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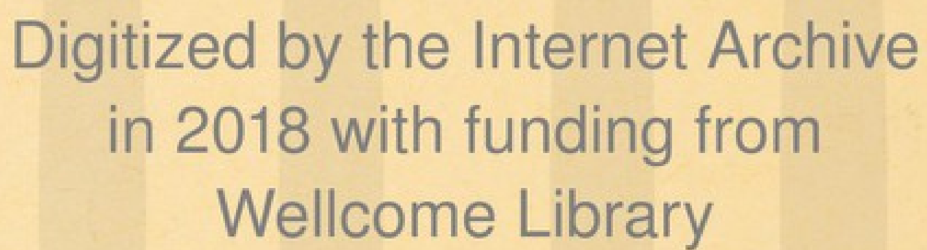
County
Borough of
Wigan

Annual Report
of the
Principal School Medical Officer
for the year 1972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County Borough of Wigan

Annual Report of the Principal School Medical Officer for the year 1972

J. Haworth Hilditch

Medical Officer of Health and Principal School Medical Officer

COUNTY BOROUGH OF WIGAN

EDUCATION COMMITTEE
(Appointed May, 1972)

Chairman:
Councillor E. COWSER, J.P.

Vice-Chairman:
Councillor J.E. SMITH.

His Worship the Mayor (Councillor Mrs. E. Naylor)

Aldermen: H. Dowling, J.P., J.T. Farrimond, E. Maloney, J.P., W. Somers, J.P., J. Taberner.

Councillors: Mrs. J.C. Barker, B.A., H.H. Barker, J. Bridge, W.C.P. France, L.R. Lowe, Miss A. Peet, Mrs. M. Pratt, S. Townley, J. Whalley, J.E. Williams, J.A. Greenall, Dip. Soc. Studies.

Other Members: Canon E.O. Beard, Dr. Eliz Bradburn, M.Ed., Miss E. Eckersley B.A., J.P., Miss E. Hodson, M.B.E., J.P., Mr. G. Livesey, B.Sc., Mr. W.E. Pearson, Mrs. C. Raynor, J.P., Dr. E.C. Smith, B.Sc., Canon G. Walsh, Mr. H.C. Woods.

SCHOOLS SUB-COMMITTEE
(Appointed May, 1972)

Chairman:
Councillor J.E. Smith.

Vice-Chairman:
Alderman H. Dowling, J.P.

His Worship the Mayor (Councillor Mrs. E. Naylor)

Alderman: J. Taberner

Councillors: Mrs. J.C. Barker, B.A., J. Bridge, E. Cowser, J.P. W.C.P. France, Miss A. Peet.

Other Members: Canon E.O. Beard, Mr. G. Livesey, B.Sc., Dr. Bradburn, Canon G. Walsh, Mr. W. Clark.

HEALTH SERVICE STAFF
1972

Principal School Medical Officer:
J. HAWORTH HILDITCH, M.B., Ch.B., M.F.C.M., D.P.H., F.R.S.H., M.B.I.M.

Senior Medical Officers in Department:
RODERICK McL. BAIN, M.B., Ch.B., M.F.C.M., D.P.H.
AILEEN F. HOWARTH, M.B., B.Ch.

Medical Officer in Department
AIDA H. ABDOU, M.B., B.Ch., L.M.S.S.A., D.C.H.,

Orthopaedic Surgeon
EDWARD W. KNOWLES, M.Ch.(Orth.) F.R.C.S. (Ed.)

Consultant Ophthalmologist
V.R. BHALERAO, M.B., B.S., D.O.

Consultant Child Psychiatrist:
MOIRA P. JONAS, M.B., Ch.B., D.P.M.

Educational Psychologist:
J.H. VALENTINE, M.Ed., D.E.G. (Man.)

Principal Dental Officer:
S.M. AALEN, L.D.S. (to Sept. '72)
N. GLEAVE, L.D.S., D.D.H. (Birm) D.D.P.H. (R.C.S.)
(from November 1972)

Dental Officers:
Mrs. L.J. COOK, B.D.S. (Part Time)
A.J. MOORHEAD, B.D.S. (To August '72)

Orthodontic Service:
L.F. LANGFORD, L.D.S., D.Orth., R.C.S., Eng.

Dental Anaesthetist
ELIZABETH MACKENZIE-NEWTON, M.B., Ch.B., D.A.

Dental Surgery Assistant
M.D.PETERS

Chiropody Service:
J. WOOD, M.Ch.S.

School Nurses:
E. GAVAGHAN, D. PEET, K. TAYLOR, J. BROADSTOCK, A. STIEGMAN

Speech Therapist:
B.E. MOSTON L.C.S.T.

Psychiatric Social Worker:
M. CLARK, Cert. in Social Studies

Orthopaedic Nurse:
H. JORDAN

Audiometrician:
J. DIGGLES

Clerks:
D.JONESa, L. CHARNOCK, J.M. PROCTOR, E. CHADWICK

PRINCIPAL SCHOOL MEDICAL OFFICER'S

ANNUAL REPORT FOR 1972

Community Health Office,
WIGAN.

April, 1973.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting to you the School Health Service Report for the year 1972.

The year under review has brought forth little of note in the way of administrative re-organisation. Inevitably the eyes of the departmental staff have turned to view with some apprehension the long shadow cast by the re-organisation of Local Government and the National Health Service. The argument as to whether the School Health Service could operate under the administrative umbrella of the reformed local government or the NHS has been decided. Clearly it would not have been in the best interests of either the school children or the medical, nursing and allied professions to have maintained a preventive school health service outside the main stream of unified medicine and so divorced from the medical care services for pre-school children and infants.

The continued effectiveness of the School Health Service within a co-ordinated child health service will depend, as in the past, on the goals, the skills and the dedication of the staff allocated to perform the tasks at administrative and at field levels. The closest collaboration will be called for between the Area Health Authority and the Education Authority and their officers, particularly in the areas where staff from both administrations are providing a common service. Instances of these are the Child Guidance Service and the ascertainment of children with specific learning problems associated with physical disability. Given a continuance of the goodwill which has characterised the service in Wigan, and providing that adequate resources particularly in manpower are available, there is no reason to doubt the continued efficiency of the service.

The physical condition of the school population remained satisfactory and indeed at medical inspection no child was found whose general nutritional state required special attention. Still a

surprising number (over 26%) of children present with defects which require treatment. A comprehensive system of developmental paediatric examinations has for some time been practised in the well-baby clinics and as a result, apart from children who transfer from other authorities, we shall have a fair knowledge of the physical and emotional problems of most of our school entrants. This has led during the year to a change of examination procedure in the school years, which enables staff to give more time to the children whose physical or emotional states are seen to deviate from accepted standards. The success of this system depends to a large extent on the diligence of teachers, parents and others in daily contact with the children bringing problems early to the attention of the visiting doctors and nurses who themselves must be recognised by the school staff to be a very definite and useful part of the education function. Continuity of service by medical and nursing staff to individual schools is of paramount importance.

Since 1968 the school population has increased from 12,876 to 15,131, an additional burden which has been borne largely by existing staff who have still found time to help in research projects, both nationally and locally sponsored. One such modest project carried out in the Department is outlined on page 9 and the results served to confirm that in the context of the survey the School Health Service did in practice accomplish what it set out to do.

Communication is the very touchstone of education and we are always at pains to ensure that the ability of children to see, to hear and to speak are not impaired or, if such is the case, that we are helping the child to make the best possible use of the facility which remains to him. We were fortunate to acquire the part-time services of Dr.V.R. Bhalereo as Consultant Ophthalmologist and I am confident that the ophthalmic services which we offer are second to none.

The Phono-audio services are in need of re-organisation. The Quirk Report on the future of speech therapy served to underline the inadequacy of our present service where we have difficulty providing the services of one therapist on a part-time basis. If there is to be worthwhile improvement in this service then the educational establishments concerned with the training of therapists will have to adopt, at least for the foreseeable future, a more realistic outlook than that outlined in the report. The audiometric facility, whilst satisfactory so far as it goes, would benefit immensely by integration with the same service in the hospital field with consultant support and the provision and use of more sophisticated diagnostic equipment. This should be high on the priority list of the integrated health service after 1974.

The report on the Child Guidance Service appears on page 18 and I am pleased to note the improvement in the service occasioned by the attachment of one of our medical officers in department who has helped to assess waiting list priority and screen many of the cases

submitted from non-medical sources. The acquisition of a psychiatric social worker, even on a limited part-time basis is most welcome. Dr. Jonas has given notice that due to the appointment of a second consultant psychiatrist in the Bolton and Wigan and Leigh Hospital Groups she will be leaving the Wigan clinic early in the new year. I take this opportunity on behalf of the Department to thank her for the valuable service which she has given whilst responsible for the Wigan clinic.

As mentioned in previous reports a special feature of the Health Education programme has been the one-day seminars for teachers and other staff which the Department has organised in conjunction with the Education Department. The subjects chosen this year were Venereal Disease and Pollution in the Wigan Metropolitan District, both highly topical, and the object was to promote ideas, particularly for teaching staff to use later in project work in the classroom situation. It is felt that this is a most rewarding use of part of a limited Health Education budget.

Continued vigilance of the immunisation programme has been responsible to a large extent for the remarkably low incidence of childhood infectious diseases. It is now 24 years since we had a case of diphtheria in the Borough.

1972 saw the resignation of Mr. Aalen who had been Chief Dental Officer and Principal School Dental Officer since 1965 and I concur with the tribute to his sterling service to be found in the report presented by his successor, Mr. N. Gleave, whom we welcome.

Dental manpower is still in very short supply and the service to the pupils is only maintained by a judicious selection of priorities. One wonders whether the impending change in the dental service in 1974 will bring material relief in this respect.

I should like to thank the consultants and staff of the Royal Albert Edward Infirmary for their help and co-operation, and also the family doctors and dental surgeons for their continued support. My thanks are also due to the Chief Education Officer, his staff and the teaching staff in schools for their co-operation, the staff of the Health Department, and the Chairman and Members of the Schools Sub-Committee for the interest they have shown.

J. HAWORTH HILDITCH,

Principal School Medical Officer.

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 full time Medical Officers hold joint appointments in the School Health Service and other health services. A seat on the Local Medical Committee of the Executive Council, the Medical Advisory Committee of the Wigan and Leigh Hospital Management Committee and the Medical Advisory panel of Manchester Regional Hospital Board make 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 medical officers of the School Health Service and the family doctors in the town. The opening of Longshoot Health Centre has greatly facilitated liaison with the group practices working therein.

There is a close liaison between the Consultant Ophthalmologist who holds one session per week in the school clinic and the Senior Medical Officer responsible for refraction work who in fact attends the Infirmary Eye Out-patients Department for a short session once a fortnight.

There is a full interchange of information between the Consultant Paediatrician, Orthopaedic Surgeon, E.N.T. Surgeon and Departmental Medical Officers regarding school children. This is invaluable and ensures that maximum information is available on which to base decisions which might influence a child's future education and prospects in later life.

An Advisory Committee whose membership comprises a Senior Medical Officer and representatives of the Social Services and Education Departments, meet at approximately 6-week intervals to discuss the education of handicapped, E.S.N. and problem children.

The creation of a separate Social Services Department threatened the good co-ordination that had existed when all services were within one Department under the direction of the Medical Officer of Health. The various staffs within both the Health and Social Services Department, however, soon identified each other and natural co-operation in many areas has built up over the year.

When necessary, joint case conferences are arranged to review children of school age with multiple handicaps. The number of persons invited varies but in the main includes the Consultant Paediatrician, Senior Medical Officer and Senior Social Worker. If necessary representatives from voluntary agencies are invited to attend.

RESEARCH

Qualified professional staff have for a long time been a scarce resource in the School Health Service. Consequently all available time is concentrated upon clinical work which precludes regular opportunities to undertake research programmes. Added to this is the problem that the majority of the Department's specialists are part time, carrying out their work on a sessional basis.

During 1972, however, a simple research exercise was attempted to determine how well the School Health Service was being applied. The major examination procedures that all Wigan school children can expect to undergo were defined and by using random sampling techniques in selecting individual child records, the various histories were examined to see if all normal stages of school health care had been received. It was gratifying to learn that no child has missed any stage of examination through negligence or carelessness on the part of the staff, and in cases when children had not been available at the time of the school medical examination they had been brought to the school clinic on an individual appointment basis at a later date. This sort of research exercise tells us how well the service as existing at present is being applied, but unfortunately does not answer questions such as the relaive quality of service provided or the necessity for a review of priorities in certain aspects of the service.

CLINICS

Central Clinic, Millgate, Wigan:-

Minor Ailments Clinic .... Monday, Tuesday, Wednesday, and Friday mornings.
Ophthalmic Clinic .... By appointment.
Chiropody Clinic .... Monday morning.
Orthopaedic Clinic .... Monday, Wednesday and Thursday all day.
Orthopaedic Consultant attends second Thursday in the month.
Dental Clinic .... Monday, Tuesday, Wednesday, Thursday and Friday, all day.

Pemberton Health Centre, Sherwood Drive, Pemberton:-

Minor Ailments Clinic .... Tuesday and Friday mornings.
Dental Clinic .... Monday, Wednesday, Thursday and Friday mornings.
Child Guidance Clinic .... Friday mornings by appointment.

Marsh Green Clinic

Minor Ailments Clinc .... Monday and Thursday morning.

SCHOOL ACCOMMODATION AND HYGIENE
Number of Schools and Children
Primary Schools

	No.	No. of Departments	No. on Register	Average attendance
County Schools	9	9	2751	2543
Voluntary Schools	20	25	5670	5167
	29	34	8421	7710

COMPREHENSIVE MIDDLE SCHOOLS (10-13)

County Schools	4	—	1978	1846

COMPREHENSIVE R.C. SEC. SCHOOL (11-16)

St. John Fisher R.C.	589	541
St. Thomas More R.C.	752	678
	1341	1219

COMPREHENSIVE (UPPER) SCHOOLS (13-16-18)

There are now three mixed comprehensive High Schools in the Borough:

Deanery	1097	1014
Mesnes	805	739
Whitley	825	765
	2727	2518

SPECIAL SCHOOLS

Montrose School	110	101
Hope School	48	42
	158	143

The Notre Dame High School is the one direct grant Secondary Grammar School in the Town.

School Medical Inspection

The periodic medical inspection of three age groups continued throughout the year in the majority of schools. The selective medical examination procedure continued in five schools and was extended during the year to all middle schools within the Borough. In all schools where selective medical examinations take place children are referred for examination when this is considered necessary by the head teacher, class teacher, school nurse or parent. In each system the vision of children is tested annually.

It is difficult at this stage to determine which of the two systems, either routine or selective medical examination, has the greater advantage. The medical staff do not, at the moment, feel able to commit themselves categorically to either one or the other. A flexible attitude is always adopted towards the School Health Service and if in the future one type of examination proves itself to be more beneficial this will be used throughout all Wigan schools. Selective medical examination contrary to popular belief does not appreciably save medical time. Incorrect information contained in questionnaires completed by a parent often leads to unnecessary investigation whilst conversely the medical staff are far from confident that children who are not put forward for examination are in fact free from defects.

The selective system of examination should be more appropriate following the school placement of children born on or after August, 1971, and who have benefitted from the systematic Developmental Paediatric Screening system introduced in January, 1972.

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
1968 and later	27	7	25.92
1967	690	185	26.81
1966	467	138	29.55
1965	51	14	27.45
1964	21	3	14.28
1963	23	11	47.82
1962	44	17	38.63
1961	571	158	27.67
1960	113	49	43.36
1959	55	19	34.54
1958	582	120	20.62
1957 and earlier	341	65	19.06
Total	2985	786	26.33

The general physical condition of the pupils seen at medical inspection is assessed in two broad categories and it will be seen from Table i (page 31) that over the whole age range the condition of 100% of the pupils was satisfactory.

Ear, Nose and Throat Defects

Ear Diseased and Defective Hearing - Routine medical examinations showed that 37 children suffered from ear discharges and 134 from other ear complaints.

Audiometry

Audiometric testing of school children is carried out both in schools and at clinical premises by a specially trained clerk. The sound proof

room at Longshoot Health Centre, which has been in use since 1971, has again resulted in a greater degree of accuracy in the recording of audiograms. This has been reflected once more in a reduction in the number of children being referred for further investigation or treatment.

In September, 1972, it was decided to carry out hearing tests of 1,135 children attending middle schools. Sweep testing resulted in 73 children failing at that stage and subsequent testing showed 38 children to have some hearing loss and requiring further investigation. Of the 2,818 children tested during the year 295 were submitted for further examination.

In addition to the general sweep testing programme individual children who were found at routine medical examinations to have hearing defects were tested by Medical Officers using the pure tone audiometer technique. Cases requiring more intensive investigation were referred to the Manchester University Department of Audiology.

Details of results of hearing tests are as follows:

Examinations—		
By sweep tests in school		2229
By Audiograms: school	48	
clinic	541	589
		2818
Audiograms—		
Failed sweep test		259
Requests from general practitioners, departmental medical officers and health visitors and periodical re-checks		330
		589
Failed Audiogram test—		
Treated by departmental medical officers		20
Treated by departmental medical officers and needing further treatment		28
Seen by departmental medical officers and referred to E.N.T. consultant		13
Treated by own general practitioner		89
Due for re-checks		18
To be seen at school medical examination		91
Already receiving treatment		36
		295

Tonsils and Adenoids.—

Routine medical examinations revealed that 60 children required treatment and that 121 should be kept under observation; operative treatment was received by 74 children during the year (see p.34, Table IIIB).

The opportunity was taken at the routine medical inspection to obtain an indication of the number of children in the school population who had received operative treatment for tonsils and adenoids and the following results were recorded:

Year of Birth	Number Inspected	Found to have received treatment	Percentage
1968 and later	27	—	—
1967	690	13	1.88
1966	467	11	2.35
1965	51	5	9.80
1964	21	—	—
1963	23	2	8.69
1962	44	6	13.63
1961	571	73	12.78
1960	113	15	13.27
1959	55	6	10.91
1958	582	89	15.29
1957 and earlier	341	48	14.07
Total	2985	268	8.97

Eye Diseases - Visual Defects

Eye Diseases.—

The number of children suffering from external eye diseases, mainly conjunctivitis and blepharitis, decreased from 38 in 1971, to 27 in 1972, cases of defective vision and squint decreased from 1018 in 1971 to 670 in 1972, of which 284 require treatment; the remainder were kept under observation. Details of cases examined and the numbers for whom glasses were prescribed are shown on page 34 (Table IIIA).

Skin Diseases

134 cases of skin disease were found during routine medical inspections.

Orthopaedic Defects

Routine medical inspections revealed 204 cases of orthopaedic defects of which 103 were referred to the Orthopaedic Clinic for treatment and 101 were placed under observation. Details of attendances at the Orthopaedic Clinic are given on page 35 (Table IIIC).

HEALTH EDUCATION IN SCHOOLS

There are many professional members of the Health Department staff whose duties involve certain aspects of Health Education work. In Wigan an administrative assistant is responsible for the co-ordination of the efforts of the professional staff and for field work where topics are not dealt with by these members of staff.

Sadly there has been a noticeable lack of interest in Health Education in all but a handful of local schools. Two approaches made to all head teachers on specific Health Education activities received 4 positive replies or a 5% acceptance rate.

As in previous years dental kits were issued to all children commencing full or part-time schooling for the first time. The Health Education Officer was assisted in this task by a Dental Assistant. A brief lecture was given and a short film 'How to Clean the Teeth' was shown. The children were very attentive and could answer questions at the end of the session. A new factor was introduced this year after a local supplier agreed to make available some 1300 apples free of charge which enabled us to emphasise the part apples play in keeping teeth healthy. Dental health leaflets were also distributed.

A follow-up visit to all the primary schools is envisaged to see how effective the dental health lectures were.

In the senior schools assistance was given in the form of lectures by the Health Education Officer and the loan of audio-visual aids when requested. The only schools making use of this service were the Deanery, Whitley High school, Gidlow Girls and St. Thomas More. Subjects covered included: Smoking and Health, Drugs, Family Planning, Venereal Diseases and in Spring 1973 further subjects included vaccination, personal hygiene and the health Services. In addition assistance has been given for the C.S.E. Health Education examination.

In previous years it has been an established practice to invite nursery school children to the dental clinics to investigate the dental equipment. This pleasant first introduction to the dentist helps to allay the fears which many children have on the first visit for treatment. However, it has not been possible to do this during 1972 owing to staff shortages. Dental education in this manner has been given by the dental staff when young children have been brought to the dental surgery accompanied by a parent when a brother or sister has attended for treatment.

During the year two one-day conferences intended mainly for teachers were held and designed to impart basic facts, which would be developed in syndicate groups and still further in the question times provided. The conferences promote ideas for the teachers to use in project work in the classroom situation. These were arranged

and held at the Teachers' Centre, and both were acknowledged as successful. The subjects covered were Veneral Diseases and Pollution in the Wigan Metropolitan District. The latter was accompanied by a visual exhibition which portrayed several aspects of the pollution to be found in this area. Displays were provided by the Wigan College of Art, The Manchester Regional Clean Air Council, the Lancashire County Council Planning Department and the Lancashire River Authority.

Attendance at the Conferences were good and many teachers brought their pupils to visit the Pollution Exhibition.

The Health Visitors continued with their Mothercraft Lectures in the Senior Schools. The lectures are complemented by a written and oral examination, the paper being set by The National Association for Maternal and Child Welfare. The written examination is supervised by the teachers and the oral examination is carried out by the Superintendent Health Visitor and the Senior Health Visitor. 156 pupils were examined at four schools and 148 were successful and received their Certificates.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

During the year, 14 applications received from children were investigated by the Medical Officers in Department and licences to all applicants were subsequently granted.

One licence was granted under the Child (Performances) Regulations 1968.

COLLEGE ENTRANTS

Medical examinations were carried out on 102 training college candidates during the year.

SUPERANNUATION

Six teachers were medically examined for Superannuation purposes.

MEDICAL EXAMINATION FOR SCHOOL MEALS SERVICE

Medical examinations were carried out on 18 applicants for full-time employment in the School Meals.

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:—

The Minor Ailment Clinic as its name implies deals with the trivial afflictions that beset us all, the sort of conditions that with advice and the use of near household remedies, can usually be prevented from worsening. It does not place itself in the position of the general

medical practitioner, but acts as a screening process of referral to him. It still has an important though diminishing role to fulfil.

It obviates the need of school children to wait in the crowded ante-rooms of the family doctor's surgery — an experience not in the least edifying and if often repeated must lay the foundation of hyperchondria. It provides, for those parents who seek it, a place for unhurried consultation with nurse or doctor concerning the physical and emotional well being of their child.

The school clinic at Millgate was open daily and Pemberton and Marsh Green clinics two days a week for the treatment of minor ailments and the execution of special examinations.

During the year, 1456, attendances were made at the 251 sessions at the Central Clinic, 1095 attendances at the 79 sessions at the Central Clinic, and 1395 attendances at the 85 sessions at the Marsh Green Clinic.

The numbers of children attending Minor Ailments Clinics and the number of attendances during the past three years were as follows:

	1970	1971	1972
No. of children attending	1,589	1,018	1,113
No. of attendances	4,352	3,586	3,946
Average No. of attendances per child	2.7	3.5	3.5

Special examinations of children referred by school nurses, teachers, parents and school welfare officers were carried out at the School Clinics by Medical Officers in addition to the treatment of minor ailments.

The School Nurses and Clinic Attendant cleansed the heads of children referred to the Clinic for this purpose.

Details of minor ailments treated are given on page 36 (Table IV).

Treatment of Visual Defects

Routine refraction work is performed by a Senior Medical Officer in Department and all children who are known to have visual defects are re-examined annually. Every child has an annual vision check by a school nurse. During the year the Keystone Vision Screener was introduced and has proved to be a popular method of testing vision. To a certain extent this item of equipment obviates some of the difficulties experienced in older school premises where rooms are not provided exclusively for the purpose of medical examination.

The staff of the Royal Albert Edward Infirmary Ophthalmic Unit have been most helpful and their co-operation is greatly appreciated.

The number of school children referred to the Wigan Infirmary for orthoptic exercises decreased from 32 in 1971 to 24 in 1972.

During the latter part of the year we were fortunate in obtaining the services on a sessional basis of a Consultant Ophthalmologist, Mr. V.R. Bhalerao, who is working one session per week.

Uncleanliness.—

Arrangements for head inspection continued as in previous years and details are shown on page 36 (Table V).

The total number of first examinations of children was 12,269, and of these, 614 (5.00%) had pediculosis of the head (i.e. lice or nits present). the final inspection showed the number had been reduced to 244 (1.98%).

In school the close contact children have with each other, or the wearing of infested headgear make for an easy spread of the head louse. Even after disinfestation a child may become re-infested from other members of his own family or even from nits present in his own cap.

There were 21 cases of scabies during 1972, four more than in the previous year. The greatest difficulties arise where parents of affected children refuse to seek treatment for themselves. This often results in the re-infestation of the children concerned and prevents that particular source of infestation from being cleared.

Orthopaedic Service.—

As in previous years the Orthopaedic scheme organised in conjunction with Lancashire County Council continued to work well. The Surgeon attended one session a month and the Orthopaedic Nurse six sessions a week.

During the year 78 Borough and 38 County schoolchildren were seen by the Orthopaedic Surgeon and 208 patients made 504 attendances for remedial treatment. Six children were referred to Wigan Infirmary for surgical treatment.

Tuberculosis.—

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

The Regional Hospital Board is responsible for making arrangements for treatment and the School Health Service is responsible for adequate after-care and reference to Special Schools if necessary.

The Mass Minature Radiography Unit now makes monthly visits to Wigan and in the Autumn the opportunity was taken to have all recently appointed School Meals staff X-rayed. Teachers already in post are subject to routine screening every three years, and it should now be possible to extend this preventive measure to other school staff.

This work could prove a heavy burden to the Hospital X-ray facilities, which are already fully committed. There is no doubt of the necessity to retain the Mobile X-Ray Units in the area at present.

B.C.G. Vaccination.—

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

Routine B.C.G. vaccination was offered to all thirteen year old children and the acceptance rate was 91% compared with 90% for the previous year.

Routine Protection of School Children:

No. in 13 year age group	1136
No. for whom consent was obtained	1034
Percentage of acceptances	91%
No. of Skin Tests Negative	948
No. of Skin Tests Positive	39
Percentage Positive	3.9%
No. Vaccinated	948
No. who had Chest X-ray	39
No. where X-ray showed active tuberculosis	–
No. where X-ray showed lung abnormality requiring further observation	–

The figure for the positive skin tests gives an indication of the extent to which children are being brought into contact with the tubercle bacillus. The figure of 3.9% compares favourably with that in other urban industrial areas and is a considerable improvement on the finding of 1960 which was 18.2%. This index reflects in dramatic fashion the much reduced incidence of infectious cases of human tuberculosis in the community in recent years.

CHILD GUIDANCE SERVICE

I am indebted to Dr. M.P. Jonas for the following report:

I have pleasure in submitting my report on the work of the Child Guidance Clinic during 1972.

The number of referrals at this Clinic has remained the same as last year but the number of attendances of children and parents' has increased. The Clinic team of myself, Dr. Abdou and Mr. Valentine was increased by the welcome services of Mrs. Clark, as Social Worker. Mrs. Clark was able to give part-time services to the Clinic, and her help in visiting families in their homes and also in undertaking social work with them in the Clinic setting has been extremely valuable. I would like to thank the Social Services and Education Departments for their co-operation in the treatment of the children seen here. There are some facilities for educational placement of children with behaviour disturbances and learning difficulties up to the age of eleven years although these facilities are not totally adequate. However, there has been no improvement in

the facilities for disturbed teenagers and as these form a large bulk of the school refusals or children with a reluctance to go to school the lack makes the treatment of this group very difficult.

There will be an extension of the Child Psychiatric Service in this region. Dr. Gary Kearney has been appointed Consultant Child Psychiatrist for this area and will take up his appointment on the 1st May, 1973. He will hold two Local Authority Clinics at Pemberton Health Centre. I am sure that Dr. Kearney's appointment will enable a more comprehensive Child Psychiatric Service to be given to Wigan and the surrounding area and I wish him all the best in his new appointment.

As I will be leaving this clinic in April 1973 to undertake a further session at the Lady Tong Clinic, I would like to thank Dr. Hilditch, Dr. Abdou and all other workers in the Health, Education and Social Services Departments, also the secretarial staff who have co-operated with me so readily during the past four years at Pemberton Child Guidance Clinic.

Details of Borough cases are given below:—

Cases on waiting list at end of 1971	15
Cases referred during 1972	33
New cases seen during 1972	39
Cases withdrawn during 1972	2
Cases on waiting list at end of 1972	7
Summary of Cases:	
Source of referral:	
School Medical Officer	34
General Practitioner	5
Consultant Paediatrician	7
Consultant Surgeon	1
Consultant Psychiatrist	1
Type of referral:	
Behaviour disorder	19
Anxiety State	5
Learning problems	5
Brain Damage	1
School Refusals	8
Encopresis	1
Cases seen during 1972:	
Recommendations:	
Treatment at Clinic	13
Placement at Residential School	2
Review at Clinic	17
Placement at Observation Class	4
Catholic Voluntary Home	3
Clinic Attendances:	
Children	221
Parents	242
Others	22

Speech Therapy:—

The Speech Therapist appointed in late 1971 has been able to establish her position within the School Health Service during 1972. Initially a flood of referrals were received from head teachers and in order to provide the Speech Therapist with a workable case load these had to be screened by the Department's medical staff. The result is that the number of children now being recommended for speech therapy is at a more acceptable level and the following statistics give some indication of the work undertaken during the first full year of operation. The Speech Therapist works five sessions per week and good clinical facilities are provided at Pemberton Health Centre.

Children on register 1st Jan. 1972.	116
New patients	56
Attendances	874
No. of children for whom treatment not considered necessary	56
Discharged (non-attendance)	20
Discharged after treatment	26
Conditions Treated	
Articulatory defects	44
Articulatory defects and hearing difficulties	4
Language delay and hearing difficulties	3
Stammer	12
Dysphonia	1
Dysarthria	1
Clef palate	3
S.S.N. children	4
E.S.N. children	4
General advice	20

Treatment of Enuresis.—

The loan service of electric alarm machines for use in the treatment of enuresis continued. This service is operated by the Health Department in collaboration with the Departments Medical Officers and Dr. R.M. Forrester, the Paediatrician at Wigan Infirmary, Electric alarm machines were used by 7 children in 1972.

Chiropody.—

A chiropodist working on a sessional basis with assistance from a specially trained school nurse operates from the School Clinic. During 1972, 43 sessions were undertaken at which 210 patients received 747 treatments. Of those 210 patients, 196 suffered from verrucae pedis and the remainder involved general conditions.

Verrucae pedis are a perennial problem in school children and being of an infectious nature, the condition is easily disseminated within the school population where members must in the course of their physical education often go barefooted. The condition has been

noticed more often since the opening of the new Swimming Baths, perhaps a small price to pay for the advantage conferred by such a magnificent amenity.

The number of cases of verrucae treated by the chiropodist and school Nurse gives some indication of the incidence of the condition in Wigan.

Children are, of course, treated by their family doctor and by private chiropodists and consequently exact numbers are unobtainable.

Preventive action is taken in that children going in organised parties to the baths are given foot inspections by the staff there to prevent the barefooted case spreading the infection to his school fellows.

The results achieved from this measure must necessarily be limited as so many children and adolescents who may be carrying the virus are not subject to inspection and indeed it would be an infringement of public liberty to impose such action.

INFECTIOUS DISEASES

During the year no case of diphtheria or poliomyeltis was notified in school children. The following cases of infectious diseases were notified during 1972.

Scarlet Fever	5
Measles	86
Infective Jaundice	1
Tuberculosis (Non-Respiratory)	1

Diphtheria Immunisation.—

We have now had 24 years of freedom from diphtheria amongst school children, but this has been at the price of constant vigilance. No effort was spared by the staff of the department to encourage parents to allow their children to be immunised and so perpetuate this satisfactory state of affairs. Head Teachers and class teachers co-operated extremely well in advising parents to have their children protected.

Arrangements have been made for immunisation sessions to be undertaken in schools as well as at clinic premises to minimise the amount of class-room time lost.

Parents of children who receive Primary Inoculation against Diphtheria are now encouraged to accept Diphtheria Tetanus combined vaccine. When a child has previously received active anti-tetanus immunisation the combined vaccine is used for booster injections and names of the pupils so protected are sent to the Casualty Department of the Infirmary, so that, in case of injury involving a risk of Tetanus, the child may receive a reinforcing dose of Tetanus Toxoid rather than the less desirable passive immunity afforded by Anti-tetanus Toxin.

No. of children who completed Diphtheria-Tetanus Inoculation	261
No. of children who received Booster Diphtheria or Diphtheria Tetanus Inoculation	1548

Vaccination against Poliomyelitis.—

Every opportunity was taken to increase the already high proportion of pupils immunised with Sabin (Oral) Vaccine.

No. of children who completed a primary course	336
No. of children who received a re-inforcing dose	2308

Vaccination against Measles.—

Measles vaccine was available throughout the year and parents of those primary schoolchildren who, during routine medical inspections, were found to have had neither the disease nor the vaccine, were encouraged to take them to a clinic for this purpose.

Vaccination against Rubella (German Measles).—

Under the provisions of the scheme recommended in July, 1970, by the Department of Health and Social Security for the protection of girls against Rubella (German Measles), which is acknowledged as a major threat to women of child-bearing age because of its consequences in pregnancy, 520 girls were vaccinated.

HANDICAPPED PUPILS

It is unusual for a Medical Officer first to become aware of a child's disability at the time of the medical examination at school entry. The acceleration of Development Paediatric Screening as a positive and integral part of the Child Health Service will make this particularly so in years to come. A close liaison exists between the School Health Service and the Child Health Service which ensures that children are guided early intothe education channels from which they are most likely to benefit.

In an attempt to co-ordinate the efforts of all staff concerned with the education of handicapped pupils, an advisory committee which meets at six week intervals, has been created. The Committee membership comprises medical, educational and social work staff who review individual cases at each meeting with a view to recommending correct school placement.

Handicapped children ascertained during 1971:

(a) Blind	1
(b) Partially sighted	1
(c) Deaf	1
(d) Partially hearing	2
(e) Physically handicapped	1

(f) Delicate	1
(g) Maladjusted	9
(h) Educationally Sub-normal	19
(i) Epileptic	—
(j) Pupils with speech defects	—
(k) Remedial teaching	—
(l) Home tuition	5
	50

Handicapped Children Attending Special Schools

	Number admitted in 1972	Number Attending
(a) Blind Pupils		
St. Vincent's School for Blind, Liverpool	—	1
Royal School for Blind, Liverpool	2	3
(b) Partially Sighted		
Exhall Grange School, Coventry	—	1
Derby School, Preston	—	1
(c) Deaf Pupils		
Royal School for Deaf, Manchester	—	1
Royal Cross School, Preston	1	2
(d) Partially Hearing Pupils		
Alice Elliot School for Deaf, Liverpool	—	1
Thomasson Memorial School, Bolton	2	4
School for Partially Hearing, Birkdale	—	6
(e) Physically Handicapped Pupils		
Mere Oaks, Standish	4	25
Hamblett School, St. Helens	—	1
(f) Delicate Pupils		
Children's Convalescent Home and School, W. Kirby	—	2
Fairfield House School, Broadstairs	1	3
(g) Maladjusted Pupils		
Knowl View, Rochdale	—	2
Burtholme Hostel, Worthington (Boarding Home)	—	1
Lendrick Muir, Rumbling Bridge, Kinross	—	1
Stocks Park Day School, Horwich	3	3
St. Vincents, St. Leonards on Sea	1	1
(h) Educationally Subnormal Pupils		
Montrose Day School	13	110
Hope School (Day)	4	47
Stokelake House School, Chudleigh	1	1
Meldreth Manor, Royston	—	1
Landgate Day Special School	1	1
North Cliff Day Special School	—	1
Crowthorn School, Bolton	1	2
Shieling School, Thornbury	1	1
(i) Speech Defect		
Moor House School, Oxted	—	1
Ewing School, West Didsbury	—	1
(j) Epileptic Pupils		
Chilton School, Maghull	1	1

EDUCATION ACT, 1944, SECTION 56

During the year, 5 children received home teaching and 87 tuition in hospitals.

Tuition for children ill at home or in hospital is provided for long-term cases. Such children, when 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 ten hours' home teaching a week, and 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, whilst 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 patients' 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. Suitably qualified teachers who will undertake domiciliary work are not easy to find.

WORK OF THE SCHOOL NURSES

	1971	1972
Number of follow-up visits paid to cases at home	465	489
Number of first visits paid to schools in connection with general cleanliness	80	81
Number of children inspected for general cleanliness	12,208	12,269
Number of visits paid to schools for re-inspection of general cleanliness	368	298
Number of re-inspections for general cleanliness	36,606	27,715
Number of visits to schools for Infectious Diseases	1	4
Number of children inspected for Infectious Diseases	110	477
Number of visits paid to schools for other purposes	81	77
Number of visits paid to homes for Infectious Diseases	5	1
Number of visits paid to schools for medical inspection	318	280
Number of visits paid to schools for Inoculations	189	186
Number of Inoculation Sessions at School Clinic	10	31
Number of Schools visited for vision testing.	112	110
Number of visits paid to schools for Foot Inspection	26	8
Number of Chiropody Sessions at School Clinic	152	133
Number of children treated for Verrucae	181	230

CO-OPERATION OF PARENTS

The number of parents present at Medical Inspection varied considerably in the different schools. The total number present was 2,029 and the number of children medically inspected was 2,985; the average attendance of parents was 67.97 per cent.

It is important that parents should accompany their children at medical examination, particularly at school entrance. The staff encourage this.

CO-OPERATION OF TEACHERS

The teachers in the schools of Wigan are usually very helpful to the Department's Medical Officers. They provide them with the best accommodation possible, although in many schools this is very inadequate, report any abnormality they have noticed in the children, and submit special cases for inspection. Prompt and complete information regarding infectious diseases is most valuable to facilitate the control, or even prevention, of epidemics.

CHILDREN IN CARE

The following examinations were carried out on children taken into care by the Social Services Department:

Preliminary examinations	7
Annual Home Office medical inspections	153

Provision of Meals

The total number of meals produced for year ending 31st December, 1972 was 1,709,443 compared with 1,591,434 the previous year.

The number of children eligible for free meals on the last school day in 1972 was 2,504.

The number of one-third pint bottles of milk provided to children between the age of 5 and 7 years during the autumn term was 311,599.

A new kitchen was opened in January, 1972 at St. Aidan's R.C. Primary School to cater for up to 200 children.

Gidlow Middle School opened in September with a re-modelled scullery from which container meals are served. Winstanley County Primary School children are, for the present, receiving container meals in their new school which was opened in October, 1972.

PHYSICAL EDUCATION

In the same way that failure to progress in the classroom alerts the school doctor to enquire whether there is any remediable medical condition contributing to the child's poor response, so when a child's physical performance is subnormal the attention of the school doctor should be focussed to ensure that there is no pathological condition, physical or emotional, requiring treatment. Thus school medical and nursing staff must maintain effective contact with teachers of physical education and particularly with those who have not been specially trained for this work. Clearly there is scope for a rapproachment between the two professions at this point.

ANNUAL REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER - 1972

The year of 1972 has seen many changes in the staffing position of the Borough's School Dental Service.

In September, 1972 Mr. S.M. Aalen resigned his post as Chief Dental Officer and Principal School Dental Officer, having been in this post since September, 1965. He has taken a similar appointment with the Health Department of the County Borough of Bolton. One would not wish to miss the opportunity of paying tribute to the work which Mr. Aalen has done in building up an excellent service on the foundations laid by his predecessor Mr. C.F.L. Purslow. We all wish Mr. Aalen success and happiness in Bolton.

Unfortunately the staffing position in our own service continues to give cause for grave concern. Mr. A.J. Moorhead resigned his part-time post with effect from 29th August 1972, leaving Mr. Aalen as the only full-time dental surgeon, assisted by Mrs. L.J. Cook working on a sessional basis. Mrs. Cook also found it necessary to reduce the number of sessions she was able to spend in the Council's service and she is now averaging only one session per week. Her husband Mr. J.E. Cook, a private practitioner in Leigh, deputised for her in the early part of the year when she was forced temporarily to give up work in anticipation of her confinement. We are grateful to Mr. Cook for his help in the period between Mr. Aalen's departure in September and my own arrival on 20th November. For two months he sacrified the half day he normally spends relaxing away from his own practice to keep the Borough's Dental Service ticking over: for this help we are greatly indebted to him.

Advertisements for professional staff which have been inserted in the professional press have failed to result in a single application being received. Similarly, advertisements for a Dental Auxiliary have failed to elicit any response. For part of the year therefore, it has been impossible to keep Pemberton Clinic open as often as one would wish. Up to September it was possible to have one surgery in this modern clinic in use on three half days per week but after the departure of Mr. Aalen it was only possible to provide dental treatment on one afternoon of each week, this situation continuing until the end of November.

During the year, due to the shortage of staff, it was possible to conduct dental examinations in only twelve of the Borough's schools and, unless the situation improves, there seems to be no possibility of arranging routine school dental examinations at shorter intervals than every three years. In the twelve schools at which dental inspections were carried out 2567 pupils were examined; of these, 1901 (or 74.05%) were found to require treatment but this facility was offered to only 1056 (or 55.3%) of those found to be defective. Failure to offer treatment to all scholars with dental defects may be

due to one of several reasons. It may be that the child concerned alleges that he/she attends a private practitioner for regular dental treatment, though little reliability is placed on such claims unless there is visual evidence to confirm it. Other reasons for failing to offer treatment to dentally defective pupils include repeated failure to keep appointments in the past or refusal by the parents to accept proffered dental treatment after previous dental inspections. One is not convinced that it is a correct policy to fail to offer treatment to those found to be in need of it; the obligation is felt to draw the attention of the pupil's parents to the dental defects in the mouths of their children. However, a reversal of the previous policy would possibly result in a greater work load if only a few of these extra pupils accepted treatment; at the same time a higher number of wasted appointments and discontinued courses of treatment would probably occur, thereby causing a tightening of the spiral. Obviously it is difficult to decide how to ensure that the available facilities are used to provide the greatest benefit to the greatest number without becoming a mere provider of emergency treatment. At the same time attempts must be made to provide the best possible treatment for the "dentally conscious" patient, thereby encouraging that patient to take an interest in his/her own dental well being which interest may well last through life. In all, in 1972 a total of 3429 children were inspected either at school or in the clinics. Of these, 2617 (or 76.3%) were found to be in need of treatment. This compares very unfavourably with the 5660 children examined in 1971. In that year 73.3% of the pupils examined were found to have need of dental treatment but the similarity in the percentage of dentally unfit should not be considered relevant as all the examinations were not done by the same examiner.

During the year 1208 children made 2936 visits to the clinics for treatment and 1081 of these children were made dentally fit. One thousand two hundred and four fillings were inserted in 1102 permanent teeth and 819 fillings were inserted in 729 deciduous teeth. Four hundred and thirty four permanent teeth and 993 deciduous teeth were extracted. In addition to this "registrable" treatment other dental operations were completed as shown on table one.

Table One		
	Pupils X-rayed	80
	Prophylaxis	37
	Teeth otherwise conserved	30
	Teeth root-filled	5
	Crowns	2
		154

A total of 306 general anaesthetics were administered, 70 of these by a dental officer, the remainder by Dr. Mackenzie-Newton who averages about two sessions per month in our clinic as Consultant Anaesthetist.

The demand for orthodontic treatment remains consistently high, 100 uncompleted cases being brought forward from 1971 for continued treatment. In addition 23 new cases were commenced, 34 cases were completed and it was necessary to abandon treatment in nine cases due to the patient's failure to co-operate. This means that 80 cases will be carried forward into 1973 for further treatment. Thirty three removable appliances and 21 fixed appliances were inserted. We are grateful to Mr. L. Langford for the excellent service which he provides and also for his readiness to demonstrate, instruct and guide his less experienced colleagues in his speciality. We are indeed lucky to have available for our school population the services of such an expert orthodontist.

The number of partial dentures inserted during the year under review rose to nine and, regrettably, each one of these was supplied to a child under 14 years old.

As the immediate prospect of any improvement in staffing the School Dental Service seems extremely unlikely, the emphasis must be on prevention. At present, to this end, dental health education is taught in the Clinics at the chair side, the importance of good dental health, good oral hygiene and regular dental checks being stressed at the end of each visit. Mr. Hughes, the Department's Health Education Officer, together with Mrs. Chadwick, one of our dental surgery assistants, devoted a great deal of time to this aspect of the Dental Service's work in the period when no full-time dental officer was employed. Film shows were given in most of the Borough's Infant Schools and dental health education kits were distributed to all new entrants to these schools. One doubts however if these attempts to instil dental awareness into young pupils have any lasting effect. This is not to criticise the work so efficiently done; the impact of such "campaigns" in unfortunately soon lost. In the realm of preventive dentistry one can only endorse what Mr. Aalen said in his report last year. "It is an indisputable fact that where Fluoride is added to drinking water to bring the Fluoride content up to 1.0 part per million, the prevalence of dental decay will be reduced by approximately fifty per cent". It is therefore a great pity that though this beneficial, relatively cheap and undoubtably safe method of reducing dental decay has been accepted in principal by the Local Council, the measure cannot be put into effect because of the multiplicity of authorities having responsibility for and interest in water supplies and their cost. The sooner central government accepts the responsibility for assisting local authorities to ensure that water shall be fluoridated, the better for the dental health of future generations of school children.

Though this report concerns the year 1972, all of one's thoughts are concerned with the future of the Health Service after April, 1974. For areas such as the one in which we live and work one fears that unless some revolutionary way is found to attract staff, the maintenance of the existing service will be difficult enough and the prospect of effecting any improvement seems bleak indeed.

I would not like to conclude this report without thanking the staff in the dental clinic - Mrs. Chadwick, Mrs. Peters and Miss. Proctor - for their kindness and support. Thanks are also due to all others in the Health Department, from Dr. Hilditch down, who have gone out of their way to help and advise me and to ease me more gently in my new situation.

DENTAL INSPECTIONS AND TREATMENT – 1972

Attendances and Treatment	Ages			
	5 – 9	10 – 14	15+	Total
First visit	628	506	74	1208
Subsequent visits	721	822	185	1728
Total visits	1349	1328	259	2936
Additional courses of treatment commenced	61	63	6	130
Fillings in permanent teeth	384	1204	218	1806
Fillings in deciduous teeth	755	64	–	819
Permanent teeth filled	342	1102	209	1653
Deciduous teeth filled	701	28	–	729
Permanent teeth extracted	154	266	14	434
Deciduous teeth extracted	687	306	–	993
General anaesthetics	193	108	5	306
Emergencies	196	111	2	309

Number of pupils X-Rayed	80
Prophylaxis	37
Teeth otherwise conserved	30
Number of teeth root-filled	5
Inlays	—
Crowns	2
Courses of treatment completed	1081

Orthodontics

Cases brought forward from 1971	100
New cases commenced in 1972	23
Cases completed in 1972	34
Cases discontinued in 1972	9
Number of removable appliances supplied	33
Number of fixed appliances fitted	21
Pupils referred to Hospital Consultant	—

Prosthetics	Ages			
	5-9	10-14	15+	Total
Pupils supplied with F.U. or F.L. dentures first time	–	–	–	–
Pupils supplied with other dentures (first time)	1	8	–	9
Number of dentures supplied	1	8	–	9

Anaesthetics

General anaesthetics administered by dental Officers	70
General anaesthetics administered by other anaesthetist	236

Inspections

(a) First inspection at school	2507
(b) First inspection at clinic	632
Number of (a) + (b) found to require treatment	2405
Number of (a) + (b) offered treatment	1556
(c) Number re-inspected at school or clinic	290
Number of (c) found to require treatment	212

Sessions

Sessions devoted to treatment	453.5
Sessions devoted to inspection	14

STATISTICAL TABLES

TABLE I

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools during 1972

A. PERIODIC MEDICAL INSPECTIONS

Year of Birth	No. of Pupils Inspected	Physical Condition of Pupils Inspected	
		Satisfactory	Unsatisfactory
1968 and later	27	27	–
1967	690	690	–
1966	467	467	–
1965	51	51	–
1964	21	21	–
1963	23	23	–
1962	44	44	–
1961	571	571	–
1960	113	113	–
1959	55	55	–
1958	582	582	–
1957 and earlier	341	341	–
Total	2985	2985	–

The physical condition of 100% of pupils inspected was satisfactory.

	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
	For defective vision (excluding squint)	For any other condition recorded in Table II	Total individual pupils
1968 and later	–	9	7
1967	40	172	185
1966	56	116	138
1965	5	13	14
1964	–	5	3
1963	6	6	11
1962	4	13	17
1961	43	119	158
1960	14	36	49
1959	6	18	19
1958	50	74	120
1957 and earlier	18	49	65
Total	242	630	786

B. OTHER INSPECTIONS

Number of Special Inspections	132
Number of Re-Inspections	2986
Total	3118

TABLE II

Defects Found by Medical Inspection during the year

A. PERIODIC INSPECTIONS

Defect or Disease	Entrants		Leavers		Others		Totals	
	*T	†O	*T	†O	*T	†O	*T	†O
Skin	29	22	32	11	28	12	89	45
Eyes								
(a) Vision	96	206	68	99	78	70	242	375
(b) Squint	31	6	3	–	8	5	42	11
(c) Other	4	4	–	10	1	8	5	22
Ears								
(a) Hearing	30	61	4	2	10	14	44	77
(b) Otitis Media	13	16	–	1	5	2	18	19
(c) Other	3	3	3	–	2	2	8	5
Nose and Throat	38	87	15	5	40	36	93	128
Speech	19	18	3	2	5	3	27	23
Lymphatic Glands	6	67	–	–	–	16	6	83
Heart	10	16	5	2	2	1	17	19
Lungs	14	14	6	3	15	7	35	24
Developmental								
(a) Hernia	15	9	–	1	6	1	21	11
(b) Other	6	14	1	11	6	27	13	52
Orthopaedic								
(a) Posture	–	1	–	–	3	2	3	3
(b) Feet	41	33	8	5	10	12	59	50
(c) Other	17	24	12	7	12	17	41	48
Nervous System								
(a) Epilepsy	–	–	–	–	1	–	1	–
(b) Other	2	10	3	3	2	11	7	24
Psychological								
(a) Development	1	10	1	–	9	3	11	13
(b) Stability	–	12	4	–	8	9	12	21
Abdomen	6	4	2	–	13	5	21	9
Other	12	7	21	2	24	2	57	11
Total	393	644	191	164	288	265	572	1073

* Defects requiring treatment (T).

† Defects to be kept under observation (O).

B. SPECIAL INSPECTIONS

Defect or Disease	Pupils requiring	
	Treatment	Observation
Skin	2	—
Eyes		
(a) Vision	6	4
(b) Squint	2	—
(c) Other	—	—
Ears		
(a) Hearing	6	1
(b) Otitis Media	—	—
(c) Other	—	—
Nose and Throat	3	1
Speech	10	3
Lymphatic Glands	—	—
Heart	1	—
Lungs	—	—
Developmental		
(a) Hernia	—	—
(b) Other	—	—
Orthopaedic		
(a) Posture	1	—
(b) Feet	—	—
(c) Other	1	1
Nervous System		
(a) Epilepsy	2	—
(b) Other	1	—
Psychological		
(a) Development	7	—
(b) Stability	1	—
Abdomen	1	—
Other	1	—
Totals	45	10

TABLE III

Treatment of Pupils attending maintained Primary and Secondary Schools

A. EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	18
Errors of refraction (including squint)	560
Total	578

Analysis of Cases in which Spectacles were prescribed	
Simple Hypermetropia	46
Simple Myopia	42
Hypermetropia Astigmatism	167
Myopic Astigmatism	23
Mixed Astigmatism	19
Total	297

B. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received Operative treatment–	
(a) for diseases of the ear	–
(b) for adenoids and chronic tonsillitis	74
(c) for other nose and throat conditions	–
Received other forms of treatment	9
Total	83
Total number of pupils in schools who are known to have been provided with hearing aids–	
(a) in 1972	8
(b) in previous years	18

C. ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	208
(b) Pupils treated at school for postural defects	—
Total	208

Attendances at the Orthopaedic Clinic

	Wigan	Hindley	Ince	Standish	Orrell	Ashton	Total
No. of children of school age attending	208	5	18	107	24	23	385
No. of attendances of children of school age	504	17	52	213	62	55	903

D. DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table V)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	21
Impetigo	30
Other skin disease	398
Total	449

E. CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	39

F. SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by Speech Therapists	76

G. OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	430
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	948
(d) Chiropody	210
(e) Treated for Verrucae by School Nurse—Special Clinic	230
	1818

TABLE IV

Minor Ailment Clinics
Classification of Consultations and Treatment

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Uncleanliness	205	–	1734
Ringworm	–	–	–
Scabies	21	–	39
Impetigo	30	–	101
Other Skin Diseases	398	24	1138
Blepharitis	–	–	–
Conjunctivitis	–	–	–
Defective Vision	–	–	–
Squint	2	–	3
Other Eye Conditions	18	1	33
Defective Hearing	1	–	1
Otitis Media	3	–	4
Minor Ear Diseases	4	–	5
Nose and Throat Conditions	1	–	1
Infectious Diseases	–	–	–
Deformities	11	–	24
Injuries to Bones and Joints	1	1	1
Other Defects and Diseases	1	–	1
Miscellaneous	417	33	861
Total	1113	59	3946

TABLE V

Uncleanliness and Verminous Conditions

Average number of visits per school made during the year by the School Nurses	11
Total number of examinations of children in the Schools by School Nurses	39,984
Number of individual children found unclean at first inspection	614
Number of individual children found unclean at final inspection	244
Number of children cleansed under arrangements made by the Local Education Authority	–
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	–
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	–

Appendix 'A'

Incubation and Exclusion Periods of the Commoner Infectious Diseases

	Usual Incubation Period (days)	Interval between onset and appearance of rash (days)	Period of Exclusion	
			Patients	Contacts, i.e. the other members of the family or household living together as a family, that is, in one tenement
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)	Children - no exclusion but all pupils who have had Rheumatic Fever or Nephritis should stay off school during an epidemic. Persons engaged in the preparation or service of school meals to be excluded until the 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	7 days after the appearance of the rash if the child appears well	None ordinarily but any contact suffering from a cough, cold, chill or red eyes should be immediately excluded unless he is known with certainty to have had the disease or been immunised against it. During an epidemic children under five years should not be admitted to Nursery School, Nursery Class or Infant School unless they have had the disease or been immunised against it
GERMAN MEASLES (RUBELLA)	14 - 21	0 - 2	4 days from the appearance of the rash but not before feeling well	None. Female teachers who have not had Rubella should be aware of the special danger associated with contracting the disease during the early months of pregnancy. During this period temporary transfer to another school is recommended
WHOOPING COUGH	7 - 10	–	21 days from the beginning of the characteristic cough	None. During an epidemic children under five years should not be admitted to Nursery School, Nursery Class or Infant School unless they have had the disease or been immunised against it

DYSENTRY AND FOOD POISONING	1 - 7	—	Until symptom-free	None
MUMPS	12 - 26	—	One day from the subsidence of all swelling	None
CHICKEN POX	11 - 21	0 - 2	6 days from the appearance of the rash	None
SMALLPOX	7 - 16	3	Until the patient is pronounced by the Medical Officer of Health to be free from infection	16 days and until declared free from infection by by the Medical Officer of Health
POLIOMYELITIS	3 - 21	—	Until clinical recovery	21 days
ACUTE MENINGITIS	2 - 10	—	Until clinical recovery and pronounced bacteriologically clear	None
TYPHOID OR ENTERIC FEVER	7 - 21	—	Until the patient is pronounced by the Medical Officer of Health to be free from infection	Until pronounced bacteriologically clear
INFECTIVE JAUNDICE	15 - 50	—	7 days after appearance of jaundice and not before clinical recovery	None
			(Many cases are mild with few symptoms. The incubation period is usually 25 days. Difficult to control, its greatest communicability is from a few days before to a few days after the onset. Particular attention to personal hygiene is necessary, with disinfection of toilets. Cases should be excluded from school until subsidence of symptoms, but for symptomless contacts no exclusion is necessary. Common prudence would demand that contacts and convalescent cases should not handle the food of others)	
PULMONARY TUBERCULOSIS	28 - 42	—	Until pronounced non-infective	Contacts have to be medically investigated but are excluded during this period
IMPETIGO			Until spots have healed, unless lesions can be covered.	None
PEDICULOSIS			Until treatment received	None
PLANTAR WARTS (Verrucae)			Exclusion from barefoot activities until adequate treatment instituted	None
ATHLETE'S FOOT			Exclusion from barefoot activities until adequate treatment instituted	None
RINGWORM of SCALP and BODY			Until adequate treatment instituted, provided lesions are covered	None
SCABIES			Until adequate treatment instituted	None

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