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COUNTY BOROUGH OF MIDDLESBROUGH



LOCAL EDUCATION AUTHORITY

ANNUAL REPORT

FOR 1953

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

ERIC C. DOWNER

M.A., D.P.H.





*With the Compliments
of the
Medical Officer of Health
and
School Medical Officer.*

*Health Department,
26, Southfield Road,
Middlesbrough.*



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SCHOOL HEALTH DEPARTMENT,
WOODLANDS ROAD,
MIDDLESBROUGH.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE COUNTY BOROUGH OF MIDDLESBROUGH,
BEING THE LOCAL EDUCATION AUTHORITY FOR
THAT AREA.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present you with my Annual Report
on the work of the Middlesbrough School Health Service in 1953.

As before, the great bulk of the work of compiling this Report
and in presenting the figures, has been carried out by the Senior
School Medical Officer, Dr. Cahill, and the staff of the School
Clinic.

We have, throughout 1953, continued to be embarrassed
by the shortage of medical staff and the grave and serious shortage
of dental staff. The Authority is being asked to increase the medical
establishment so that in addition to the Principal School Medical
Officer and the Deputy School Medical Officer, the Authority shall
have the whole-time services of a Senior School Medical Officer
and 4 School Medical Officers of whom one at least, and preferably
two, should be ladies.

We are feeling to the full, the effect of the 1946-47 "bulge"
in the birth rate, and the number of children attending school and
therefore liable for inspection, is for Middlesbrough a record.

But embarrassed and hindered as we may be by shortage of
medical staff, your Principal School Dental Officer is only able to
maintain a skeleton dental service. The establishment for a
town with over 26,000 children on the registers of primary or
secondary schools, should be a Principal School Dental Officer
and at least 7 School Dental Officers. We have only 2 whole-time
Dental Officers, (one of whom is the Principal School Dental Officer)
and the part-time services of a third. Approach has been made to
all dentists practising under the National Health Service in the town

to enquire whether they would be willing to do part-time work at the Education Committee's Dental Centres. But to this, there has been no response.

One cannot but fear, that great damage is being done by the failure to maintain an efficient School Dental Service. It is true that children in pain or needing the urgent removal of a tooth can use their other entitlement under the National Health Service, but the conservative treatment of teeth aiming at the maintenance of good natural dentures well into adult life, is languishing, and the price to be paid for it will be heavy.

Towards the end of 1953, the Ministry of Health authorised Local Health Authorities to offer treatment with B.C.G. to children between the ages of 13 and 14. The Local Health Authority will no doubt be wishful to consult the Education Authority in this matter and both Authorities will be advised to regard the provision of such a service with favour.

Power has now been given to Local Education Authorities to redesignate their medical and dental officers. Your School Medical Officer is now your Principal School Medical Officer and your School Dental Officer is now your Principal School Dental Officer. In the case of these two officials that merely means an extra word for somebody to write when they sign their names. The redesignation of Assistant School Medical Officers and Assistant School Dental Officers as School Medical Officers and School Dental Officers is a long overdue recognition of the position they occupy. They do not assist anyone—they take full responsibility for their clinical work and have to maintain a high standard of skill and care. It is only from the administrative point of view that they are in any way subordinates, and it is right that they should have a designation which correctly reflects their high professional status.

Once more and with great pleasure, I draw the attention of the Committee to the good work of your small staff—professional, nursing, clerical and ancillary.

I again thank the Chairman and Members of the Education Child Welfare Sub-Committee and the Chairman and Members of the Education Committee itself for their unfailing support and confidence in me.

I gratefully acknowledge kind and helpful counsel and co-operation at all times from the Director of Education and his officers, and also the courtesy that my colleagues and I invariably receive from the Head and Assistant teachers, from the parents and of our children and from the children themselves.

I have the honour to be, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

ERIC C. DOWNER,
Principal School Medical Officer.
Medical Officer of Health.

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MIDDLESBROUGH EDUCATION COMMITTEE.

Chairman : ALDERMAN B. RAMSEY.

Vice-Chairman : ALDERMAN W. RANDALL.

Committee :

ALDERMAN MRS. L. BURTON.

ALDERMAN A. H. COCKS, J.P. (died 11-1-54.).

ALDERMAN MRS. H. M. GUTHRIE, J.P.

ALDERMAN B. RAMSEY.

ALDERMAN W. RANDALL.

ALDERMAN J. SLATER.

ALDERMAN L. TAYLOR.

COUNCILLOR J. M. ANDERTON.

COUNCILLOR W. BRECKON.

COUNCILLOR J. A. BROWN, J.P.

COUNCILLOR MRS. E. DEVENPORT, J.P.

COUNCILLOR G. D. DIXON.

COUNCILLOR W. ECKERT (since 11-11-1953).

COUNCILLOR T. FARTHING.

COUNCILLOR H. FRENCH, M.B.E.

COUNCILLOR MRS. E. A. GAUNT.

COUNCILLOR N. S. GOLDIE.

COUNCILLOR J. W. HOGG.

COUNCILLOR B. KING (resigned 13-10-1953).

COUNCILLOR L. KNOTT

COUNCILLOR THE REV. CANON M. O'SULLIVAN.

COUNCILLOR G. S. RICHARDSON.

COUNCILLOR MRS. M. SAGAR.

COUNCILLOR G. R. THOMPSON.

COUNCILLOR E. VALENTINE.

COUNCILLOR MRS. A. WAIN.

COUNCILLOR T. WILLIAMS.

COUNCILLOR L. WINTER.

Co-opted Members : MRS. A. SCHOFIELD COATES, J.P.

MRS. K. OGLE, J.P.

MRS. A. THOMPSON, J.P.

REV. FATHER T. A. NOLAN.

REV. M. PICKARD.

REV. H. A. WAREHAM.

W. SUTHERST, ESQ.

Director of Education

STANLEY HIRST, B.Sc.

SCHOOL CLINIC AND TREATMENT CENTRES.

1. Central	M.A.C. Orthopaedic, Consultant Aural, Cleansing, Dental.	M.O., Dental Surgeon and Nurses Daily.
2. Whinney Banks Schools.	M.A.C. Dental.	Nurse daily 9 a.m. to 12 noon. M.O. Tuesdays 9 a.m. Dentist daily.
3. Lord Street	M.A.C.	Nurses daily 9 a.m. to 12 noon (except Wednesday) M.O. Monday 9 a.m.
	Speech Therapist.	Thursday 2 p.m.
4. Newport School.	M.A.C.	Nurse Monday and Thursday 9 a.m. to 12 noon.
5. 159, Southfield Road.	Child Guidance Clinic.	By Appointment.
6. 154, Borough Road.	Speech Therapy. Ophthalmic Clinic	By appointment. By appointment.
7. 17, Newlands Road.	U.V.L. Clinic.	Four sessions weekly.
8. Ayresome	M.A.C.	Nurse Tuesday and Thursday 9 a.m. to 12 noon.
9. Caldicotes School.	M.A.C.	Nurse every afternoon.
10. North Ormesby.	M.A.C.	Nurse daily 9 a.m. to 12 noon. M.O. Monday 9 a.m.

GENERAL INFORMATION, 1953.

PRIMARY AND SECONDARY MODERN SCHOOLS:

Number of Schools	...	...	...	...	...	31
Number of Departments	...	...	...	...	...	72
Number on Roll	...	...	...	...	...	24,079
Average attendance	...	...	...	...	...	22,113
Average percentage	...	...	...	...	...	91.04

SECONDARY GRAMMAR SCHOOLS:

Number of Schools	...	...	...	...	...	6
Number on Roll	...	...	...	...	...	2,339
Average attendance	...	...	...	...	...	2,223
Average percentage	...	...	...	...	...	95.04

SECONDARY TECHNICAL SCHOOL:

Number on Roll	...	...	...	...	...	335
Average Attendance	...	...	...	...	...	318
Average percentage	...	...	...	...	...	94.93

SPECIAL SCHOOLS:

Number of Schools	...	...	...	...	...	2
Number on Roll	...	...	...	...	...	232
Average attendance	210
Average percentage	90.51

AVERAGE PERCENTAGE FOR ALL SCHOOLS	92.14
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COST OF SCHOOL HEALTH SERVICE, 1953:

Total Cost	£22,618 5 6
Government Grant	£13,570 19 4
Cost to Rates in Terms of Penny Rate	...	...	...	...	...	2.833d.

SECTION I.—STAFF ETC.

The Medical Officer of Health is also Principal School Medical Officer with the result that the School Health Service is closely co-ordinated with the Local Health Services.

Interchange of medical staff exists with the Health Department both as routine and in emergency. In particular, Dental Anaesthetics are given by Health Department Medical Officers.

Medical Officer of Health and Principal School Medical Officer :
Eric C. Downer, M.A., D.P.H.

Deputy Medical Officer of Health and Deputy School Medical Officer :
Robert Taylor, M.B., Ch.B., D.P.H.

Senior School Medical Officer :
John Cahill, B.Sc., M.R.C.S., L.R.C.P.

Assistant School Medical Officers :
Katherine Macfarlane, M.B., Ch.B.
Margaret E. Peaker, M.R.C.S., L.R.C.P.
Thomas W. Hill, M.D., D.P.H.

Assistant School Medical Officer and Assistant Medical Officer of Health :
(Vacant).

Aural Surgeon (by arrangement with Regional Hospital Board) :
R. M. Marshall, M.B., F.R.C.S.

Ophthalmic Surgeons (by arrangement with Regional Hospital Board) :
Alexander E. P. Parker, M.B., B.S., F.R.C.S.
Francis S. Hubbersty, M.B., B.Chir., F.R.C.S.
John S. Gourlay, M.B., Ch.B., D.O.M.S.

Orthopaedic Surgeons (by arrangement with Regional Hospital Board) :
Howard L. Crockatt, M.B., Ch.B.,
Kathleen M. Adamson, M.Sc., M.B., Ch.B.

Psychiatrist to Child Guidance Clinic :
(Vacant)

Principal Dental Officer :
John Auton, L.D.S.

Assistant Dental Officers :
Thomas W. Clarkson, B.D.S.
Elsbeth J. Turner, L.D.S. (part-time).

Speech Therapist :
Joan Wigney, L.C.S.T.
(one vacancy).

Educational Psychologist :
James McGibbon, M.A., Ed.B.

Social Worker (Child Guidance Clinic) :
Winifred Morton.

Chiropodists (part-time) :
L. Clayton, M.Ch.S.
L. Vanes, M.Ch.S.
W. Leybourne, M.S.S.Ch.
T. Jones, M.Ch.S., L.C.H.

Superintendent Nurse :
K. M. Crapper, S.R.N., S.C.M., H.V.

School Nurses :
B. Allinson, S.R.N., S.C.M.
K. Cameron, S.R.N., S.R.F.N.
E. Howard, S.R.N.
S. Leighton, S.R.N., S.C.M.
I. Mole, S.R.N.
D. S. Owen, S.R.N., H.V.
E. Tweddle, S.R.N.
B. H. Vickers, S.R.N.
B. A. Walsh, S.R.N., S.R.F.N.
W. Whittingham, S.R.N., S.R.F.N., S.C.M.
E. Wilson, S.R.N., S.C.M.

Auxiliary Nurse :

L. Norris, S.E.A.N.

Dental Attendants :

D. Nolan, S.E.A.N.

L. M. Ward.

M. Aulsebrook (part-time).

Clerical Staff :

C. Baines.

V. Butterfield.

E. Cooper.

M. Doonan.

M. Wilson.

Chronicle of 1953.

2. 2.53. Child Welfare Sub-Committee authorised employment of Mrs. E. J. Turner as part-time School Dental Officer.
13. 4.53. Child Welfare Sub-Committee authorised Miss J. Wigney to attend refresher course at Royal Free Hospital, London, July 17th and 18th.
11. 5.53. New Minor Ailment Clinic opened in Kings Road, North Ormesby.
1. 9.53. Miss Wigney, part-time Speech Therapist, appointed full-time Speech Therapist.
- 5.10.53. Reported to Child Welfare Sub-Committee that classes had been started in the Children's Ward of the General Hospital (six half-day sessions weekly) and that a class for children unable to attend school because of Ringworm had been started at Ayresome Minor Ailments Clinic (two sessions weekly).
- 28.11.53. Dr. Taylor attended Conference on Cerebral Palsy at London School of Hygiene and Tropical Medicine.
- 30.11.53. Establishment of School Dental Service fixed at one Principal School Dental Officer and six School Dental Officers.

SECTION II. SCHOOL HYGIENE.

I am indebted to the Director of Education for the following details:—

"I. Improvements to School Premises.

(a) SANITARY ACCOMMODATION:

Improvements, which include some replanning, replacement of sanitary fittings, flushing systems and drainage systems thereto, have been carried out at the High School for Boys, Technical School for Boys, Ayresome, Archibald, Derwent, Street Infants', Burlam Road and St. Patrick's R.C. Boys' School.

(b) GENERAL IMPROVEMENTS:

- (i) General improvements to defective floors have been carried out, including the removal of stepped galleries where they existed at the Whinney Banks Secondary Boys' ,Girls' and Infants' Departments, Burlam Road, St. Mary's R.C. Infants', St. John's C.E. Infants', and Mixed, Southend Boys', St. Alphonsus' R.C. Mixed and Fleetham Street Junior Schools
- (ii) Additional classroom space has been provided at the School for the Deaf by the provision of folding partitions.
- (iii) Improved lighting and ventilation has been provided by the fitting of new windows to the Marton Road Junior and Secondary Schools.

(c) ELECTRICAL INSTALLATIONS.

A new electrical installation has been provided to the Marsh Road School and to the Kirby Secondary Grammar School for Girls.

(d) HEATING, HOT & COLD WATER INSTALLATIONS.

Improvements have been carried out to the heating systems at Ayresome Secondary Girls' and Junior Schools, Linthorpe Infants' and Junior Schools, High School for Boys', High School for Girls', and the nursery huts at Archibald School. Small improvements have also been made at a large number of other schools, which include the supplying and fixing of a special type of solid fuel stove or gas radiators.

New hot water supplies have been provided at the Derwent Street, Junior and Infants' Marton Grove Secondary Boys' and Junior, and St. John's C.E. Infants' and Mixed Schools.

Additional lavatory basins have also been installed and connected to hot and cold services at the Ayresome Infants' and Secondary Boys' Departments.

A new cold water service has been installed at the Ayresome School and drinking fountains have been installed at the Archibald and Derwent Street Schools.

2. School Meals Service.

An enlarged and completely remodelled scullery has been provided at the St. Mary's R.C. College, including improved washing up facilities, additional sinks, new lighting installation, improved ventilation and a new hot water storage heater. Work has also been carried out at various schools in the treating of ceilings with asbestos spray to eliminate condensation.

SECTION III. MEDICAL INSPECTION.

Periodic Medical Inspections.

Number of pupils inspected in the prescribed Groups:—

Entrants	...	...	...	...	...	3,323
Second Age Groups	...	...	...	...	...	2,106
Third Age Group	...	...	...	...	...	1,817
Total						7,246
Number of other Periodic Inspections	...	...	...	...	...	3,027
Grand Total						10,273

All pupils in Secondary Grammar and Secondary Technical Schools were examined.

Yearly medical inspection of these pupils is hardly justified by its results and it will not be continued.

All Pupils attending the School for the Deaf and the Day School for E.S.N. Pupils were examined.

Findings of Medical Inspections.

The good general health of our school children was maintained during 1953. This is evidenced by the high average attendance percentage:—

1951	1952	1953
91.09%	91.09%	92.14%

At medical inspection, the GENERAL CONDITION ("Medical Officer's general impression of physical fitness") of each child is assessed. In recent years, our collated classifications have been as follows:—

	A.	B.	C.
	(good)	(fair)	(poor)
1951	43.65%	52.35%	3.98%
1952	46.96%	50.37%	2.67%
1953	49.33%	47.81%	2.86%

These figures show an increase in the percentage classed as "good" and a slight increase in the percentage marked "poor." Everything considered there is no clear evidence of any dramatic change.

The following conditions merit special comment:—

SKIN DISEASES.

The steady decrease in incidence of skin diseases treated at our clinics noted in our 1952 Report, continues:—

1948	1949	1950	1951	1952	1953
5,430	4,900	4,130	3,952	3,727	3,479

The position as regards IMPETIGO is a little puzzling. In recent years we have treated the following numbers of children for this condition:—

1948	1949	1950	1951	1952	1953
635	464	234	141	124	130

While the severe type of Impetigo characterised by fever and general malaise, originally described almost a hundred years ago, is no longer seen, an impression gained ground among some of

our staff in 1953 that Impetigo was increasing in incidence. This is also the opinion of Dr. Milner, Consulting Dermatologist to Carter Bequest Hospital. Our figures (quoted above) show only a slight increase but it must be remembered that the diagnosis of small patches of Impetigo is not on a very exact basis and involves a subjective element in the medical practitioner. The reason for this slight increase is mysterious.

The position as regards RINGWORM shows a remarkable improvement. The total number of cases of Ringworm of Scalp during recent years was as follows:—

1951	1952	1953
50	31	15

Our cases of Ringworm are referred to Dr. Milner, Carter Bequest Hospital, and, owing to the smaller number now involved, they are nearly all treated there. Our liaison with Dr. Milner, is very good and we receive full information about children treated in Carter Bequest Hospital.

Arrangements made for the education of pupils off school through Ringworm and certain other diseases are summarized by the Director of Education:—"In September, 1953, the Education Committee provided teaching facilities for classes in the Children's Ward of the Middlesbrough General Hospital and for a part-time class, accommodated in the Ayresome Minor Ailments Clinic, for children excluded from school because of Ringworm. This service is additional to the home tuition provided for certain invalid children."

SQUINT.

The following return gives the number of children found to be suffering from squints at periodic medical inspections:—

Year.	Squints.	No. of Pupils.	Percentage with Squint.
1950	112	7,768	1.44%
1951	146	8,723	1.67%
1952	166	8,531	1.94%
1953	179	10,273	1.74%

LUNGS.

The lung diseases most frequently encountered at periodic medical inspections are Asthma and Chronic Bronchitis. These conditions cause much absence from school in the children concerned. In later life, Chronic Bronchitis (not, of course, always dating from childhood) is of great importance as a cause of loss of working time, of serious disablement and as a cause of death (the death rate in Britain from Chronic Bronchitis is by far greater than that of any other country in the World).

Thus we are pleased and even a little surprised to find that the position in Middlesbrough regarding incidence of lung conditions in school children appears to be more favourable than we had expected. Comparison with some neighbouring northern areas (the incidence in the South of England is generally lower) gave the following results:—

Percentage of school children (on Roll) with lung conditions at periodic inspections:—

Year.	Area.	Percentage.
1953	Middlesbrough (C.B.)	3.66%
1953	Durham County	4.18%
1953	Leeds (C.B.)	5.67%
1952	Newcastle (C.B.)	2.06%
1952	Middlesbrough (C.B.)	2.71%
1952	Durham County	3.77%
1952	Gateshead (C.B.)	6.46%

POLIOMYELITIS.

The low incidence of Poliomyelitis (2 cases) is noteworthy. It is in keeping with two known features of the geographical distribution of this disease since 1919:—(a) its low incidence in the north of England and (b) the fact that the disease tends to reappear in certain localities and, as in our case, to almost, as it were, avoid other areas. Diphtheria Immunisation was not suspended at any time during 1953.

TONSIL AND ADENOID OPERATIONS.

This is the first year since the inception of the National Health Service in which we have had detailed hospital returns concerning Nose and Throat operations.

Glover (1950) found that enthusiasm for Tonsillectomy showed great variation from town to town and appeared to be quite unrelated to environmental state. Thus, in 1948, Eastbourne (6.5%) had the highest Tonsillectomy rate of any Authority in England. East Ham (6.2%) had the next highest rate. Birmingham (2.34%) might be compared with Manchester (0.51%); Exeter (4.5%) with Norwich (1.5%).

Accordingly, an attempt was made to compare the position in Middlesbrough with that obtaining in a few neighbouring areas where 1953 reports are available. (It was ascertained that operations had not been suspended in these areas owing to Poliomyelitis.).

Percentage of school children on Roll who had Tonsillectomy in 1953:—

Middlesbrough	Durham County	Leeds
4.59%	1.04%	4.03%

Inspection of our records revealed that rather less than 25% of the school children who had operations were referred by members of our staff.

TUBERCULOSIS IN SCHOOL CHILDREN.

I am indebted to Dr. B. Coutts for the following report:—

"I am glad to be able to say that again this year, for the second time, no deaths have occurred from tuberculosis among school children.

A further fall occurred in the number of school children found during the year to be suffering from active tuberculosis, the figure being 32 compared with 38 in 1952 and 44 in 1951. Of the 32, 25 had pulmonary, 3 glandular, 1 abdominal, 2 bone and joint and 1 tonsillar disease.

The B.C.G. campaign was maintained, 55 children being vaccinated compared with 34 in 1952 and 44 in 1951.

Mass Radiography of school leavers is being continued. This produces only a few cases each year but some of these are children with advanced disease. For this reason and also for the propaganda value I believe that the scheme is of great value."

Age Groups	Lungs	Glands of Neck	Abdominal	Bone & Joint	Tonsils
5—10 years	14	2	1	2	1
10—15 years	11	1	—	—	—
Totals	25	3	1	2	1

NATIONAL HEALTH SERVICE ACT.

The chief difference that this Act has made to our Service is that, owing to a large increase in the numbers of specialists in this area, the standard of clinical work had been raised.

Also, it is now possible to refer children in need of domiciliary treatment more readily to general practitioners. In the past, financial considerations arose and many parents did not take their children to general practitioners when asked to do so.

As yet we do not obtain information regarding treatment of all school children from local hospitals (see Ministry of Education Circular 179) and this, at times, causes difficulty in our work.

HEALTH AND EMPLOYMENT.

The transition from school to industry provides, in some ways a test of the value of our work.

At the examination of leaver pupils, special attention is given to the bearing of defects on suitability for employment. In cases in which it is thought that defects narrow the range of suitable employment, the Youth Employment Bureau is informed and in appropriate cases, registration under the Disabled Persons' Act is advised. Special examinations regarding fitness for particular occupations were arranged in many cases, as for example, prospective Y.M.C.A. Farm Trainees.

HOME VISITS.

Our work under this heading shows a marked increase in recent years. Our nurses visit all children with certain infectious diseases (measles, chicken pox, and whooping cough). They also

visit all pupils on discharge from hospital following Tonsil and other Ear, Nose and Throat operations. Home visits are made, as usual, for follow up purposes including verminous conditions. Altogether, our nurses made 4,501 home visits. The officers of the Child Welfare Department made 4,515 home visits for the School Health Service in matters of a more routine nature.

VISION SURVEY.

As it is clearly desirable that children should have a vision test between the Entrant and the Intermediate Routine Medical Examinations, the eighth year was selected as one in which the normal child can read letters and all children in that age group were tested.

In view of experience in former years, it was found possible to use this examination for a second purpose i.e., to obtain data about the incidence of educational backwardness as measured by inability to read capital letters. It has now been found that very many of these pupils later prove to be E.S.N.

(a) VISUAL DEFECTS.

The total number of 8 year old pupils who had vision tests was 2,313 (1,221 boys and 1,092 girls). Pupils who came under the following headings (totalling 119 boys and 123 girls) were referred to our Ophthalmic Surgeons:—

1. Pupils with visual acuity of 6/12 in both eyes or worse in one eye unless wearing suitable spectacles.
2. Pupils with untreated squints.
3. Pupils thought to need change of spectacles.
4. Pupils who complained of eye symptoms even though Snellen Test is normal.

(The above are our present standards for reference to Eye Clinic.)

(b) EDUCATIONAL BACKWARDNESS.

As has been explained, educational backwardness, in this survey was measured by failures of children to recognise capital letters. The majority of children who failed were boys, which is in accordance with educational experience (17 boys and 2 girls).

The percentages of 8 year old pupils who failed to read capital letters in recent Vision Surveys are as follows:—

1947	1948	1949	1950	1951	1952	1953
3.71%	1.48%	3.70%	2.34%	1.53%	1.20%	0.82%

Thus, with the exception of the anomalous year 1948, these figures give some evidence of steady improvement in reading ability.

VERMINOUS CONDITIONS.

During the year 1953, our nurses carried out 99,408 inspections of pupils for verminous conditions and the number of pupils found verminous at one time or another was 3,845. The comparable figures for 1952 were 104,170 inspections with 4,689 verminous pupils. Thus, our latest figures give evidence of distinct improvement. The total number of inspections is lessened this year by reason of the increased amount of time nurses give to home visiting.

The great majority of pupils classed as verminous were children with a small number of nits which parents cleared up quickly when notified. Quite often mothers had been using imperfect methods and the use of steel combs solved the difficulty. It is pleasing to note that, with rare exceptions, we get ready co-operation from parents. One parent was prosecuted and a conviction was obtained.

The distribution of verminous children in Middlesbrough is an area distribution. In some areas all schools show a heavy percentage of verminous children; in other areas the percentage of verminous children is quite low; but some verminous children were found in every Primary and Secondary Modern School.

The whole problem receives constant attention from our staff and our methods are frequently under review. A particular difficulty is that infestation in school children is but a part of the total amount of infestation in the family and community.

Our nurses instruct mothers in disinfestation ; D.D.T. preparations and steel combs are supplied. We also maintain a diligent and time-consuming follow-up of verminous children.

UNCLEANLINESS, ETC.

In a number of children a special problem of physical dirtiness (not invariably associated with vermin) exists. The implications as regards maternal efficiency, intelligence and self respect are far reaching because water is plentiful and soap is not in short supply. A very adverse factor, in this respect, is the increasing industrialisation of mothers. Foot baths are installed in most of our minor ailments Clinics and are in frequent use. Our Nurses use constant propaganda in this connection and very valuable work is done by teachers.

In cases with poor clothing in which financial stringency is suspected considerable assistance has been received from the Education Department.

SECTION IV. MORTALITY OF SCHOOL CHILDREN.

I am indebted to the Health Department for the following Table:—

REGISTERED DEATHS OF CHILDREN (5-15 YEARS) DURING 1953.
(corrected by Inward and Outward Transfers).

Cause of Death.	No. of Deaths.		
	M.	F.	Total.
Nephroblastoma	1	-	1
Lymphosarcoma	1	-	1
Leukaemia	1	-	1
Broncho Pneumonia	-	2	2
Bronchitis	-	1	1
Rheumatic Pericarditis	1	-	1
Nephritis	1	-	1
Congenital Heart Disease	-	1	1
Aplastic Anaemia	1	-	1
Encephalitis	-	1	1
Cerebral Tumour	-	1	1
Cerebral Degeneration	-	1	1
Ulceration of mouth	1	-	1
Accidents	3	-	3
	<hr/> 10	<hr/> 7	<hr/> 17

Once more, as in all recent years, accidents constitute the chief cause of death in school children. This position is due not so much to an absolute increase in the number of serious accidents (5 children died from accidents in 1928) as to a marked decrease in number of deaths from Infectious Diseases and from Tuberculosis.

DEATHS OF SCHOOLCHILDREN FROM TUBERCULOSIS.

1928	1947	1948	1950	1951	1952	1953
28	1	9	1	3	Nil.	Nil.

SECTION V. ARRANGEMENTS FOR TREATMENT.

1. Physical Welfare of Children.

(a) MINOR AILMENTS.

During 1953 children made 50,993 attendances at our Minor Ailment Clinics which represents a decrease on the 1952 figure (53,807).

Enquiries from Head Teachers regarding this decrease in attendance reveal that it is chiefly due to the fact that the number of children in need of treatment is falling steadily.

In this respect the National Health Service has made less difference in our work than some expected. Although a number of children receive treatment for minor ailments through Health Service doctors, very many parents prefer to send their children to our clinics.

During the year under review a new Minor Ailment Clinic was opened in King's Road, North Ormesby. This meets a need that has existed for many years and the number of mothers who accompany their children to this clinic is noteworthy.

(b) AURAL CLINIC.

Dr. Macfarlane has a weekly clinic to which special Ear, Nose and Throat cases are referred. At this clinic 391 examinations were made. Mr. Marshall, consulting Ear, Nose and Throat Surgeon attends fortnightly. During the year he examined 215 new cases and 98 old ones.

Our Group Audiometer Survey was continued in the 8+ and 11+ age groups. All children who failed were examined at the Aural Clinic.

Number of Pupils tested (Group Audiometer)	4,664
Number of Pupils who failed Group test ...	160
Number of Pupils tested (Pure Tone Audiometer)	71
Number of Pupils supplied with Hearing Aids	5

(c) CHIROPODY.

During the year under review, 37 boys and 82 girls were treated by our Chiropodists.

(d) OPHTHALMIC CLINIC.

Our Ophthalmic Surgeons attend four times weekly. During 1953 they examined 1,552 children referred for refraction. Spectacles were ordered for 1,304 children. The number of children who had operations for Squint was 56.

(e) ORTHOPAEDIC CLINIC.

Dr. Crockatt (or Dr. Adamson) attended monthly. The following is a brief record of the year's work:—

Number of cases admitted to the Adela Shaw			
Orthopaedic Hospital, Kirbymoorside	...	...	34
Number of New Cases seen by Orthopaedic Surgeons:—			
School Children	...	...	359
Pre-School Children	...	...	165
Number of Old Cases seen by Orthopaedic Surgeons:—			
School Children	...	...	265
Pre-School Children	...	...	86
Number of treatments by Orthopaedic Sister:—			
School Children	...	...	775
Pre-School Children	...	...	117

(f) ULTRA VIOLET LIGHT.

Four treatment sessions are held weekly and the department is kept open during holiday time. 95 boys and 81 girls attended for treatment. For some reason, parents are less keen on obtaining Light Treatment for their children than they were some years ago.

2. Mental Welfare of Children.

CHILD GUIDANCE CLINIC.

Mr. J. McGibbon, Educational Psychologist, reports:—

“Case Load: The attached return details the work done at the clinic during 1953. It will be noted that during the year the case load has more than doubled. It is most unusual to find a clinic with a staff of two dealing with a case load of 75.

It should be remembered, however, that more than half of these children attend primarily for remedial teaching in reading. Other arrangements, at present under consideration, for dealing with straight forward reading backwardness should help to reduce this total somewhat, and allow more time to be given to children exhibiting nervous and emotional problems. The clinic is still without the services of a consultant psychiatrist and the filling of this post would likewise have an effect on the constitution of the case load.

Other Activities: Other activities of the staff during the year have included lecturing the Parent-Teacher Associations and other organisations, examining children in school, statistical and interviewing work in connection with the Selection Examination, and making preparations for a follow-up of the 1951 Reading Survey. The formation of a North Eastern Clinic Group has enabled contact to be made with other clinic staffs in the district. Meetings have taken place at Middlesbrough, Stockton, Winterton and Durham.

Research: Many aspects of the work of the clinic give rise to the possibilities of research, the results of which would be of great value. Lack of time makes it impossible to pursue most of these lines, and slows down the rate at which those that are chosen can be conducted.

In addition to the preparation, already mentioned, for a follow-up of the 1951 Reading Survey, preliminary work has begun on an investigation into the prognostic value of spatial tests. It is also proposed to initiate a follow-up of those pupils chosen for grammar school places as a result of interview.

Full co-operation is also given to the National Foundation for Educational Research in any work it is carrying out on a national basis.

Enuresis: Previous annual reports have contained detailed accounts of the general routine of the clinic and it is not proposed to repeat them here. Some comments are offered instead on one or two aspects of the work of the clinic.

One of the most encouraging features has been the degree of success that has been achieved in alleviating enuresis. Once organic causation has been excluded by medical examination, it is assumed that this troublesome complaint has an emotional basis, and is suitable for treatment at a Child Guidance Clinic. Clinic workers agree that it is the most difficult of all the habit disorders to effect any impression on.

In all but three of the twelve children treated at the clinic a very marked improvement has been reported by the parents. In one case which had lasted for ten years the condition cleared up completely after the first interview. On the other hand, three cases show no real improvement after several months treatment.

Claims of success with enuresis must be advanced very guardedly. Twelve is not a very large number of cases; the condition occasionally clears up suddenly even without treatment; and long-term follow-up would be necessary to confirm the statistics. Nevertheless, the results are felt to justify some confidence in the technique adopted.

Content of Therapy: One feature of the technique used with all problem cases is perhaps worthy of comment, namely the limited use of play therapy that is employed with children beyond the infant stage. Large claims have been made for the beneficial effects of play therapy, leading to the employment in many clinics of specially trained play therapists.

Nothing so far published has convinced me that the improvements recorded in most of the cases are due primarily to the mere free play activities and could not have been achieved equally well in some other medium, given the insight and powers of assurance displayed by the psychologists and therapists in question. That in fact is the assumption underlying the methods used in the clinic.

Free play is found to be very useful for diagnosis in the early stages and as a method of conveying suggestion to infants, and to

older children with limited powers of ratiocination. In other cases much more reliance is placed on straightforward explanation and verbal suggestion in an atmosphere of relaxation.

For the rest of the hour the child's confidence and feeling of achievement is built up rather by consolidating one or more of his school subjects—even if he is not accounted backward in any of these. If the content of therapy is really in most cases a matter of indifference, depending on the temperament and training of the psychologist, it is worth remembering in a clinic run for schoolchildren that a child's one-hour session may cause him to lose a whole afternoon's schooling. In that case, other things being equal, half-an-hour's concentrated work in reading or arithmetic is thought to be more appropriate than a similar time devoted to uncontrolled play activities.

Analysis of failures: An analysis of those cases—four in number—which, on closure, showed that clinic treatment would appear to have had no success emphasises, apart from the fallible human element in the clinic staff, the importance of early referral and parental co-operation. In none of the cases did the parents put into practice the advice given them. Indeed three of the cases displayed such a lack of parental interest that barely half the appointments were kept. In all four cases the particular problem (three of theft and one of immorality) had been in existence for so long as to be built into the child's "style of life." Two cases were further complicated by the onset of adolescence.

On the whole, though, a very pleasing feature of the year's work has been the trend towards the earliest possible referral of both educational and behaviour problems. Even this tendency can be pushed too far as was instanced by an anxious 'phone call requesting advice about bedwetting in a child of two.

Grammar School Children: Adolescence, too, tends to complicate the problem of grammar school children who are referred for not working up to their capacity. Here also, we tend to get the cases rather earlier, before too much damage has been done. Here, too, the problem often arises from the home background. It is not so much a matter of poverty as of attitude towards study and scholarship. Even where the home attitude is not hostile, there is often a complete lack of realisation of what grammar schooling involves in the way of suitable facilities for study and homework.

A limited success can be claimed with those cases which were accepted for treatment. Some will clearly be able to catch up with the main stream of the work. Others, although they show some improvement, are likely to continue to be out of their element in work of this kind.

Acknowledgments: In my first year at the clinic, my task has been considerably lightened by the help and co-operation received from a great number of individuals and agencies. In particular I should like to express my thanks for guidance and advice received from the Director of Education, his Deputy and Assistants, and from Drs. Downer and Cahill and their staff.

The utmost co-operation and courtesy was extended by school head and staffs, the Child Welfare Department, the Children's Office, the Probation Service, the Speech Therapist and by Dr. Cuthbert and his staff at St. Luke's Hospital.

The smooth running of the administrative side and of the maintenance of contact with parents is due to the efforts of the Social Worker, who also contrived to keep the clinic in operation during the two months that the post of Educational Psychologist was vacant."

ANNUAL RETURN, 1953.

ATTENDANCES AT CLINIC.				CAUSES OF REFERRAL.			
Children ...	...	1932		1. Educational Retardation		43	
Parents/Guardians		150		2. Psychological Examinations			
				only ...	...	20	
				3. Behaviour problems	...	25	
				4. Nervous habits	...	21	
VISITS BY CLINIC STAFF.							
Home ...		79					
School ...		112					
Others ...		53					
Children tested at school and home	...	...	8				
Children examined at Clinic	...	...	109				
Cases closed during year	...	...	70				

REASONS FOR CLOSURES.

1. Psychological Investigation concluded	...	20
2. Improved satisfactorily	... ..	38
3. Unsuitable for treatment	... ..	2
4. Improved as far as possible	... ..	1
5. Referred elsewhere	... ..	6
6. No Treatment required	... ..	-
7. Non co-operation of parents	... ..	1
8. Left district	... ..	2
Case load at beginning of year	... ..	36
Case load at end of year	... ..	75

DISTRIBUTION OF INTELLIGENCE QUOTIENTS of 81 children who were given Terman/Merrill tests during the year:—

	70 & below	71-85	86-114	115-129	130 & onward
Boys	3	14	17	5	6
Girls	6	9	17	3	1

SECTION VI. HANDICAPPED PUPILS.

Investigation of these cases is becoming more thorough and time consuming. Our aim is to save the affected child from a life of idleness and dependence.

A. Blind Pupils.

The total number of such pupils was 4. The following were in special residential schools:—

Royal Victoria School for the Blind, Newcastle	...	1 boy
Yorkshire School for the Blind, York	...	1 boy
St. Vincent's School for the Blind and P/S	...	1 boy

One boy received private tuition whilst awaiting a vacancy at a school for the blind, but his medical classification was altered to that of partially sighted during 1953.

B. Partially Sighted Pupils.

The total number of such pupils was 5. They were in special residential schools as follows:—

St. Vincents' School for the Blind and P/S.	...	1 boy
Preston School for the Partially Sighted	... ..	3 boys
Royal Normal College for the Blind, Shrewsbury	...	1 boy

C. Deaf Pupils.

The total number of such pupils was 22 (12 boys and 10 girls) all of whom were in attendance at the Middlesbrough Day School for the Deaf.

D. Partially Deaf Pupils.

The total number of such pupils was 16 (10 boys and 6 girls). All were in attendance at the Middlesbrough Day School for the Deaf.

The MIDDLESBROUGH DAY SCHOOL FOR THE DEAF now provides education for pupils from the areas of six Authorities:—Middlesbrough, North Riding, Durham County, Stockton, Darlington and West Hartlepool. Altogether 90 pupils (divided into 8 classes) attend the School.

Miss Nixon (Headmistress) states that the introduction of Hearing Aids has revolutionised the teaching of deaf children. 50 children (including all partially deaf pupils) have been supplied with Hearing Aids and a number of others are on the waiting list for examination for Aids. It is noticeable that younger children take readily to the use of Hearing Aids whereas older children sometimes resent them. The reason is that the older ones have passed the age at which aural discrimination can be learnt readily. Hence the great importance of providing special teaching for deaf children at a very early age. The psychological effect of hearing sounds more clearly or, in the case of the very deaf, of hearing sound for the first time is very great. Such pupils become much more alert and brighter in every way.

The school possesses a powerful Group Hearing Aid, wired up with each classroom, which is used in all classes. Auditory training of deaf pupils is increasingly important although the older methods of teaching articulation are still retained. In the individual pupil, much depends on the degree of intelligence and on the extent to which parents co-operate.

During 1953, three pupils were able, as a result of training, to return to ordinary schools.

E. Educationally Sub-Normal Pupils.

The following arrangements were made for the education of these children.

1. Special Residential Schools:—

Besford Court R.C. Special School, Worcester ...	1 boy
Pontville R.C. Special School, Ormskirk, Lancs. ...	3 boys
Spring Hill School, Ripon	1 girl
Meadows' House School, Southborough ...	1 boy
Crowthorn Residential School, Bolton ...	1 girl

Pupils awaiting vacancies at Residential Special Schools :
7 boys and 6 girls, of which 5 boys and 4 girls attended the Burlam
Road (E.S.N.) Day School, pending vacancies being found for them.

2. Burlam Road Day (E.S.N.) School, Middlesbrough	94 boys
(although no more than 150 were on roll at one time)	85 girls
3. Ordinary Schools (Awaiting vacancies at Burlam	17 boys
Road School)	19 girls
4. Ordinary Schools (Backward Class)	14 boys
	10 girls
Number of pupils notified as ineducable under	
Section 57 (3) of the Education Act, 1944	9

Details of ascertainment under the heading during 1953 are
as follows:—

1. Number of Pupils notified as Ineducable	9
2. Number of Pupils ascertained as E.S.N.	52
3. Number of Pupils ascertained as Deaf & E.S.N. ...	1
4. Number of Pupils ascertained as Maladjusted	
& E.S.N.	2
5. Number of Pupils ascertained as Physically	
Handicapped and E.S.N.	1
6. Number of Pupils ascertained as Maladjusted ...	2
7. Number of Pupils found not to be E.S.N. ...	1
8. Number of Pupils decision deferred	8
9. Number of Pupils returned to Ordinary Schools ...	4
10. Number of re-examinations (Burlam Road Pupils)	42
11. Total number of Pupils examined	118

This important part of our work is in a healthy state as is evidenced by the fact that there were only four cases on our waiting list for examination at the end of the year. The parents of two pupils appealed to the Ministry of Education against our ascertainment but, in both instances, without success.

Close liaison is maintained with Miss Whitworth, Head Teacher of Burlam Road Day School for E.S.N. and pupils are re-examined at any time as considered advisable. In addition we carried out full re-examinations (with 2 H.P. forms) of all pupils in the 11+ and 14+ age groups. For I.Q. estimation we use the Revised Stanford-Binet Test.

The question of transfer of pupils back to ordinary schools arises occasionally especially in older pupils and we find that it needs very detailed consideration. The curriculum at a school for E.S.N. pupils is, of necessity, planned on a more slender academic basis than that of an ordinary school and, although we took care that pupils recommended for such transfer, could read at least above an 8 year level of attainment (and thus fit into a C stream class in a Secondary Modern School) we feared that difficulty might arise from lack of knowledge of such subjects as History. In the event, this did not occur and such doubts as we encountered were under other headings.

During 1953, one nine year old pupil (I.Q.83) was declassified and sent to an ordinary school; three fourteen year old pupils (I.Q's 88, 83 and 74 respectively) were sent to Secondary Modern Schools but in each case, E.S.N. classification was retained. It was not necessary to move any transferred pupil back to the E.S.N. school but in one case (E.S.N. & Maladjusted I.Q.74. Reading age 9.7 years) transfer was not attended with complete success.

We consider the question of transfer to an ordinary school in pupils whose subject attainment is above an 8 year level; such pupils usually have an I.Q. of over 72. We are finding it necessary to pay special attention to the child's temperamental stability and to his capacity for application etc. (Alexander's X Factor). Finally, it is not advisable to transfer such a child to a school where he will meet the class mates of his earlier days because attendance at a school for E.S.N. still entails some social stigma even among those whose own academic attainments are quite undistinguished.

F. Epileptic Pupils.

The number of such pupils was two:—

Chalfont Colony for Epileptics, Chalfont St. Peter,

Bucks. 1 boy

Awaiting residential school accommodation ... 1 boy

38 children with minor or major epilepsies attend Middlesbrough Schools.

G. Maladjusted Pupils.

The total number of such pupils was 5:—

Chaigeley School, Thelwall, Nr. Warrington ... 1 boy

In attendance at ordinary school whilst awaiting

vacancy at residential school 1 girl

In attendance at ordinary schools 1 boy

2 girls

This particular category of handicapped pupil is much more difficult to delimit or even to describe than the Blind, Deaf and E.S.N. groups. Maladjustment is not a clear cut disease; no such clinical entity is described in text books of Medicine. It is, in truth, an "umbrella" word which, depending on the viewpoint of the examiner, may be used to cover almost everything and even nothing.

In our ascertainments, we tend to give maladjustment a narrow interpretation. For instance, no attempt is made to classify as maladjusted all children who are treated by the Child Guidance Clinic for conduct disorders. Maladjustment can be determined only with reference to a norm. We try to use our conception of the average healthy youngster as a norm. Emotional difficulties and conduct defects occur even in the healthy child, but they tend to improve in time and they do not disrupt the child's education. Accordingly, we classify a child as maladjusted only if he is suffering from a definite psychological disorder (or pre-psychotic manifestation) which tends to be persistent and which necessitates special modification of educational regime.

For various obscure reasons, an idea is gaining ground to the effect that maladjustment is found only in pupils of good intelligence. Abundant evidence, collected by psychologists, shows that this idea is quite erroneous. It is quite true that the treatment of maladjustment is more likely to be successful in an intelligent child but maladjustment, as such, occurs in pupils of all grades of intelligence.

H. Physically Handicapped Pupils.

The total number of such pupils was 37 (24 boys, 13 girls).
Particulars of educational arrangements are as follows:—

Coney Hill Home, Margate, Kent	...	1 boy	
Welburn Hall Special School,			
Kirbymoorside	... ..	4 boys	1 girl
Awaiting vacancy at Welburn Hall	..		2 girls
Whiteness Manor School, Kingsgate,			
Broadstairs	... ..	1 boy	
Barleythorpe Hall, Oakham, Rutland	...		1 girl
St. Catherine's Home, Ventnor,			
Isle-of-Wight	... ..	1 boy	
Friarage Hospital, Northallerton	...		1 girl
Adela Shaw Orthopaedic Hospital,			
Kirbymoorside	... ..	2 boys	2 girls
Attendance at Burlam Road School			
(dual Handicap)	... ..	1 boy	1 girl
Attendance at ordinary school whilst			
awaiting vacancy at residential school		1 boy	
Attending ordinary school	... ..	5 boys	2 girls
Home teaching	... ..	5 boys	3 girls
Awaiting home tuition	... ..	3 boys	

I. Speech Defects.

Miss J. Wigney, Speech Therapist, reports:—

"For the last four months of 1953 it was possible to increase the number of treatments given in the Speech Clinic as I returned to full-time work. I was able to visit 27 departments in schools, and found teachers very helpful. A circular letter sent to Head Teachers, asking them to indicate the number of children requiring treatment, produced the astonishingly large number of 197 cases. The number of children who have received treatment during the year, is 155 but at least 46 of these have been attending for more than twelve months, and many of them are not speaking well enough to justify discharge. This constant number limits the number of new cases which can be admitted.

There is a danger that the helpful co-operation of teachers may be lost if assistance is not obtained for the Speech Clinic. Many teachers rightly expect that a child whom they have referred should be seen within six months, but this is frequently impossible. With an assistant it would, I hope, be possible to hold clinics in other parts

of the town instead of merely at Lord Street and Borough Road. Teachers repeatedly say that a child loses a whole morning or afternoon of schooling with the time taken travelling to the clinic, receiving the half hour or hour tuition, and returning to school. In conditions such as stammering, where treatment may be prolonged, the amount of schooling lost can be considerable. With young children whose parents are out at work there is no one to bring the child to the clinic, and they attend erratically, or not at all. With an assistant speech therapist the outlying areas of Caldicotes, Stainsby and the Whinney Banks-Linthorpe areas would be better served if clinics could be held there.

A large number of cases are referred to the clinic as the result of school medical inspections. A much greater number is referred by head teachers, and recently there have been several cases referred by private doctors. These last are generally pre-school children, and whilst not expecting them to undertake speech "work," quite a lot can be done with speech rhymes and play. The aim is chiefly to show parents how they can help the children at home. In most infants schools quite a lot of speech work is being done by the teachers and only serious speech defects are referred for treatment. Minor defects are corrected by the teachers themselves.

It is hoped that in the future it will be possible to have recordings of children's speech to indicate to them how they really sound, and to check progress made after a period of treatment. This should encourage parent, children and therapist as progress is often very slow.

Stammering remains a problem of which much remains unknown. There have been several satisfactory discharges during 1953, but one boy who improved at surprising speed had a relapse. Rapid cures are better viewed with suspicion.

Speech and behaviour have to be considered together. Much wrong thinking, and lack of understanding and patience in the home, results in a child behaving badly, and resenting any reference to his speech. Children below the age of 7 do not seem affected by parental attitude. It appears that on reaching seven years of age they become aware that they are not the same as their fellows and similarly it is at this age that their companions hurt them with their mockery. Infants seem to take more for granted and do not draw

conclusions because one person is not the same as all the rest. Where, in the older child, behaviour has been a problem, an improvement in speech appears simultaneously with an improvement in behaviour.

I was most grateful when permission was granted for me to attend a course on the Normal Child held by the College of Speech Therapists in London. The large number of therapists present were able to discuss treatments and cases histories in the intervals between very interesting lectures given by leading psychologists, paediatricians and teachers.

Thanks are due to the Senior Assistant School Medical Officer for his help through-out the year, and to the nurses who, by their home visits have kept the absentee figure at a minimum. Thanks are also due to the Psychologist, Mr. McGibbon, who has helped with several cases."

J. Delicate Pupils.

The number of Handicapped Delicate Pupils was 17. (6 boys, 11 girls). The following arrangements were made for their education:

St. Catherine's Home, Ventnor, Isle-of-Wight	2 boys	
Oak Bank Open Air School, Seal Sevenoaks	2 girls	
Attending Boarding School	...	1 boy
Laleham House, Margate, Kent	...	1 girl
Awaiting vacancies in residential schools	3 girls	1 boy
Receiving home tuition	...	2 girls 1 boy
Attending ordinary schools	...	2 girls' 1 boy
Awaiting home tuition	...	1 girl

The decision as to whether a Delicate Pupil is in need of education at a residential school is, sometimes, one for nice discrimination. It is usually inadvisable to send a very young child to a residential school especially when that means, as it often does in our case, a school placed at a great distance from his home. Our experience of some such schools has not been completely satisfactory even in the case of older children. In instances, arrangements for home holidays have been parsimonious and it has happened, all too frequently, that reasons have been found for discharge of children after a stay of a few months although no permanent change had taken place in their medical condition.

It is in the Junior School Age Groups that the educational issues involved may become urgent. Then everything turns on the amount of progress the child is making in his ordinary school, on the degree by which his progress is hampered by poor attendance. We are finding that the best way to make an informed decision on this point is to ascertain the child's I.Q. and estimate his subject attainment.

SECTION VII. MISCELLANEOUS.

A. Camp School (Residential).

Our arrangement with Gateshead (C.B.) whereby a residential camp school at Dukeshouse Wood, Hexham, is shared by pupils from Middlesbrough and Gateshead, was continued.

Pupils from Secondary Modern Schools and Senior Pupils from Primary Schools were sent to the Camp, in charge of teachers, for periods of a fortnight. All pupils were inspected by one of our staff before departure.

The Camp school is very popular with our pupils and, until recently, it was a matter for regret that the very rigid standard of physical fitness necessitated by the rather strenuous regime at Dukehouse Wood debarred some delicate pupils from participation causing some heart burning among the pupils concerned. Now, an effort is made to include some delicate pupils, with certain precautions, in each contingent.

Altogether, 2,379 pupils (1,227 boys and 1,152 girls) went to this camp school during the year. There, most activities were carried on out of doors with special attention to nature study, local history and excursions to the Roman Wall etc.

B. Diphtheria Immunisation.

The number of school children inoculated against diphtheria was 2,761 this total consisted of 585 Primary Immunisation and 2,176 injections. The increased number of infants immunised in Maternity and Child Welfare Departments limits our field for Primary Immunisation and means that our work will become more and more restricted to "booster" injections. At the end of the year, the percentage of school children immunised was 84%. Although this percentage is a satisfactory one it is remarkable that a number of parents remain resistant to all propaganda for immunisation.

In some instances, they are completely unwilling either to discuss the issue or to give reasons for refusal and would appear to base their objection on some irrational process of thought. All Infant Departments were visited for immunisation and, in addition, immunisation sessions were held at Central Clinic on Friday afternoons.

C. Disabled Persons Act.

Number of pupils placed on Disabled Persons' Register:—
7 boys; 4 girls.

D. Employment.

Number of licences for part-time employment:—
378 boys; 118 girls.

Number of Entertainment licences:—23 girls; Boys : Nil.

E. Health Education.

The Central Council for Health Education, by arrangement with our Local Authority, held a two day course on "The Fate of the Family" on March 10th and 11th, 1953. The course included lectures, discussions and films.

Much day to day instruction on Health matters is given by nurses in the course of routine duties especially at Minor Ailment Clinics.

F. Infectious Diseases.

During 1953 the incidence of infectious diseases among school children was as follows:—

	Male	Female	Total.
Food Poisoning	4	3	7
Scarlet Fever	60	104	164
Measles	96	96	192
Whooping Cough	80	85	165
Chicken Pox	468	433	901
Poliomyelitis (Paralytic) ...		1	1
Poliomyelitis (Non-Paralytic)		1	1
Dysentery	62	59	121
Acute Primary Pneumonia ...	3	4	7
Pulmonary Tuberculosis ...	12	16	28
Other	1	5	6
	<hr/> 786	<hr/> 807	<hr/> 1,593

G. Mass Radiography.

Annual Mass Radiography of pupils in the 14+ age group is now a routine procedure in Middlesbrough. Transport is provided for schools placed at a distance from the Centre.

The number of pupils examined was 2,422 (1,230 boys and 1,192 girls). In addition, 58 boys attended by special arrangement (contacts).

The collated statistical report given to us by the Mass Radiography Unit is for Tees-side area and we are unable to separate the figures for Middlesbrough alone.

H. Maternity and Child Welfare Department.

Our Medical Officers co-operated fully with the Health Department during the year and undertook sessional work for this Department weekly.

I. Physical Education.

I am indebted to the Director of Education for the following report:—

"GIRLS' AND MIXED PRIMARY SCHOOLS AND SECONDARY GIRLS' SCHOOLS.

The good weather of the Spring and Autumn terms of 1953 enabled outdoor physical activities to be fully enjoyed by school-children—several crowded schools were able to use their playing field right up to the end of November—which eased congestion in the schoolyard.

Primary schools continue to enjoy the climbing apparatus and with the publication by the Ministry of Education of "Physical Education in the Primary School—Part II—Planning the Programme," more schools are being convinced of the need for plenty of small apparatus to develop skills and to increase interest in movement.

Demonstrations of outdoor and indoor lessons in physical activities were given by the organiser and the co-operation of the schools in these demonstrations was much appreciated—the large number of teachers attending the demonstrations was a sure sign of

the interest and importance which teachers attach to this subject. During the Summer term Primary Schools again participated in a Country Dance Party in Stewart Park and many schools included country dancing in their Coronation Celebrations.

PLAYING FIELDS:

All junior schools visited the playing fields each week for a period which included the Summer Term and the first half of the Autumn term.

Junior schools continue to meet regularly on the fields for football and rounders on Saturday mornings and, during the Summer, on two evenings a week. The work is carried out voluntarily by a large number of keen men and women teachers in Primary Schools.

Senior Girls continue hockey, netball, rounders and tennis during the school year, according to the season. Facilities for tennis for fourth year senior girls are, however, very limited. The Local Education Authority possesses only two satisfactory hard courts, and Pallister Park, where many games periods are taken, has only four courts. Some additional play has been possible by hiring other courts, but there is an increasing demand for facilities for tennis as it is one game that can be continued independently after leaving school. Additional courts will become available as new secondary schools are built.

ATHLETICS:

Individual schools held their own Sports days and the Schools Athletic Association again held inter-school sports meetings at the various fields. The junior schools decided not to hold a sports meeting this year.

SWIMMING:

Groups of children from all Primary schools attended the Swimming Bath for instruction during the Summer term—the school for the Deaf and Burlam Road E.S.N. were included in this programme. A number of schools including Secondary girls' schools continue to use the baths after school hours.

OUT OF SCHOOL ACTIVITIES:

A Junior schools Rounders Rally was held in Pallister Park on a beautiful day in July and attracted a record number of entries.

Play was keen and an excellent spirit prevailed in boys and girls sections. A Senior girls Netball Rally was held in June on North Ormesby Playing Field where the standard of play proved to be very high. A Hockey Rally for Senior Girls was held in October and again there was a large entry and some keenly contested games.

BOYS' PRIMARY AND SECONDARY SCHOOLS:

The provision of apparatus and equipment to schools has enabled the physical education for Senior Boys to progress and develop on sound lines.

Athletics, Association Football, Cricket, Boxing, Swimming (including Life Saving) are all taught and practised during Organised Games periods and out-of-school hours. A Secondary Modern School won the Athletics Meeting for the first time in competition with Secondary Grammar Schools. Middlesbrough had in 1953 an English Schools' Boxing Champion, and far more schools than ever before were represented in the Middlesbrough Schools' Boxing Finals. Although facilities at the Swimming Baths were not as good late in 1953 owing to the closure of one Bath, the general standard of coaching has not been lowered and Swimming and Life Saving Instruction have continued.

Playing fields are used to capacity, and the "resting" of North Ormesby, West Lane and Tollesby Road by decreasing the size of pitches on them, and increasing the use of Sandy Flats Playing Field has had good results.

GENERAL:

In spite of the great use made of them, the playing fields are generally in good condition, although some damage continues to be done as a result of unauthorised use of fields.

Thanks are due to the Parks Superintendent and his staff at Pallister and Albert Parks for their help and co-operation in connection with the games held in the parks and to the Principal School Medical Officer and his staff for their assistance in connection with a variety of physical activities.

Thanks are also due to the teachers who devote a large amount of time out of school hours to their pupils' activities and without their generous co-operation it would not have been possible to stage the many events which have taken place during the year."

J. School Meals Service.

Number of dinners supplied (free)	388,861
Number of dinners supplied (paid)	1,599,412
Percentage of pupils taking dinners	40.52%
Number of $\frac{1}{3}$ pint bottles of milk supplied to pupils	4,403,478
Percentage of pupils taking milk	89.73%

K. Adult Medical Examinations.

The number of medical examinations carried out by our staff for superannuation purposes and on candidates for admission to Training Colleges was 160.

SECTION VIII.

DENTAL INSPECTION AND TREATMENT, 1953.

Mr. J. Auton, Principal School Dental Officer, reports:—

“The difficulty of getting the dental staff up to strength continued during the year, the only recruitment being the appointment of a part-time dental officer who could only contribute three half-day sessions per week from the month of April.

The recent decision of the Education Committee in agreeing that the establishment of the School Dental Service be fixed at one Principal School Dental Officer and six School Dental Officers is a welcome step in the right direction, and should be followed up with regular and repeated advertisements until this establishment is reached, as only with an adequate staff can regular routine examination in the schools at short intervals be achieved, thereby reducing the number of “special” or “casual” cases, the majority of whom are urgent cases seeking the relief of pain, and which compel the dental officers to be engaged in more extraction treatment and less conservation treatment, than would be the case if defects were found in their initial stages in the schools, as the result of frequent inspection, and referred for early conservation treatment.

A noticeable feature observed at the school inspections during the year, was the steadily increasing number of children receiving treatment from private dental surgeons. It would seem that since the inception of a small fee chargeable to adult patients but with

the continued free treatment for children, the private practitioner appears to have more time available for treating younger patients than was the case when all patients were entitled to entirely free treatment.

173 cases were referred to the Panel of Consultants for orthodontic treatment, or for the provision of partial dentures, while 18 cases in need of special treatment, mostly cases with a medical history and requiring preparation and after care—were referred to Hospital during the year."

SECTION IX. STATISTICS.
MINISTRY OF EDUCATION
MEDICAL INSPECTION RETURNS (1953).

(Some returns not available owing to lack of information
from hospitals and opticians.)

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (including SPECIAL SCHOOLS).

A. PERIODIC MEDICAL INSPECTIONS:

Number of Inspections in the prescribed Groups:—

Entrants	...	...	...	...	...	3,323
Second Age Group	...	...	...	...	...	2,106
Third Age Group	...	...	...	...	...	1,817

Total	7,246
Number of Other Periodic Inspections	3,027

Grand Total	10,273
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B. OTHER INSPECTIONS:

Number of Special Inspections	8,136
Number of Re-Inspections	2,246

TOTAL	10,382
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C. PUPILS FOUND TO REQUIRE TREATMENT:

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	46	509	554
Second Age Group	163	199	361
Third Age Group	174	107	281
Total (prescribed groups)	383	815	1,196
Other Periodic Inspections	238	288	525
Grand Total	621	1,103	1,721

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE
YEAR ENDING 31ST DECEMBER, 1953.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4. Skin		97	101	1,684	-
5. Eyes:—					
a. Vision		621	484	137	-
b. Squint		74	105	42	-
c. Other		38	25	421	1
6. Ears:—					
a. Hearing		50	119	284	1
b. Otitis Media		36	80	97	-
c. Other		53	39	345	-
7. Nose or Throat		319	553	179	-
8. Speech		15	108	2	-
9. Cervical Glands		28	86	24	-
10. Heart and Circulation		23	111	6	-
11. Lungs		93	284	9	-
12. Developmental:—					
a. Hernia		5	4	-	-
b. Other		8	13	-	-
13. Orthopaedic:—					
a. Posture		18	38	-	-
b. Flat foot		96	97	24	-
c. Other		105	178	194	-
14. Nervous System:—					
a. Epilepsy		2	9	3	-
b. Other		29	75	10	-
15. Psychological:—					
a. Development		7	18	1	-
b. Stability		3	53	5	2
16. Other		93	171	4,102	-
		1813	2751	7569	4

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED
DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ..	3,323	1,597	48.06	1,680	50.56	46	1.38
Second Age Group	2,106	922	43.78	1,114	52.90	70	3.32
Third Age Group	1,817	832	45.79	917	50.47	68	3.74
Other Periodic Inspections	3,027	1,717	56.72	1,200	39.64	110	3.64
TOTAL:	10,273	5,068	49.33	4,911	47.81	294	2.86

TABLE III.
INFESTATION WITH VERMIN.

(1)	Total number of examinations in the schools	...	99,408
(2)	Total number of individual pupils examined and found to be infested	... ..	3,845
(3)	Total number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	... ..	33
(4)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	... ..	1

TABLE IV.

TREATMENT TABLES.

GROUP 1. DISEASE OF THE SKIN:

				Number of cases treated or under treatment during the year :	
				By the Authority:	Otherwise:
Ringworm:					
(1) Scalp	...	...	...	3	12
(2) Body	...	...	...	11	—
Scabies	...	...	...	20	—
Impetigo	...	...	...	130	—
Other skin diseases	...	...	...	3,315	—
Total:				3,479	12

GROUP 2. EYE DISEASES, DEFECTIVE VISION AND SQUINT.

				Number of cases dealt with:	
				By the Authority:	Otherwise:
External and other, excluding errors of refraction and squint				2,082	—
Errors of refraction (including squint)				—	1,552
Number of pupils for whom spectacles were					
(a) prescribed	...	...	...	—	1,304
(b) obtained	...	...	...	—	—

GROUP 3. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT:

				Number of cases dealt with:	
				By the Authority:	Otherwise:
Received Operative treatment:					
(a) for diseases of the ear	...	...	...	—	29
(b) for adenoids and chronic tonsillitis	...	...	...	—	1,240
(c) for other nose and throat conditions	...	...	...	—	151
Received other forms of treatment	...	...	...	1,151	215
Total:				1,151	1,635

GROUP 4. ORTHOPAEDIC AND POSTURAL DEFECTS:

		Number of cases dealt with:	
		By the Authority:	Otherwise:
(a) Number treated as in-patients in hospital	—		34
(b) Number treated otherwise e.g. in clinics or out-patient departments	317		359

GROUP 5. CHILD GUIDANCE TREATMENT:

Number of pupils treated at Child Guidance Clinics			
	109		—

GROUP 6. SPEECH THERAPY:

Number of pupils treated by Speech Therapists			
	155		—

GROUP 7. OTHER TREATMENT GIVEN:

(a) Miscellaneous minor ailments	16,739		—
(b) Other (specify):			
1. Ultra Violet Light	176		—
2. Chiropody	119		—
	<hr/>		<hr/>
Total:	17,034		—
	<hr/>		<hr/>

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE
AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officer:						
(a) Periodic age groups	...	...	...	...	...	10,312
(b) Specials	...	...	...	...	...	2,558
Total: (1)						12,870
(2) Number found to require treatment						7,513
(3) Number referred for treatment						7,040
(4) Number actually treated						5,080
(5) Attendances made by pupils for treatment						6,635
(6) Half-days devoted to: Inspection						73
Treatment						947
Total: (6)						1,020
(7) Fillings: Permanent Teeth						1,537
Temporary Teeth						38
Total: (7)						1,575
(8) Number of teeth filled: Permanent Teeth						1,465
Temporary Teeth						37
Total: (8)						1,502
(9) Extractions: Permanent Teeth...						1,696
Temporary Teeth						7,923
Total: (9)						9,619
(10) Administration of general anaesthetics for extraction:						2,178
(11) Other operations: Permanent Teeth						575
Temporary Teeth						51
Total: (11)						626



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