

[Report 1973] / School Medical Officer of Health, Wigan County Borough.

Contributors

Wigan (England). County Borough Council.

Publication/Creation

1973

Persistent URL

<https://wellcomecollection.org/works/ctg2hcyh>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

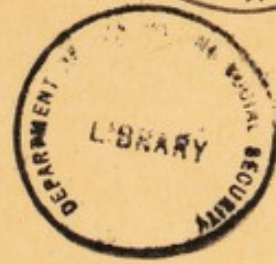
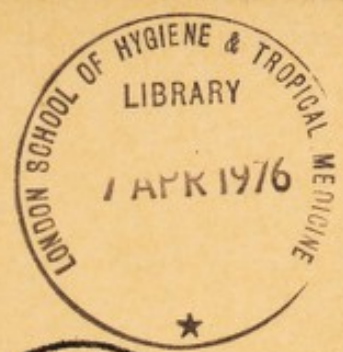
This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.




Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

AC. 44862.



Annual Report
of the
Principal School
Medical Officer
for the year 1973

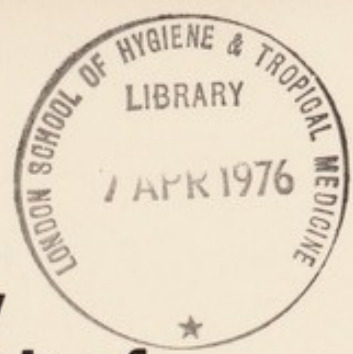


Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b3027705x>



**County
Borough of
Wigan**



Annual Report
of the
**Principal School
Medical Officer**
for the year 1973

J. Haworth Hilditch

Medical Officer of Health and Principal School Medical Officer



County
Borough of
Wigan



Annual Report
of the
Principal School
Medical Officer
for the year 1973

COUNTY BOROUGH OF WIGAN

EDUCATION COMMITTEE

(Appointed May, 1973)

Chairman:

Councillor E. COWSER, J.P.

Vice-Chairman:

Councillor J.E. SMITH.

His Worship the Mayor (Councillor J. Bridge)

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

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

Other Members: Canon E.O. Beard, W. Broxton, J.P., Miss E. Eckersley B.A., J.P., Miss E. Hodson, M.B.E., J.P., Mr. G. Livesey, B.Sc., Mr. W.E. Pearson, Dr. E.C. Smith, B.Sc., Canon G. Walsh, W. Clarke, R. Derricot B.A., M.Ed., Mrs. W.M. Grady.

SCHOOLS SUB-COMMITTEE

(Appointed May, 1972)

Chairman:

Councillor J.E. Smith.

Vice-Chairman:

Alderman H. Dowling, J.P.

His Worship the Mayor (Councillor J. Bridge)

Alderman: J. Taberner

Councillors: E. Cowser, J.P., W.C.P. France, J.A. Greenall, G.R. Griffiths, Mrs. E. Naylor, Mrs. M. Pratt, N. Turner.

Other Members: Canon E.O. Beard, Canon G. Walsh, Mr. W. Clark, R. Derricot, Mrs. W.M. Grady.

SCHOOL HEALTH SERVICE STAFF

31.12.73.

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:

G. KEARNEY, D.B., B.CL., B.A.O., D.P.M., M.R.C., Psych.

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.)

Senior Dental Officer

B. DOLAN, L.D.S., R.C.S. (Irel.)

Dental Officers

Mrs. L.J. COOK, B.D.S. (Part Time)

Mrs. J. KING, B.D.S. (Birm)

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

K. FOY

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. JONES, L. CHARNOCK, J.M. PROCTOR, E. CHADWICK

PRINCIPAL SCHOOL MEDICAL OFFICER'S ANNUAL REPORT FOR 1973

Community Health Office,
WIGAN.

January, 1974.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

Introducing the report on the School Health Services for 1973 I am acutely aware that it is the twenty fifth and the last which I shall present as your Principal School Medical Officer. Reorganisation of Local Government and of the Health Services alters both Wigan and its School Health Service, the former to become part of the New Wigan Metropolitan Borough, the latter to take its place amongst the Health Services to be provided by the Wigan Area Health Authority. I am pleased to think that as Area Medical Officer I shall retain some responsibility for the service whose development I have assiduously promoted over the last quarter of a century.

The critic might well ask whether in the School Health Service we have achieved our stated aim - in brief to ensure that after seeking to maximize potential through positive early ascertainment and treatment each and every child is recommended for the kind of education for which his physical and mental attributes benefit him. Posterity will provide the answer in the long run. In the meantime the Court Committee set up by the Secretary of State for Health and Social Services to enquire into the future of the Child Health Service on a National basis will find much in the present service which will deserve to be carried forward in any proposals for the future.

I would particularly ask that any future service provides adequate advice and help for the handicapped school leaver. Modern medicine and the devotion of staff in the education service is ensuring the survival and training of many very severely handicapped children and unless heroic measures are brought to bear in finding appropriate work placements much of the effort and money expended on the group will have been wasted and their future lives devoid of earlier expectations will be bleak indeed. It may well be that the recently instituted Employment Medical Advisory Service will facilitate the placement of these disadvantaged youngsters.

The periodic and selective medical examinations have continued as in the previous year and some 25% of the children seen were found to require treatment of some kind but so far as general physical condition is concerned no child was considered to fall into the category labeled "unsatisfactory". How long this will continue in the face of rising unemployment and inflation of food prices is open to speculation.

Shortage of staff and alternative work has necessitated the curtailment of the very popular health education seminars on special subjects directed mainly at the teaching staff from all schools which in recent years have been held at the teachers' centre. It is to be hoped that the seminars will be revived when the dust of reorganisation has settled.

We were pleased to welcome Dr. G.D.A. Kearney, Consultant Child Psychiatrist, who was able to devote two sessions weekly to the clinic at Sherwood Drive. It is unfortunate that the lack of adequate social work support at present prevents this service from achieving its real potential.

Another problem area was speech therapy, when we lost our therapist in July and found no successor. Only the most urgent cases can be dealt with through the willing help of the therapist at Royal Albert Edward Infirmary.

Our experience of infectious diseases during the year has given little cause for concern. There has been no case of Diphtheria in school children in the Borough for 25 years, clearly a striking tribute to the success of the immunisation programmes which have been pursued with vigour over the years. I would reiterate as in previous years that the price of freedom is eternal vigilance and ask for the continued support of parents in this important task.

I have referred earlier to handicapped children and the report indicates how few are attending special schools outside the Borough. The general policy in the Department has been to seek to integrate these pupils whenever possible in ordinary schools and I must pay a tribute to the teaching staff and heads of schools who have co-operated in spite of the extra responsibility involved.

The Principal School Dental Officer has contributed an account of the very valuable work done in the schools and surgeries against a background of staff shortage and judicious selection of priorities. Fluoridation of the water supply as a preventive measure against Dental Caries still seems as far off as ever and other more time consuming measures to achieve the same results are being explored in the profession.

During the year a considerable amount of preparatory work has been carried out particularly by administrative members of the staff which will be of great value to the new Area Health Authority when arranging the amalgamation of the Child Health and Dental Services of the constituent Borough and County Divisions.

It has been my custom in closing the introduction to thank the members of the Education Committee, The Chief Education Officer, the Consultants and staff of the Royal Albert Edward Infirmary, the Family Doctors, and the staff in my own and other departments for their help, advice and effort during the year. On this special occasion I remember the many who have been associated with the work of the School Health and Dental Service during the 25 years of my office. Some alas are no longer alive, some are living happily in retirement and some are working in other authorities. I pay tribute to the loyalty, the hard work and the comradeship which has sustained the team in its efforts to maintain the positive health of the school children of Wigan.

J. HAWORTH HILDITCH,

Principal School Medical Officer.

CO-ORDINATION

National Health Service Reorganisation will for the first time bring the School Health Service legally within the same operational framework as other Health Services. Many areas of co-ordination within these services will be improved as a direct result of re-organisation. The need for a substantial and positive effort to achieve effective collaborative machinery between the Health Services and Local Authority Social Service and Education Departments is recognised.

The following information gives some indication of the efforts made now and in the past to achieve co-ordination between the various branches of the tripartite structure.

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 Paediatricians, Orthopaedic Surgeons, E.N.T. Surgeons 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 intervals to discuss the education and placement of handicapped 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.

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 and particularly when future prospects for placement in employment are under discussion, representatives from voluntary agencies are invited to attend.

In the future we look forward to close co-operation with and assistance from the emergent Employment Medical Advisory Service representatives and from voluntary agencies and the Department of Employment are invited to attend.

RESEARCH

Within the School Health Service, much of the time available has had to be concentrated upon clinical work in order to maintain high standards within the clinical services. This places constraints upon the amount of time available to undertake research projects and yet without adequate research it becomes increasingly difficult to develop the services to any great degree.

National Health Service Reorganisation has however caused a number of staff within the School Health Service to take a long hard look at the services they provide, and to decide how best these can be integrated within the reorganised service. It is now accepted that the future will bring a General Child Health Service as opposed to Pre-School and School Health Services, but this is a change in emphasis only and Health Authorities will still be committed to providing Child Health Services for the School population.

During the year therefore a substantial amount of work has taken place collating information on School Health Services within the merging Authorities, and this resulted in a comprehensive report which the Area Management Team should find useful when they begin to plan and develop the integrated Child Health Service. This research exercise has high-lighted the considerable difficulties to be overcome when bringing together Authorities which have developed styles of management and operational procedures which contrast rather than concur.

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 Clinic	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	2594	2407
Voluntary Schools	20	23	5133	4714
	29	32	7727	7121

COMPREHENSIVE MIDDLE SCHOOLS (10-13)

County Schools	4	—	2482	2294
----------------	---	---	------	------

COMPREHENSIVE R.C. HIGH SCHOOLS (11-16)

St. John Fisher R.C.	786	707
St. Thomas More R.C.	1055	900
	1841	1607

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

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

Deanery	1060	1952
Mesnes	842	744
Whitley	850	758
	2752	2454

SPECIAL SCHOOLS

Montrose School	107	97
Hope School	43	38
	150	135

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
1969 and later	109	28	25.68
1968	935	231	24.70
1967	591	164	24.77
1966	83	18	21.68
1965	46	10	21.74
1964	41	4	9.75
1963	27	10	37.03
1962	107	48	44.86
1961	74	24	32.43
1960	29	4	13.79
1959	521	116	22.26
1958 and earlier	236	58	24.57
Total	2799	715	25.54

Tonsils and Adenoids.—

Routine medical examinations revealed that 66 children required treatment and that 116 should be kept under observation; operative treatment was received by 59 children during the year.

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
1969 and later	109	—	—
1968	935	11	1.17
1967	591	11	1.86
1966	83	6	7.21
1965	46	1	2.17
1964	41	1	2.44
1963	27	1	3.70
1962	107	10	9.34
1961	74	5	6.75
1960	29	4	13.80
1959	521	77	14.78
1958 and earlier	236	34	14.41
Total	2799	161	5.07

Eye Diseases - Visual Defects

Eye Diseases.—

The number of children suffering from external eye diseases mainly conjunctivitis and blepharitis, increased from 27 in 1972 to 29 in 1973, cases of defective vision and squint increased from 670 in 1972 to 722 in 1973, of which 236 require treatment; the remainder were kept under observation.

Skin Diseases

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

Orthopaedic Defects

Routine medical inspections revealed 187 cases of orthopaedic defects of which 97 were referred to the Orthopaedic Clinic for treatment and 90 were placed under **observation**.

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.

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.

This year, however, the new intake of infants attend either morning or afternoon and this would necessitate two visits to each of the 27 schools concerned. This campaign will not therefore be carried out until the beginning of the 1974 Summer Term.

The Department's role with most of the Schools who have shown an interest in Health Education has been one which does not produce many positive results in the sense of project work. During 1973 the Health Education Officer has built up a considerable store of literature and information which is made available to all Schools whenever it is required. Regular liaison visiting to Schools to give advice and assistance to teaching staff involved in Health Education within these Schools has resulted in a considerable amount of this Health Education material being used within Wigan Schools. Another facet of this liaison work has involved the Health Education Officer acting as Agent and Advisor in obtaining or providing films and equipment for use by the Schools in Health Education Sessions. As in previous years, assistance has been given for the C.S.E. Health Education Examination.

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 Nursing Officer (Health Visiting) and the Senior Health Visitor.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

During the year, 124 applications received from children were investigated by the Medical Officers in Department and licences to all applicants were subsequently granted.

COLLEGE ENTRANTS

Medical examinations were carried out on 89 training college candidates during the year.

SUPERANNUATION

One teacher was medically examined for Superannuation purposes.

MEDICAL EXAMINATION FOR SCHOOL MEALS SERVICE

Medical examinations were carried out on 16 applicants for full-time employment in the School Meals Service.

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 in the contest of his educational potential.

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, 1392, attendances were made at the 250 sessions at the Central Clinic, 949 attendances at the 81 sessions at the Sherwood Drive Clinic, and 1834 attendances at the 70 sessions at the March Green Clinic.

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

No. of children attending	1971	1972	1973
No. of attendances	1,018	1,113	874
Average No. of attendances per child	3,586	3,946	4175
	3.5	3.5	4.8

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.

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 increased from 24 in 1972 to 37 in 1973.

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.

The total number of first examinations of children was 10,834, and of these, 441 (4.05%) had pediculosis of the head (i.e. lice or nits present): the final inspection showed the number had been reduced to 204 (1.88%).

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 5 cases of scabies during 1973, sixteen less 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 74 Borough and 46 County schoolchildren were seen by the Orthopaedic Surgeon and 250 patients made 558 attendances for remedial treatment. Four 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 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 is now 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 Protection of School Children:	1248
No. in 13 year age group	1101
No. for whom consent was obtained	
No. of Skin Tests Negative	987
No. of Skin Tests Positive	95
No. Vaccinated	
No. who had Chest X-ray	987
No. where X-ray showed active tuberculosis	57
No. where X-ray showed lung abnormality requiring further observation	—

CHILD GUIDANCE SERVICE

During the year Dr. M.P. Jonas handed over the Child Guidance Service to Dr. G. Kearney, who commenced duties on the 1st May, 1973. We have been fortunate in that he has been able to hold two

sessions per week on Thursday and Friday mornings as opposed to the one session prior to his arrival. This has caused an increase in the number of children being able to take advantage of the Child Psychiatric Service in Wigan.

The following information gives some indication of the work undertaken during the year:-

Cases on waiting list at end of 1972	7
Cases referred during 1973	63
New cases seen during 1973	51
Cases withdrawn during 1973	51
Cases on waiting list at end of 1973	15

Summary of Cases:

Source of referral:

School Medical Officer	31
General Practitioner	8
Consultant Paediatrician	11
Consultant Psychiatrist	1

Clinic Attendances:

Children	198
Parents	222
Others	16

Speech Therapy:—

I commented in my Report for 1972 that we had been fortunate in obtaining a Speech Therapist in that year. This good fortune did not last however and in July 1973 we found ourselves once again without a Speech Therapist. Children who require Speech Therapy are now being referred to the Hospital Service in the hope that at some time treatment can be made available.

Between January and July 1973 the Speech Therapist worked five sessions per week in excellent clinic facilities provided at Pemberton Health Centre, and the following statistics give some indication of the work undertaken during these six months:-

New Patients	32
Attendances	431
Number of children for whom treatment not considered necessary	56
Discharged (non-attendance)	12
Discharged after treatment	18

Conditions Treated

Articulatory defects	48
Articulatory defects and hearing difficulties	2
Language delay and hearing difficulties	4
Stammer	13
Dysphonia	1
Dysarthria	1
Clef palate	2
S.S.N. children	4
E.S.N. children	4
General advice	—

Chiropody.—

A Chiropodist working on a sessional basis with assistance from a specially trained School Nurse operates from the School Clinic, Millgate. During 1973 the Chiropodist worked 46 sessions and treated a total of 194 cases, Verruca Pedis accounted for 146 of these cases. In all, 705 treatments were given to all cases in the year.

Verrucae Pedis are a perennial problem in School Children and being of an infectious nature the condition is easily disseminated within the School Population, particularly where in the course of their physical education School Children go barefooted. The condition has been more prominent since the new swimming baths were opened. This is perhaps a small price to pay for the advantages conferred by such a magnificent amenity.

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 the Paediatricians at Wigan Infirmary, Electric alarm machines were used to 7 children in 1972.

INFECTIOUS DISEASES

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

Scarlet Fever	9
Measles	33
Infective Jaundice	4
Whooping Cough	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	292
No. of children who received Booster Diphtheria or Diphtheria Tetanus Inoculation	2026

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	365
No. of children who received a re-inforcing dose	1970

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 into the 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	—

Handicapped Children Attending Special Schools

	Number admitted in 1973	Number Attending
(a) Blind Pupils		
St. Vincent's School for Blind, Liverpool	1	2
Royal School for Blind, Liverpool	—	3
(b) Partially Sighted		
Derby School, Preston	—	1
(c) Deaf Pupils		
Royal Cross School, Preston	—	1
(d) Partially Hearing Pupils		
Alice Elliot School for Deaf, Liverpool	—	1
Thomasson Memorial School, Bolton	—	4
School for Partially Hearing, Birkdale	—	6
(e) Physically Handicapped Pupils		
Mere Oaks, Standish	3	28
Hamblett School, St. Helens	—	1
(f) Delicate Pupils		
Children's Convalescent Home and School, W. Kirby	1	2
St. Catharine's School, Ventnor	1	1
(g) Maladjusted Pupils		
Knowl View, Rochdale	—	1
Burtholme Hostel, Worthington (Boarding Home)	—	1
Lendrick Muir, Rumbling Bridge, Kingross	—	1
Stocks Park Day School, Horwich	—	3
St. Vincents, St. Leonards on Sea	—	1
Berrow Wood, Glos	1	2
(h) Educationally Subnormal Pupils		
Montrose Day School	19	111
Hope School (Day)	6	42
Stokelake House School, Chudleigh	—	2
Meldreth Manor, Royston	—	1
Landgate Day Special School	1	1
North Cliff Day Special School	—	1
Crowthorn School, Bolton	—	2
Shieling School, Thornbury	—	1

(i) E.S.N.		
Boarsdane Brook, Hindley	1	1
St. Peter's School, Bridgenorth	1	1
(j) Speech Defect		
Moor House School, Oxted	—	1
Ewing School, West Didsbury	—	1
(k) Epileptic Pupils		
Chilton School, Maghull	—	1

EDUCATION ACT, 1944, SECTION 56

During the year, 7 children received home teaching and 88 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

	1972	
Number of follow-up visits paid to cases at home	489	446
Number of first visits paid to schools in connection with general cleanliness	81	93
Number of children inspected for general cleanliness	12,269	10,834
Number of visits paid to schools for re-inspection of general cleanliness	298	295
Number of re-inspections for general cleanliness	27,715	26,248
Number of visits to schools for Infectious Diseases	4	3
Number of children inspected for Infectious Diseases	477	3
Number of visits paid to schools for other purposes	77	83
Number of visits paid to homes for Infectious Diseases	1	6
Number of visits paid to schools for medical inspection	280	263
Number of visits paid to schools for Inoculations	186	166
Number of Inoculation Sessions at School Clinic	31	27
Number of Schools visited for vision testing.	110	122
Number of visits paid to schools for Foot Inspection	8	16
Number of Chiropody Sessions at School Clinic	133	211
Number of children treated for Verrucae	230	127

CO-OPERATION OF PARENTS

The number of parents present at Medical Inspection varied considerably in the different schools. The total number present was 1,912 and the number of children medically inspected was 2,799 the average attendance of parents was 68.31 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	8
Annual Home Office medical inspections	136

Provision of Meals

The total number of meals produced for the year ending 31st December, 1973, was 1,827,545 compared with 1,709,443 the previous year. The number of children eligible for free meals on the last school day in 1973 was 2,384. The number of 1/3rd pint bottles of milk provided to children between the age of 5 and 7 years during 1973 was 767,379.

St. Mark's C.E. Primary School - Children are for the present receiving container meals in their re-modelled school. It is hoped that the new kitchen will be equipped during 1974/75.

A new kitchen was opened in October, 1973 at Marus Bridge Middle School and is already catering to full capacity.

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 rapprochement 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.

The staffing position in the School Dental Service improved in 1973 and for the first time since 1956, there was a full establishment of three full-time dental officers.

On 9th April we were happy to welcome Mr. B. O'Dolan who joined our staff as a Senior Dental Officer; he had had several years experience in a similar post in the City of Birmingham School Dental Service.

On 13th August Mrs. J. King, a newly qualified dental surgeon, took up her appointment as a Dental Officer in the Department.

Both officers have proved to be valuable additions to our staff and it is with regret that Mrs. King's resignation has had to be accepted with effect from mid-April 1974. She is to become a mother in June. We wish her well and hope that she will consider re-joining our staff when her family commitments permit her to do so.

Mrs. L.J. Cook has continued to work with us on a sessional basis, working one session per week. She was compelled to enter hospital and was unable to be with us for a period of seven weeks. However, the work which she has contributed has been greatly appreciated as she stepped into the breach caused by the absence through illness of our anaesthetist, Doctor Mackenzie-Newton, who was absent from work from mid-August, a period of five months.

I am happy to report that she is now well on the way to recovery and is to return to duty in February 1974.

Unfortunately, it has not been possible to recruit a dental auxiliary to make our establishment complete. It is however possible that one may be persuaded to join our staff in the near future if authority can be given to supply her with nursing support.

After Mr. O'Dolan's arrival it was immediately possible to staff the Dental Clinic at Pemberton each day of the week. Mr. O'Dolan has accepted responsibility for organising the dental care of the 4500 pupils in the twelve schools in the Area serviced by the Sherwood Drive Clinic, Pemberton. One looks forward with a degree of confidence to being able to conduct dental examinations in these schools on an annual basis.

The remaining 28 schools in the County Borough have been allocated to Mrs. King and myself. These schools have a population of approximately 10600 and again, progress was being made towards the target of achieving annual inspections.

In the year under review, it has been possible to conduct dental inspections of the pupils in 22 schools. This has involved 47 sessions being devoted to these inspections. In addition, two further sessions were spent in examining the scholars in the two special schools, Hope School and Montrose School. During all these sessions a total of 7082 pupils were examined as to the state of their dental health.

In addition 629 children were examined in the Borough's two dental Clinics. Thus, in schools and clinics 7711 children were dentally examined for the first time. Seven hundred and three (9.1%) of all these children were examined on more than one occasion during the year and of these 703, a total of 409 (58.1%) were found to require further treatment. This compared with 73.1% in 1972 and 70.8% in 1971.

Of the 7711 children examined for the first time at school or clinic, 5360 (69.5%) were found to be in need of treatment: 3710 of these dentally unfit pupils were offered treatment. This represents 69.0% of those in need and 48.1% of the total examined.

Including re-inspections, a total of 8414 inspections were performed during the year. In 5769 (68.5%) of these cases, it was found that dental treatment was necessary and such treatment was offered to 4119 (48.8%) of them.

During the year a total of 1836 children were treated in Clinics, this treatment involving a total of 5294 visits - an average of 2.8 visits per patient.

One thousand four hundred and eighty one (80.0%) of those treated were made dentally fit and 169 scholars had two or more complete courses of treatment during the year.

One thousand six hundred and twenty appointments were missed during the year and some means must be found of combating this wastage; certainly it is not felt that any blame attaches to the schools, most of which are extremely co-operative in letting the Clinics know of any cancellations etc.. The blame must lie with the patients or, more usually, with their parents. Until some form of penalty is involved, it is felt that no improvement will be effected. At present the only sanction we are able to apply is to warn patients and parents that failure to keep an appointment without good reason may involve a delay in obtaining a further appointment if this is requested as a result of dental pain.

Appointment cards have been printed carrying a warning to this effect but it is a difficult sanction to apply as the sufferer is the hapless child. Unfortunately, this is another case of the sins of omission of the parents being visited upon the children.

Of the 5294 visits during the year, 4462 were for "registerable" treatment. In addition 777 visits were made for "unregisterable" treatment. On 417 occasions no treatment was given for one reason or another. Most often this is due to the failure of the parent to

accompany the child to the surgery. We are often confronted with the problem of what to do when a 6 - 8 year old child presents with tooth ache accompanied by a 10 - 13 year old brother/sister/friend.

A total of 2753 fillings were inserted in 2406 permanent teeth and 359 permanent teeth were extracted. Also 1446 fillings were inserted in 1286 deciduous teeth and 1647 deciduous teeth were extracted.

In addition to the 80 orthodontic cases which were carried forward from 1972, twenty seven new cases were accepted for treatment and a total of 29 cases were completed during the year. Seven patients' treatment was discontinued, thus leaving 71 cases under treatment at the end of the year, to be carried forward into 1974. Thirty eight removable and 14 fixed appliances were supplied. As can be seen from the figures below, this is a reversal of the trend in 1972 when 21 fixed and 33 removable appliances were supplied. This is partly due to the fact that more of the orthodontic work is being undertaken by our dental officers, only the more difficult cases being referred to our Consultant, Mr. Langford.

Nineteen pupils were supplied with a total of 20 partial dentures, compared with nine in 1972 and four in 1971. This is a considerable increase in the number of dentures but such a rise is to be expected in view of the large increase in the number of pupils examined and treated.

Radiographs were taken for 165 patients, 143 received prophylactic treatment (scaling and polishing), 380 teeth were "otherwise conserved", nine teeth were root filled, one gold inlay was inserted and 11 crowns were fitted.

Due to Doctor Mackenzie-Newton's absence through sickness, a high number (265) of general anaesthetics was administered by dental officers. This represents 56.2% of the total of 471 general anaesthetics given.

The figures quoted above are to be seen in the tables at the end of this report, where similar figures for 1971 and 1972 are also shown.

The importance of oral hygiene in maintaining good dental health is emphasised to each patient at the end of each visit. Where necessary, tooth brushing instruction is given to individual patients in an attempt to help them and to stimulate interest in their own dental health.

The manufacturers of tooth paste have been particularly generous in their gifts of samples of tooth paste and literature designed to promote dental health. Due to the fact that those children making up the intake of infants into schools, attend at present only on a part-time basis, i.e. either in the morning only or in the afternoon only, it would be necessary to make two visits to each school for the purpose of conducting dental health education sessions in the twenty seven schools involved. Thus the usual visits to these

schools, involving an instructional film and the distribution of dental health kits, samples, literature and dental health education kits have been stock-piled for distribution early in the Summer Term of 1974.

Mr. Hughes, who was the Department' Health Education Officer has transferred to the Social Services Department and his duties have been taken over by Mrs. Tennant. Once again, it is necessary in this Report to stress that the most efficient way of promoting better dental health, by reducing the prevalence of decay, is being ingored. One refers of course to the fluoridation of water supplies. How long must the country wait for a national policy on this public health measure to be implemented, thus benefiting the whole nation?.

The topical application of fluoride gels as a means of reducing dental decay has been instituted in the Millgate Clinic for selected patients. These are patients in the younger age groups and they must be reasonably dentally fit, dentally conscious and exhibit an interest in their own dental health and their oral hygiene.

This is the last Report which I, as your Chief Dental Officer will have to present. My time, as occupant of this position, though brief, has been most interesting and stimulating and one hopes that one will have the opportunity to occupy an equally responsible position after the Re-organisation of the National Health Service on 1st April 1974. The impending change in the Service has been a factor with which we have all been pre-occupied throughout the year. For all of us there has been an element of uncertainty, anxiety and worry which is soon to be resolved.

In concluding this Report, I would like to thank all the members of my staff for their work and loyalty throughout the year. In spite of personal problems and worries, in spite of a short period during which our nursing staff was stretched, they have all displayed a willingness to adjust and to co-operate which has been very gratifying. My thanks are due also to Mr. Markland and Mr. Barker for their willingness to help and advise whenever such help and advice has been sought. Finally I express my thanks to Dr. Hilditch who has never failed to support and encourage me in my first complete year in post.

TABLE 1 - EXAMINATIONS etc

	1973	1972	1971
Pupils examined at school (1st time)	7082	2507	4446
Pupils examined at clinic (1st time)	629	632	642
Total pupils examined	7711	3139	5088
Found to need treatment	5360	2405	3746
Referred for treatment	3710	1556	2013
Consents	1214	-NOT AVAILABLE	

	1973	1972	1971
Re-examinations at school or clinic	703	290	572
Re-examinations found to need treatment	409	212	405
Total examinations in year	8414	3429	5660
Number of children treated in year	1836	1208	1673
Total visits in year	5294	2936	3977
Failed appointments	1620	2855	1199
Patients made dentally fit	1481	1081	1540

TABLE 2 - REGISTERABLE TREATMENT

Visits made for registerable treatment	4462	2852	3988
Permanent fillings	2753	1806	2164
Permanent teeth filled	2406	1653	1992
Ratio of perm. teeth filled/ perm. teeth extracted	6.6	3.8	3.5
Deciduous fillings	1446	819	1463
Deciduous teeth filled	1286	729	1382
Deciduous teeth extracted	1647	993	1214
Ratio of decid. teeth filled/ decid. teeth extracted	.78	.72	1.1

TABLE 3 - UNREGISTERABLE TREATMENT

Visits made for unregisterable treatment	777	249	334
Ortho. cases carried fwd. from previous year	80	100	104
Removeable Appliances	38	33	51
Fixed Appliances	14	21	4
Patients supplied with denture	19	9	6
Number of dentures supplied	20	9	6
Patients X-rayed	165	80	145
Prophylactic treatments	143	37	34
Teeth otherwise conserved	380	30	11
Root fillings	9	5	6
Gold inlays	1	—	—
Crowns	11	2	10
General anaesthetics administered	471	306	436
General anaesthetics administered by a dental officer	265	70	127

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
1969 and later	109	109	—
1968	935	935	—
1967	591	591	—
1966	83	83	—
1965	46	46	—
1964	41	41	—
1963	27	27	—
1962	107	107	—
1961	74	74	—
1960	29	29	—
1959	521	521	—
1958 and earlier	236	236	—
Total	2799	2999	—

B. OTHER INSPECTIONS

Number of Special Inspections	114
Number of Re-Inspections	2087
	<hr style="width: 50px; margin-left: auto;"/>
Total	2201
	<hr style="width: 50px; margin-left: auto;"/>

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	22
Errors of refraction (including squint)	523
	—
Total	545
	—
 Analysis of Cases in which Spectacles were prescribed	
Simple Hypermetropia	50
Simple Myopia	20
Hypermetropia Astigmatism	148
Myopic Astigmatism	28
Mixed Astigmatism	24
	—
Total	270
	—

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	59
(c) for other nose and throat conditions	—
Received other forms of treatment	6
	—
Total	65
	—
 Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1972	3
(b) in previous years	21

C. ORTHOPAEDIC AND POSTURAL DEFECTS

							Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments							250
(b) Pupils treated at school for postural defects							—
							<u>250</u>
							Total
							<u>250</u>
Attendances at the Orthopaedic Clinic							
	Wigan	Hindley	Ince	Standish	Orrrell	Ashton	Total
No. of children of school age attending	250	6	8	68	23	19	374
No. of attendances of children of school age	558	10	28	146	38	42	822

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							5
Impetigo							21
Other skin disease							329
							<u>355</u>
							Total
							<u>355</u>

E. CHILD GUIDANCE TREATMENT

							Number of cases known to have been treated
Pupils treated at Child Guidance Clinics							51

F. SPEECH THERAPY

							Number of cases known to have been treated
Pupils treated by Speech Therapists							80

G. OTHER TREATMENT GIVEN

							Number of cases known to have been treated
(a) Pupils with minor ailments							363
(b) Pupils who received convalescent treatment under School Health Service arrangements							—
(c) Pupils who received B.C.G. vaccination							948
(d) Chiropody							194
(e) Treated for Verrucae by School Nurse—Special Clinic							253
							<u>1818</u>
							<u>1818</u>

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	130	—	2179
Ringworm	—	—	—
Scabies	5	—	9
Impetigo	21	—	70
Other Skin Diseases	329	8	1071
Blepharitis	1	—	1
Conjunctivitis	5	—	10
Defective Vision	—	—	—
Squint	—	—	—
Other Eye Conditions	14	1	24
Defective Hearing	—	—	—
Otitis Media	—	—	—
Minor Ear Diseases	4	—	4
Nose and Throat Conditions	2	—	2
Infectious Diseases	1	—	1
Deformities	1	—	1
Injuries to Bones and Joints	—	—	—
Other Defects and Diseases	1	—	1
Miscellaneous	360	15	802
Total	874	24	4175

TABLE V
Uncleanliness and Verminous Conditions

Average number of visits per school made during the year by the School Nurses	10
Total number of examinations of children in the Schools by School Nurses	37,082
Number of individual children found unclean at first inspection	441
Number of individual children found unclean at final inspection	204
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
WHOOPIING 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 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 (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)	None
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

