOOL MEDICAL STAFF

1961

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## Principal School Medical Officer :

J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H., F.R.S.H.

## School Medical Officers :

JANE T. GILMOUR, M.B., Ch.B., D.P.H., (To 31/3/61)

\*ALAN SIPPERT, M.B., Ch.B., D.P.H., (From 1/8/61)

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

\*THOMAS L. O'DONNELL, M.B., Ch.B., D.P.H. (From 1/8/61)

## Orthopædic Surgeon :

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

## Consultant Child Psychiatrist :

\*A. GAGE, M.B., Ch.B., D.P.M., (From 1/11/61)

## Educational Psychologist :

\*T. SIMM (From 1/11/61)

## Principal Dental Officer :

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

## Orthodontic Service :

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

## Chiropody Service :

\*J. WOOD, M.Ch.S.

## School Nurses :

E. E. SMITH, J. M. KEENAN, C. M. BEWLEY, P. PRITCHARD,  
V. LOWN (From 6/3/61)

## Psychiatric Social Worker :

\*R. REYNOLDS (From 1/11/61)

## Orthopædic Nurse :

\*Mrs. H. JORDAN

## Dental Attendant :

E. CHADWICK.

## Clerks :

D. JONES, D. MASON, J. M. PROCTOR

\* Denotes Part-time Officer

## PRINCIPAL SCHOOL MEDICAL OFFICER'S ANNUAL REPORT FOR 1961

Health Office,  
WIGAN.  
March, 1962.

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 School Health Service for the year ended December, 1961.

It was with regret that we said farewell to Dr. J. T. Gilmour, who left the Department on reaching the age of retirement. Dr. Gilmour had worked in the School Health Service of the Borough for almost the whole of her professional life. During this period she had endeared herself to the staff and to her young patients alike. Moreover by her wide interests in the town she has played a prominent part in enriching its cultural life. We wish her a long and happy retirement.

The service was strengthened by the appointment of Dr. A. Sippert as Deputy Medical Officer of Health and Dr. T. L. O'Donnell as Assistant School Medical Officer, both of whom we welcome. Opportunity was taken during the year to draw the School Health Service and its staff closer to the Health Department by the re-arrangement and co-ordination of duties of the medical, nursing and clerical staff. This will undoubtedly lead to greater flexibility and economy of operation.

Much important work remains to be done in the Service and to accomplish it the best possible use must be made of medical and nursing staff who will continue to be in short supply for many years to come.

The findings at medical inspection reveal a steady improvement in the general condition of the children of whom fewer than ever before were considered to have conditions requiring treatment. Increased standards of living and the provision of adequate medical services at all levels of society are now bearing fruit.

A table on page 11 shows the number of children found at periodic medical inspection to have had their tonsils and adenoids removed. It will be seen that the overall percentage for all school ages is 14.5 and appears to be steadily decreasing. Operative treatment for enlarged tonsils and adenoids, a normal physiological finding in young children, was performed all too frequently in the past but, in this area at least, it is now held within reasonable bounds.

With the resignation of Dr. Gilmour the arrangements for the examination and treatment of children with defective vision under the supplementary ophthalmic service came precipitously to a halt and alternative provision, including referral to the Ophthalmic Department of the Royal Albert

Edward Infirmary, has been instituted as a temporary measure. Meanwhile arrangements have been made to provide for the training of one or more assistant medical officers in this important work.

For several years I have commented in this report on the lack of an adequate Child Psychiatric Service in the area and it is with pleasure that I am able to report on the establishment of a comprehensive service in the Borough. The unit, housed in the Health centre, Millgate, is the result of joint action between the Manchester Regional Hospital Board, the Lancashire County Council and the Borough Council. It is under the direction of Dr. A. Gage. Child guidance is difficult, time-consuming and often unrewarding work but is eminently worthwhile if it will, as we confidently expect, prevent more serious mental ill-health in later life and perhaps reduce the incidence of delinquency in adolescence. One thing is certain, little can be achieved without the fullest co-operation of the parents and teaching staffs in the schools.

Repeated advertisements throughout the year for the vacant post of Speech Therapist have brought no results. We have an urgent need for a speech therapy service in the Borough but until more young women can be persuaded to take up the work and after training stay in it long enough to be of real value before embarking on family commitments this need will remain unfulfilled.

The School Dental Service is in little better shape. The Principal Dental Officer, Mr. C. F. L. Purslow is still working single-handed despite many advertisements for assistants. His report on the work of the service is included in the following pages.

For the report on Physical Education and on the School Meals Service and for his co-operation throughout the year I am indebted to the Director of Education and his staff. My thanks are due also to the many other full and part-time officers who have provided material for inclusion in the report and to the medical, dental, nursing and lay staff of the department for the high standard of work which they have maintained and lastly to you, Mr. Chairman, and to your Committee for the help and enthusiasm which you have shown in considering the many matters brought to your notice during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. HAWORTH HILDITCH,

Principal School Medical Officer.

## STAFF CHANGES

Medical Staff : Dr. J. T. Gilmour retired on the 31st March, 1961. Dr. A. Sippert and Dr. T. L. O'Donnell commenced duty on the 1st August, 1961.

School Nursing Service : Mrs. V. Lown commenced duty on the 6th March, 1961.

## 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. All other Medical Officers hold joint appointments in the School Health Service and other health services.

The Medical Officer of Health is 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. 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.

No effort has been spared to preserve and extend 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.

During the year it was agreed that there should be a merging of the School Health Service with the Health Department staff to achieve greater flexibility and economy within the service. None of the present School Nurses possess the Health Visitors Certificate but future vacancies will be advertised as joint Health Visitor/School Nurse appointments. Difficulties must however be expected in recruitment 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.

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 entry or discharge from hospital has been established. In the past, the Paediatrician and School Medical Officers have found this invaluable and the Orthopaedic Surgeon now participates in the scheme which ensures that maximum information is available on which to base decisions which might influence a child's future education and prospects in later life.

## CLINICS

### Central Clinic, Millgate, Wigan :—

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

### Pemberton Clinic, 15 Billinge Road, Pemberton :—

Minor Ailments Clinic ..... Tuesday and Friday mornings.

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

Dental Clinic ..... Tuesday and Thursday mornings.

## 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, 1961, was £945,395.

The gross cost of the School Health Service for the twelve months ended 31st March, 1961, was £15,581 5s. 2d. compared with £15,143 16s. 8d. in the preceding year.

The gross cost of the Service per child was 23s. 3.17d. which expressed in terms of a penny rate was 3.96d.

## SCHOOL ACCOMMODATION AND HYGIENE

### Number of Schools and Children

#### Primary Schools

	No.	Departments	No. on Rolls	Average attendance
County Schools .....	7	12	2169	1951
Voluntary Schools .....	21	39	5730	5125
	28	51	7899	7076

#### Secondary Modern Schools

	No.	Departments	No. on Rolls	Average attendance
County Schools .....	3	5	1438	1298
Voluntary Schools .....	5	7	2399	2159
	8	11	3837	3457

#### Secondary, Technical and Grammar Schools

The Grammar School has 486 pupils on roll, and the High School has 551.

The Thomas Linacre School has 430 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.

### FINDINGS OF MEDICAL INSPECTION

The periodic medical inspection of three age groups continued throughout the year. The figures are presented by year of birth in accordance with the requirements of the Ministry of Education.

The numbers of children inspected and found to require treatment (excluding uncleanliness and Dental Diseases) were as follows :—

Year of Birth	Number Inspected	Found to require treatment	Percentage
1957 and later	234	23	9.83
1956	541	95	17.56
1955	293	53	18.10
1954	49	8	16.33
1953	12	2	16.66
1952	14	1	7.14
1951	392	52	13.30
1950	481	89	18.50
1949	33	5	15.15
1948	298	38	12.75
1947	547	78	14.26
1946 and earlier	251	27	10.75
<b>Total</b>	<b>3145</b>	<b>471</b>	<b>14.98</b>

The general condition of the children continues to improve. Better standards of living continue 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 26) that in all age groups the percentage in the two categories is as follows :—

Satisfactory : 99.62 per cent.

Unsatisfactory : 0.38 per cent.

#### Ear, Nose and Throat Defects

**Ear Diseases and Defective Hearing.**—At routine medical inspection 40 children were found to have discharging ears and 30 children to be suffering from other ear trouble. No attempt has been made to use Mass Audiometer Testing, but individual children are tested by pure tone audiometry. The department is indebted to Mr. R. C. Davenport who attends voluntarily to carry out this work.

**Tonsils and Adenoids.**—21 children were found at routine medical inspection to require treatment, and 62 required to be kept under observation. 84 received operative treatment during the year. Details are given on page 27 (Table V).

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 :—

Year of Birth	Number Inspected	Found to have received treatment	Percentage
1957 and later	234	5	2.13
1956	541	19	3.70
1955	293	22	7.51
1954	49	7	14.30
1953	12	3	25.00
1952	14	1	7.14
1951	392	66	16.83
1950	481	85	17.67
1949	33	8	27.70
1948	298	66	22.15
1947	547	118	21.57
1946 and earlier	251	57	22.71
Total	3145	457	14.50

#### Eye Diseases — Visual Defects

**Eye Diseases.**—8 children were found to be suffering from external eye diseases, mainly conjunctivitis and blepharitis.

286 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 27 (Table IV).

#### Skin Diseases

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

#### Orthopaedic Defects

At the routine medical inspection 138 cases were revealed. 88 were referred to the Orthopaedic Clinic for treatment and 50 are under Observation.



Details of attendances at the Orthopædic Clinic are given in Table VI on page 28.

### EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

During the year 7 applications received from children were investigated by the School Medical Officers and licences to all the applicants were subsequently granted.

### COLLEGE ENTRANTS

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

### SUPERANNUATION

6 employees of the School Meals Service and 14 Teachers 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, two days weekly during the school terms and during the school holiday periods for treatment of minor ailments and the carrying out of special examinations.

During the year, 5,313 attendances were made in 254 sessions at the Central Clinic, and 645 attendances were made in 95 sessions at the Pemberton Clinic—an average of 21 children per session at the Central Clinic, and 7 children per session at Pemberton Clinic.

	1960	1961
No. of children attending .....	2,244	1,857
No. of attendances .....	7,161	5,958
Average No. of attendances per child .....	3.2	3.2

At the School Clinics special examinations of children referred by school nurses, teachers, parents and school welfare 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 28 and 29.

**Treatment of Visual Defects.**—It has been the practice for children suspected of having defective vision to be examined at the School Clinic, Millgate, but this arrangement had to be placed in abeyance on the retirement of Dr. J. T. Gilmour. Such cases are referred to the Supplementary Ophthalmic service at present. 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.**—51 school children have been referred to the Wigan Infirmary to benefit from the orthoptic exercises provided there.

**Uncleanliness.**—Arrangements for head inspection have continued as in previous years. Details are to be found on page 29 (Table VIII).

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

- (1) Complete survey by a School Nurse of each school as soon as possible after term begins.
- (2) Children found to be harbouring live vermin are excluded from school and attend the Clinic every day until quite clean. They are then re-admitted and directions given to the parents to keep them clean.
- (3) In the case of children with nits only, notices to parents are sent in the usual way with instructions as to the best method of getting rid of nits. The children are seen by Nurses at intervals of three or four days until quite clean. Notices to parents are repeated in cases where nits are still present.

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

The total number of first examinations of children was 11,792, and of these, 487 had pediculosis of the head (i.e., lice or nits present).

At the final inspection the number of children with nits was 176.

At the first examination the percentage of infested children was 4.04 and at the final inspection the percentage had been reduced to 1.49.

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. Unfortunately, however, 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.

A disturbing feature has been the increase in the number of cases of scabies treated during the year. There were 18 cases in 1961 compared with 4 cases in 1960. The greatest difficulties arise were parents of affected children refuse to seek treatment for themselves. This often results in re-infestation of the children concerned and prevents that particular source of infestation being cleared.

**Orthopaedic Service.**—As in previous years the Orthopaedic scheme organised in conjunction with Lancashire County Council has continued to work well. The surgeon attends two sessions per month and the Orthopaedic Nurse attends six sessions per week.

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

During the year 1961, 183 patients attended and 983 attendances were made for physiotherapy.

Much progress is made by remedial hydrotherapy given to poliomyelitis, spastic, muscular dystrophy cases and children suffering from congenital spine deformities. These classes are increased by cases sent by Surgeons from Wigan Infirmary. Again voluntary help of the Health Office Staff is greatly appreciated as by their assistance more children can partake in this most helpful and enjoyable exercise.

When necessary the children are referred either to Biddulph Grange Orthopaedic Hospital or to the local infirmary for operative treatment.

Remedial exercises, plasters and other therapeutic treatments have been carried out with beneficial results.

**Tuberculosis**—No children were referred directly from the School Clinic for opinion to the Chest Clinic.

During the year there was a case of tuberculosis of the central nervous system in a school child. In an endeavour to discover the source of infection the other children in the class were subjected to Tuberculin skins tests and those positive had a chest X-ray. Teachers had chest radiographs taken. The source of infection was not revealed, however.

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.

### Routine Protection of School Children :

No. in 13 year age group .....	1260
No. for whom consent was obtained .....	808
Percentage of acceptances .....	64%
No. of Mantoux-Negative .....	723
No. of Mantoux-Positive .....	85
Percentage Positive .....	10.5%
No. Vaccinated .....	723
No. who had Chest X-ray .....	79
No. where X-ray showed active tuberculosis .....	0
No. where X-ray showed lung abnormality requiring further observation .....	0

Advantage has been taken of the Ministry of Health ruling, allowing whole classes to be dealt with, which greatly facilitates the administrative work. The classes chosen are those comprised mainly of thirteen-year-old pupils.

The year's acceptance rate of 64% is somewhat lower than that for the previous year (69%).

The figure for the positive Mantoux tests gives an indication of the extent to which children are being brought into contact with the tubercle bacillus. Our percentage, 10.5 compares favourably with that in other urban industrial areas, suggesting that Wigan children are not unduly at risk in this respect.

### Child Guidance, 1961

Number of Cases referred .....	17
Sources of reference :—	
School Medical Officer .....	10
Court Magistrates .....	4
Paediatrician, R.A.E. Infirmary .....	2
General Practitioner .....	1
Interviews held :—	
Notre Dame Child Guidance Clinic, Liverpool .....	9
Child Guidance Clinic, Wigan .....	8
Results :—	
(1) Treatment at Clinic recommended .....	8
(2) Diagnosed with advice .....	8
(3) Special School recommended .....	1

On the 1st November, 1961, Dr. A. Gage took up his appointment as Consultant Child Psychiatrist with the Manchester Regional Hospital Board and from that date he has attended on two sessions each week at the Central Clinic, Millgate. In addition to Dr. Gage an educational psychologist and a psychiatric social worker are employed at the Clinic. Cases from Wigan and the surrounding county districts are seen and in the great majority of cases it is now possible to avoid the journey to Liverpool or Manchester which was formerly necessary for both interview and treatment. This new facility is a very welcome addition to the School Health Service in the area.

**Speech Therapy.**—It has not been possible to recruit a Speech Therapist in succession to Miss J. A. W. Kay who left on the 31st May, 1959, and no specialised treatment has been available for pupils suffering from speech defects since that date.

**Treatment of Enuresis.**—The loan service of electric alarm machines for use in the treatment of this condition which was introduced last year continues. This service is operated through the Health Department in collaboration with the School Medical Officers and Dr. R. M. Forrester, the Paediatrician at Wigan Infirmary.

### CHIROPODY

I am indebted to Mr. J. Wood for the following report :—

The numbers of cases attending for treatment at the Chiropody Clinic remained at the level of the 1960 figure with a slight increase in the number of treatments. The major number of treatments concerned the usual cases of verrucae.

Foot hygiene and parents interest in the footwear of children attending remain at a high level.

No. of attendances by Chiropodist .....	47
No. of Patients .....	145
No. of Treatments .....	750

#### ANALYSIS OF CASES, 1961

Verrucae Pedis .....	130
Other Conditions .....	15

### HOSPITAL AND SPECIALIST SERVICES

As reported above, Dr. A. Gage was appointed Consultant Child Psychiatrist by the Manchester Regional Hospital Board and from the 1st November he has been in charge of the Child Guidance Clinic which is held on Monday and Friday mornings at the Millgate Health Centre. There have been no other material changes to hospital and specialist services available for school children since my last report.

## INFECTIOUS DISEASES

During the year no case of Diphtheria or Poliomyelitis was notified in school children. There were 16 cases of scarlet fever, 610 cases of measles and 1 case each of dysentery, meningococcal meningitis and tuberculous meningitis. During the routine investigation of contacts of a case of typhoid fever outside the borough, a Wigan schoolboy was found to be carrying an unrelated strain of *S. Typhi*.

The Ministry of Education guide to school closure and exclusion from school on account of infectious illness is reproduced on page 32.

**Diphtheria Immunisation.**—We have now had thirteen years of freedom from diphtheria amongst school children, but this has been at the price of constant 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 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 .....	663
No. of children receiving booster inoculation .....	1460

**Vaccination against Poliomyelitis.**—In the late spring the Ministry of Health advised that a fourth dose of vaccine should be given to children aged 5 to 11 years who had received the third injection more than one year before.

No. of children who completed Primary Inoculation .....	1034
No. of children who received Third Injection .....	363
No. of children who received Fourth Injection .....	3663

## 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 Services 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.

When handicapped children reach school leaving age an assessment is made of their capacity for work in open or sheltered industry and the relevant advice is given to the Youth Employment Bureau. The attention of the Welfare Services Section of the department is drawn to those who will require help in later years.

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.		
Liverpool School for the Blind .....	—	1
Sunshine House, Condoover Hall .....	—	1
<b>(b) Partially Sighted Pupils.</b>		
Number ascertained : Nil.		
Special School :—		
Institute for Blind Welfare and School for Partially Sighted, Preston .....	—	1
Exhall Grange Special School, Exhall .....	—	1
<b>(c) Deaf Pupils.</b>		
Number ascertained : Nil.		
St. John's Institution for Deaf and Dumb, Boston Spa .....	—	1
Thomasson Memorial School for the Deaf, Bolton .....	—	3
Royal Residential School for the Deaf, Birmingham .....	—	1
Royal Residential School for the Deaf, Margate .....	—	1
Burwood Park School for the Deaf, Walton-on-Thames .....	—	1

	Number admitted	Number attending
<b>(d) Partially Deaf Pupils.</b>		
Number ascertained : 1.		
Liverpool School for Partially Deaf .....	—	1
<b>(e) Delicate Pupils.</b>		
Number of children ascertained during 1961: 5.		
Number of children admitted to special Schools as under :—		
St. Dominic's Open-air School, Surrey .....	2	3
Children's Convalescent Home, West Kirby.....	—	1
St. Joseph's Heart Hospital, Rainhill .....	—	2
St. Catherine's Home, Ventnor, Isle-of-Wight	2	3
Brentwood School, St. Leonard's .....	1	2
St. Patrick's, Hayling Island .....	—	1
Fairfield House, Broadstairs .....	1	2
<b>(f) Diabetic Pupils.</b>		
No cases were revealed during the year.		
<b>(g) Educationally Sub-normal Pupils.</b>		
Number of Children examined during the year		14
The following recommendations were made:—		
Reported to the Local Authority for the purpose of the Mental Deficiency Acts, in accordance with Section 57 (4) of the Education Act, 1944. ....		3
Total number of children actually admitted to Special Schools for Educationally Sub- normal Pupils during 1961 .....		1
Total number of children admitted to Special Class .....		26
Total number of children attending Special Schools for Educationally Sub-normal Pupils during 1961 .....		11



(h) <b>Maladjusted Pupils.</b>	Number admitted	Number attending
Number ascertained as requiring treatment: Nil.		
Number of children admitted to Special Schools as under :—		
St. Thomas More's School for Maladjusted, Devon .....	—	3
Pitt House School, Devon .....	—	1
Caldecott Community, Ashford .....	—	1
 (i) <b>Physically Handicapped Pupils.</b>		
Number Ascertained : 1.		
Birtenshaw Hall, Bolton .....	—	1
Hinwick Hall, Wellingborough .....	—	1
 (j) <b>Epileptic Pupils.</b>		
Number Ascertained : Nil.		
Number of children admitted to Special Schools as under:—		
St. Elizabeth's School for Epileptics, Much Hadham, Hertfordshire .....	—	1

### EDUCATION ACT, 1944, SECTION 56

During the year five children received home teaching and 7 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.

## WORK OF THE SCHOOL NURSES

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

	1960	1961
No. of visits paid to homes for following up of cases.....	1,714	1,499
„ first visits paid to schools in connection with general cleanliness .....	87	77
„ children inspected for general cleanliness .....	11,719	11,792
„ visits paid to schools for re-inspection for general cleanliness .....	362	341
„ children re-inspected for general cleanliness .....	38,925	35,068
„ visits to schools for Infectious Diseases .....	8	16
„ children inspected for Infectious Diseases .....	494	853
„ visits paid to schools for other purposes .....	174	188
„ visits paid to homes for Infectious Diseases .....	54	564
„ visits paid to schools for Medical Inspection .....	267	195
„ visits paid to schools for Inoculations .....	74	82
„ Inoculation Sessions at School Clinic .....	86	76

## 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 1,937, and the total number of children medically inspected was 3,145, the average attendance of parents being 61.58 per cent.

## CO-OPERATION OF TEACHERS

The teachers in the schools of Wigan are usually very helpful to the 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 can help him to control or even prevent epidemics.

## 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	46
Annual Home Office Medical Inspections .....	82

## CO-OPERATION OF VOLUNTARY BODIES

During the year the help of the N.S.P.C.C. Inspector has been obtained in 18 cases, involving the welfare of 49 children.

### PROVISION OF MEALS AND MILK

#### **Pemberton Boys' Secondary Modern Kitchen Dining Room**

The Kitchen in the above school was brought into full operation on Monday, 23rd January, 1961.

#### **Marsh Green Junior Mixed Kitchen Dining Room**

The Kitchen in the Junior Mixed School was brought into full operation on Monday, 6th March, 1961.

#### **Marsh Green Infants Kitchen Dining Room**

This Kitchen Dining Room was opened for the preparation of meals on the 6th April, 1961.

#### **Whelley Kitchen Dining Room**

This Kitchen Dining Room was opened for the preparation of meals on the 17th April, 1961.

#### **St. Edward's and Woodfield Kitchen Dining Rooms**

These establishments opened for the preparation of meals on 11th December, 1961.

#### **Poolstock Central Kitchen**

This Central Kitchen closed at the end of March, 1961.

### SUMMARY OF MILK AND MEALS SERVED

	1960	1961
Paid and free meals to children and teachers .....	1,173,686	1,152,069
Third-pint bottles of milk .....	2,140,188	2,152,859
Meals supplied to Notre Dame High School .....	49,776	49,909
Meals supplied to Hope School .....	12,266	12,706
Maals supplied to Marylebone Training Centre .....	1,835	3,740
Meals supplied to the Workshops for the Blind .....	4,146	3,950

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### PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT

#### For the year 1961

The dental inspection and treatment of children attending the schools in the Borough has been carried out as in the previous year. Unfortunately the inability to obtain professional assistance inevitably means that there is an increased lapse of time between each periodic inspection and it is now only possible to re-inspect every eighteen months. This unhappy state of affairs calls for increased co-operation of parents in accepting advice and treatment, if a good standard of dental fitness is to be maintained.

Facilities for the parents of younger children to attend at dental inspections were again made available and in many instances the invitations were accepted. This feature is now of special significance in view of the fact that many more children are being admitted into school on attaining the age of four.

This contact with the parents provides an invaluable opportunity in stressing the importance of oral hygiene and the advisability of confining eating to fixed meal times and strictly avoiding the consumption of fermentable carbohydrates during school breaks. It is also another occasion on which to point out that the aim of a School Dental Service is to endeavour that children leave school with a sound permanent dentition, good occlusion and well-trained in the care of their teeth.

The Orthodontic Service was again used to capacity and it was gratifying to observe the results achieved in this branch of dentistry. There is still a demand for treatment and a small waiting list exists, which it is hoped will be considerably reduced in the near future. During the year under review 360 attendances were made at the clinic by children receiving Orthodontic treatment and in addition 206 were called for examination by Mr. Batten, the Orthodontist. Full details of treatment including Orthodontic work carried out at the Clinics during 1961 are shown in Table IX.

Mr. Lewars, the Consultant Dental Surgeon to the Wigan and Leigh Hospital Management Committee again gave valuable help on many occasions and once again I am indebted to him for his assistance in those cases which required specialised treatment. The cordial relationship existing with the General Dental Services in the Borough has been of great help and my thanks are due to them for helping in reducing the pressure on the depleted School Dental Service.

The amount of work carried out by the Dental Attendant and Clerk was very satisfactory and once again I wish to place on record my appreciation of their valuable assistance.

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### PHYSICAL EDUCATION — 1961

The year 1961 proved to be a most successful one for physical activities in Wigan schools. Increased progress continues to be made by children in athletics, Association and Rugby football, and swimming. Sixteen teams entered the inter-schools Cross-Country race, and the Wigan team finished seventh in the County Championships. The town athletic teams, numbering sixty boys and girls, competed in the Lancashire County Championships; the Wigan boys came second and claimed six first places, two of which were best Lancashire performances and records. One boy created a Lancashire and England record in the hammer throw, and in the Intermediate section, a Wigan boy created a new County record in the 220 yards. Four boys were selected for the Lancashire County team, competing in the Intermediate Athletic meeting. During the past twelve months, the number of schools playing in the Wigan Schools' Football Association League Competition has increased to thirty-one, giving a record number of 54

teams at various age levels. The town team gave a good account of themselves in the England Schools and County Association Football Competitions, and the Intermediate eleven were narrowly beaten in the mid-Lancashire Cup Final. Two Wigan boys gained County honours, and one boy gained international honours, representing England on five occasions. Individual school teams gained successes in inter-town Rugby Football competitions.

An increased number of children attended the Public Baths for swimming instruction, which continues to be given all the year round; 447 children gained the Authority's Elementary Certificate, 245 the Intermediate Certificate and 164 the Advanced Certificate. As a result of instruction in Life Saving, six children obtained the R.L.S.S. Instructor's Certificate, five gained the Award of Merit, 11 the Bronze Cross, 6 the Bar to the Bronze Medallion, 88 the Bronze Medallion, and 31 were awarded the R.L.S.S. Elementary and Intermediate Certificates; 97 children also gained the R.L.S.S. Junior Respiration Operator's badge. Increased interest continues to be shown in the Wigan Schools' Swimming Association Life Saving Competition.

A competition in Life Saving, under the auspices of the Liverpool Shipwrecked Mariners' Association was held in Wigan, and proved most successful.

## APPENDIX "A"

### STATISTICAL TABLES

TABLE I

#### Primary and Secondary Schools

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Number of Children Inspected 1st January, 1961  
to 31st December, 1961.

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##### A. PERIODIC MEDICAL INSPECTIONS

Year of Birth								
1957 and later	.....	.....	.....	.....	.....	.....	.....	234
1956	.....	.....	.....	.....	.....	.....	.....	541
1955	.....	.....	.....	.....	.....	.....	.....	293
1954	.....	.....	.....	.....	.....	.....	.....	49
1953	.....	.....	.....	.....	.....	.....	.....	12
1952	.....	.....	.....	.....	.....	.....	.....	14
1951	.....	.....	.....	.....	.....	.....	.....	392
1950	.....	.....	.....	.....	.....	.....	.....	481
1949	.....	.....	.....	.....	.....	.....	.....	33
1948	.....	.....	.....	.....	.....	.....	.....	298
1947	.....	.....	.....	.....	.....	.....	.....	547
1946 and earlier	.....	.....	.....	.....	.....	.....	.....	251
TOTAL	.....	.....	.....	.....	.....	.....	.....	3,145

##### B. OTHER INSPECTIONS

Number of Special Inspections	.....	.....	.....	.....	.....	.....	.....	1,142
Number of Re-inspections	.....	.....	.....	.....	.....	.....	.....	2,008
TOTAL	.....	.....	.....	.....	.....	.....	.....	3,150

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

Year of Birth	No. of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1957 and later .....	234	234	100.00	—	—
1956 .....	541	540	99.82	1	0.18
1955 .....	293	292	99.66	1	0.34
1954 .....	49	48	97.96	1	2.04
1953 .....	12	11	91.67	1	8.33
1952 .....	14	14	100.00	—	—
1951 .....	392	390	99.50	2	0.50
1950 .....	481	476	98.96	5	1.04
1949 .....	33	32	96.97	1	3.03
1948 .....	298	298	100.00	—	—
1947 .....	547	547	100.00	—	—
1946 and earlier .....	251	251	100.00	—	—
<b>TOTAL .....</b>	<b>3145</b>	<b>3133</b>	<b>99.62</b>	<b>12</b>	<b>0.38</b>

**TABLE III**  
**Treatment Table**  
**Minor Ailments (excluding Uncleanliness) Treated during**  
**the Year ended 31st December, 1961**

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 .....	—	—	—
Scabies .....	18	—	18
Impetigo .....	45	—	45
Other Skin Disease .....	381	—	381
Minor Eye Defects .....	126	—	126
(External and other, but excluding cases falling in Group II).			
Minor Ear Defects .....	54	—	54
Miscellaneous .....	1012	—	1012
(e.g., Minor injuries, bruises, sores, chilblains, etc.).			
<b>Total .....</b>	<b>1636</b>	<b>—</b>	<b>1636</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) .....	94	—	94
Other Defect or Disease of the Eyes (excluding those recorded in Group I) .....	—	—	—
<b>Total</b> .....	94	—	94

**Defective Vision**

No. of refractions carried out at the Clinic .....	94
„ children for whom glasses were prescribed .....	50
„ children for whom glasses were not prescribed....	31
„ children for whom new glasses were not con- sidered necessary .....	1
Uncompleted cases .....	5
No. referred to Infirmary .....	7

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

Simple Hypermetropia .....	5
Simple Myopia .....	6
Hypermetropic Astigmatism .....	19
Myopic Astigmatism .....	14
Mixed Astigmatism .....	6
<b>Total</b> .....	50

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		
84	—	84	69	153



**TABLE VI**  
**Orthopædic Clinic**  
**Orthopædic and Postural Defects**

	Wigan	Hindley	Ince	Standish	Orrell	Total
No. of children of school age attending .....	183	12	15	12	5	227
No. of attendances of children of school age	983	47	106	95	18	1249
No. of cases of children of school age referred for treatment to Bidulph Hospital, Staffordshire (in-patients)	2	—	—	—	—	2

**TABLE VII**  
**Central Clinic**  
**Classification of Consultations and Treatment at School Clinic, 1961**

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Uncleanliness .....	95	—	176
Ringworm : Body .....	—	—	—
Scabies .....	18	—	70
Impetigo .....	45	—	232
Other Skin Diseases .....	304	—	1180
Blepharitis .....	11	—	55
Conjunctivitis .....	7	—	15
Defective Vision .....	10	—	11
Squint .....	—	—	—
Other Eye Conditions .....	97	6	237
Defective Hearing .....	1	—	3
Otitis Media .....	8	—	31
Other Ear Diseases .....	42	—	91
Other Nose and Throat Conditions .....	14	—	19
Bronchitis .....	—	—	—
Infectious Diseases .....	—	—	—
Other Forms : Deformities .....	10	—	11
Injuries to Bones and Joints .....	33	33	34
Miscellaneous .....	904	57	3081
Other Defects and Diseases .....	48	—	67
<b>Total</b> .....	<b>1647</b>	<b>96</b>	<b>5313</b>

**Pemberton Clinic**

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Uncleanliness .....	8	—	8
Other Skin Diseases .....	77	—	274
Defective Vision .....	2	—	2
Other Eye Conditions .....	11	—	30
Other Ear Diseases .....	4	—	4
Miscellaneous .....	108	2	327
Total .....	210	2	645

**TABLE VIII**

**Uncleanliness and Verminous Conditions**

(i) Average number of visits per school made during the year by the School Nurses .....	13
(ii) Total number of examinations of children in the Schools by School Nurses .....	46,860
(iii) Number of individual children found unclean at first inspection .....	487
(iv) Number of individual children found unclean at final inspection .....	176
(v) Number of children cleansed under arrangements made by the Local Education Authority .....	—
(vi) Number of cases in which legal proceedings were taken:— Under Section 54, Education Act, 1944 .....	—

TABLE IX

Dental Inspection and Treatment

(1)	No. of Pupils inspected by the Authority's Dental Officers :—		
	(a) At Periodic Inspections .....	7,047	
	(b) As Specials .....	33	
		<hr/>	7,080
(2)	Number found to require treatment .....		3,560
(3)	Number offered treatment .....		3,211
(4)	Number actually treated .....		2,613
(5)	Number of attendances made by pupils for treatment .....		3,114
(6)	Half-days devoted to—		
	Periodic School Inspection .....	38	
	Treatment .....	351	
		<hr/>	389
(7)	Fillings : Permanent Teeth .....	1,372	
	Temporary Teeth .....	47	
		<hr/>	1,419
(8)	Number of teeth filled : Permanent Teeth .....	1,173	
	Temporary Teeth .....	44	
		<hr/>	1,217
(9)	Extractions : Permanent Teeth .....	180	
	Temporary Teeth .....	1,354	
		<hr/>	1,534
(10)	Administration of general anæsthetics for extraction .....		—
(11)	Orthodontics—		
	(a) Cases commenced during the year .....		37
	(b) Cases carried forward from previous year .....		56
	(c) Cases completed during the year .....		34
	(d) Cases discontinued during the year .....		8
	(e) Pupils treated with appliances .....		18
	(f) Removable appliances fitted .....		22
	(g) Fixed appliances fitted .....		3
	(h) Total attendances .....		566
(12)	Number of pupils supplied with artificial dentures .....		2
(13)	Other Operations : Permanent Teeth .....	174	
	Temporary Teeth .....	32	
		<hr/>	206

# 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.
WHOOPIING 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.	16 days unless recently successfully vaccinated, when exclusion is unnecessary.
POLIOMYELITIS	7 — 14	—	( At least six weeks. Will usually require a much longer period for recovery.                 )	At least 21 days.
ENCEPHALITIS	4 — 30	—		
MENINGOCOCCAL INFECTION	2 — 10	—		

<p>1870</p> <p>1871</p> <p>1872</p> <p>1873</p> <p>1874</p> <p>1875</p> <p>1876</p> <p>1877</p> <p>1878</p> <p>1879</p> <p>1880</p> <p>1881</p> <p>1882</p> <p>1883</p> <p>1884</p> <p>1885</p> <p>1886</p> <p>1887</p> <p>1888</p> <p>1889</p> <p>1890</p> <p>1891</p> <p>1892</p> <p>1893</p> <p>1894</p> <p>1895</p> <p>1896</p> <p>1897</p> <p>1898</p> <p>1899</p> <p>1900</p>	<p>1870</p> <p>1871</p> <p>1872</p> <p>1873</p> <p>1874</p> <p>1875</p> <p>1876</p> <p>1877</p> <p>1878</p> <p>1879</p> <p>1880</p> <p>1881</p> <p>1882</p> <p>1883</p> <p>1884</p> <p>1885</p> <p>1886</p> <p>1887</p> <p>1888</p> <p>1889</p> <p>1890</p> <p>1891</p> <p>1892</p> <p>1893</p> <p>1894</p> <p>1895</p> <p>1896</p> <p>1897</p> <p>1898</p> <p>1899</p> <p>1900</p>	<p>1870</p> <p>1871</p> <p>1872</p> <p>1873</p> <p>1874</p> <p>1875</p> <p>1876</p> <p>1877</p> <p>1878</p> <p>1879</p> <p>1880</p> <p>1881</p> <p>1882</p> <p>1883</p> <p>1884</p> <p>1885</p> <p>1886</p> <p>1887</p> <p>1888</p> <p>1889</p> <p>1890</p> <p>1891</p> <p>1892</p> <p>1893</p> <p>1894</p> <p>1895</p> <p>1896</p> <p>1897</p> <p>1898</p> <p>1899</p> <p>1900</p>	<p>1870</p> <p>1871</p> <p>1872</p> <p>1873</p> <p>1874</p> <p>1875</p> <p>1876</p> <p>1877</p> <p>1878</p> <p>1879</p> <p>1880</p> <p>1881</p> <p>1882</p> <p>1883</p> <p>1884</p> <p>1885</p> <p>1886</p> <p>1887</p> <p>1888</p> <p>1889</p> <p>1890</p> <p>1891</p> <p>1892</p> <p>1893</p> <p>1894</p> <p>1895</p> <p>1896</p> <p>1897</p> <p>1898</p> <p>1899</p> <p>1900</p>	<p>1870</p> <p>1871</p> <p>1872</p> <p>1873</p> <p>1874</p> <p>1875</p> <p>1876</p> <p>1877</p> <p>1878</p> <p>1879</p> <p>1880</p> <p>1881</p> <p>1882</p> <p>1883</p> <p>1884</p> <p>1885</p> <p>1886</p> <p>1887</p> <p>1888</p> <p>1889</p> <p>1890</p> <p>1891</p> <p>1892</p> <p>1893</p> <p>1894</p> <p>1895</p> <p>1896</p> <p>1897</p> <p>1898</p> <p>1899</p> <p>1900</p>
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