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COUNTY BOROUGH OF MIDDLESBROUGH



LOCAL EDUCATION AUTHORITY

# ANNUAL REPORT

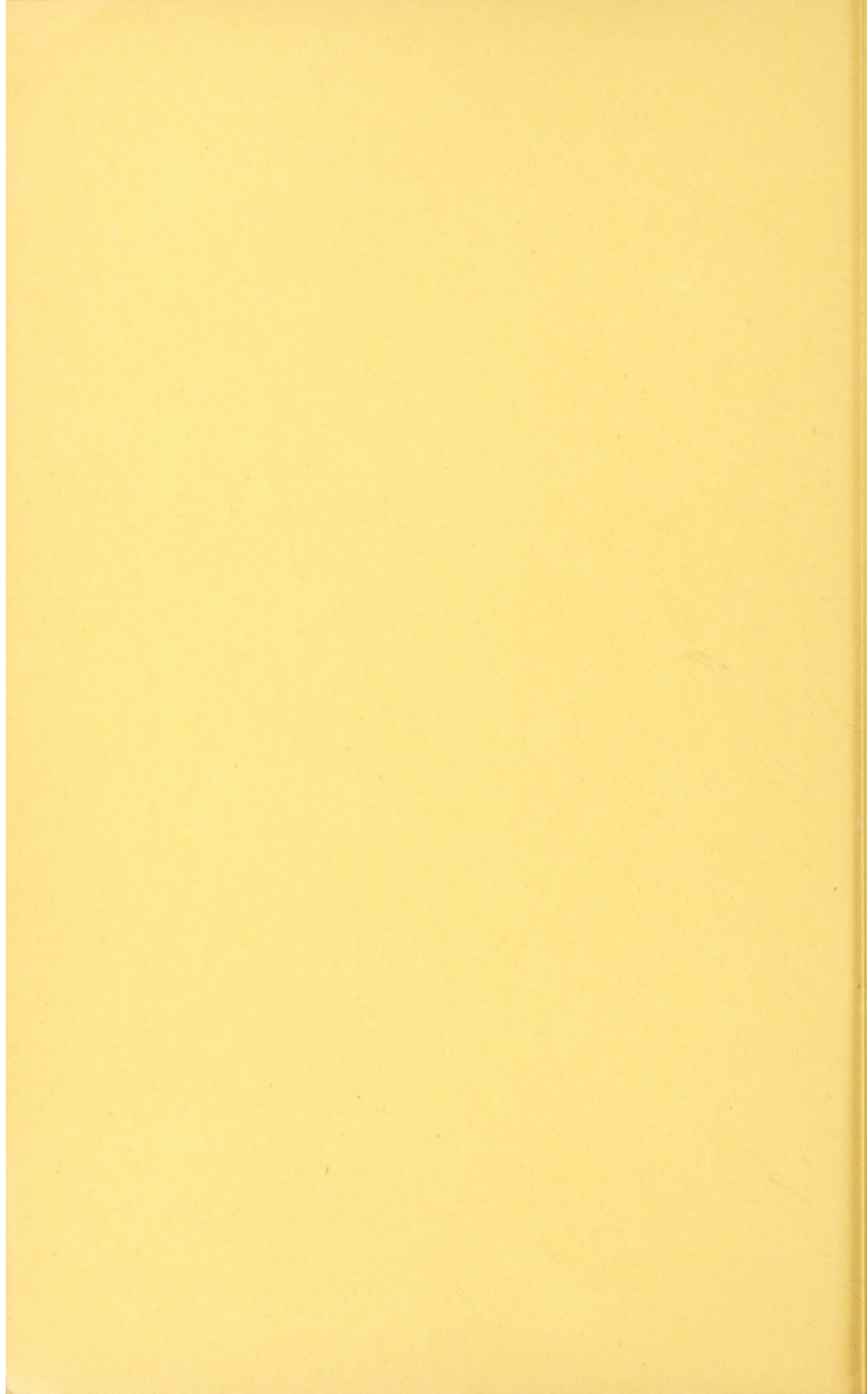
FOR 1954

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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GOVERNMENT OF CANADA

LOCAL EDUCATION AUTHORITY

# ANNUAL REPORT

FOR THE YEAR 1911

1911

REPORT OF THE SCHOOL MEDICAL OFFICER

THE OFFICER

1911

## SCHOOL HEALTH ANNUAL REPORT

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

Mr. Mayor, Aldermen and Councillors,

I regret that this year it will not be possible to put as much comment in the Annual Report as I would have wished, but staff shortages and the lengthy illness in the Spring of the Principal School Medical Officer, have left us with very heavy arrears of work.

An Annual Report which contains statistics only is apt to be a dull affair, and intelligent and explanatory comment can be, so to speak, the illustrations in a good book. But when the choice is simply whether time should be spent elaborating this report or getting on with the work itself, which is in arrears, there seems little doubt to me where my duty lies.

I will hope, next year, to comment more fully on a very interesting period.

Three matters cannot be left out. One is the tribute which all of us in the School Health Service would like to pay to the late Chairman of the Education (Child Welfare) Sub-Committee, Mr. Alderman A. H. Cocks, who died very early in 1954, and whose memory is held in high esteem by those who had the honour to work under him. That sane, kindly and humorous Englishman showed his devotion to children by his work on the Education Committee and its Child Welfare Sub-Committee, and his zeal for the welfare of handicapped persons and of the aged by his enthusiastic Chairmanship of the Welfare Services Committee. In addition to that, he was a man strictly loyal to the staff who worked under him, who never failed to get a straightforward ruling when they approached him, and constant support in their work. Requiescat in pace.

I must also mention our sorrow and regret at the sudden death of Dr. Margaret Peaker after a short period of ill-health



which occurred towards the end of April, 1954. We remember when she was well and keen and kindly, a good School Medical Officer, well liked by her colleagues, the teachers and the children, and we are thankful for the work that she then accomplished. Requiescat in pace.

Lastly, I would like to draw the attention of the Authority to the good and faithful work of the professional, clerical and other staff of the School Health Service. They have not had an easy year, and in certain branches of the work we should like to have done more, but with our limited resources it has been a good effort.

On behalf of the School Health Service staff, I would like to thank the Education Committee and the Child Welfare Sub-Committee and their respective Chairmen for their constant and kind support, and their great interest in the details of the work. Let them indeed be assured that the knowledge that we have their constant support proves a very buoyant tonic at times when work seems difficult and onerous.

I have the honour to be, Mr. Mayor, Aldermen and Councillors,

Your obedient Servant,

ERIC C. DOWNER,  
Principal School Medical Officer.

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## MIDDLESBROUGH EDUCATION COMMITTEE

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Chairman : Alderman B. RAMSEY

Vice-Chairman : Alderman W. RANDALL, J.P.

Committee : Alderman Mrs. L. BURTON

Alderman A. H. COCKS (died 11.1.54)

Alderman Mrs. H. M. GUTHRIE, J.P.

Alderman B. RAMSAY

Alderman W. RANDALL, J.P.

Alderman J. SLATER

Alderman L. TAYLOR

Councillor J. M. ANDERTON

Councillor W. BRECKON

Councillor J. A. BROWN, J.P.

Councillor Mrs. G. COX

Councillor A. T. CROSBY

Councillor Mrs. E. DEVENPORT, J.P.

Councillor G. D. DIXON

Councillor W. ECKERT

Councillor T. FARTHING

Councillor Mrs. E. A. GAUNT

Councillor N. S. GOLDIE

Councillor Mrs. R. M. HASTON

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

(Continued over)

Co-opted Members: Mrs. A. SCHOFIELD, J.P.

Mrs. K. OGLE, J.P.

Mrs. A. THOMPSON, J.P.

Rev. Canon T. A. NOLAN

Rev. M. PICKARD

Rev. H. A. WAREHAM

W. SUTHERST, Esq.

Chairman of Education (Child Welfare) Sub-Committee:

Alderman A. H. COCKS (died 11.1.54)

Councillor Mrs. A. WAIN

Director of Education  
STANLEY HIRST, B.Sc.



## SCHOOL CLINIC AND TREATMENT CENTRES

---

1. Central	M.A.C. Orthopædic, 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. Tues- days 9 a.m. Dentist (part-time)
3. Lord Street	M.A.C.  Speech Therapist	Nurses daily 9 a.m. to 12 noon (except Wednesday). M.O. Monday 9 a.m.  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	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. Wednesday 9 a.m.



## GENERAL INFORMATION, 1954

---

### Primary and Secondary Modern Schools:

Number of Schools ... ..	34
Number of Departments ... ..	76
Number on Roll ... ..	24,652
Average attendance ... ..	22,449
Average percentage ... ..	91.06

### Secondary Grammar Schools:

Number of Schools ... ..	6
Number on Roll ... ..	2,382
Average attendance ... ..	2,248
Average percentage ... ..	94.37

### Secondary Technical School:

Number on Roll ... ..	313
Average attendance ... ..	294
Average percentage ... ..	93.93

### Special Schools:

Number of Schools ... ..	2
Number on Roll ... ..	228
Average attendance ... ..	201
Average percentage ... ..	88.16

Average Percentage for All Schools ... .. 91.36

### Cost of School Health Service, 1954:

Total Cost ... ..	£24,464 6 4
Government Grant ... ..	£14,678 11 10
Cost to rates in terms of penny rate	3.004d

## SECTION I.—Staff, etc.

Interchange of medical staff exists with the Health Department both as routine and in emergency.

### Medical Officers :

NAME	APPOINTMENT	Time given to S.H.S. in terms of full-time officer
Eric C. DOWNER M.A., D.P.H.	M.O.H. and Principal School M.O.	0.09
Robert TAYLOR M.B., Ch.B., D.P.H.	Deputy School M.O.	0.09
John CAHILL B.Sc., M.R.C.S., L.R.C.P.	Senior School M.O.	0.90
Katherine MACFARLANE M.B., Ch.B.	School Medical Officer	0.90
Margaret PEAKER M.R.C.S., L.R.C.P. (died April 27, 1954)		
Thomas W. HILL M.D., D.P.H.	School Medical Officer	0.72
Richard SHORT L.R.C.P. & S.E., L.R.F.P.S.G., D.P.H.	Assistant M.O.H.	0.09
Elizabeth WEBSTER M.B., B.S.	Assistant M.O.H.	0.27
Mary W. COOPER M.B., B.S.	Assistant M.O.H.	0.18
Joan B. CROOK M.B., Ch. B.	Assistant M.O.H.	0.09

### Part-Time Dental Anæsthetists :

Madeline GOLDSTONE M.B., B.S.	Senior Assistant M.O.H.	0.09
Richard SHORT L.R.C.P. & S.E., L.R.F.P.S.G., D.P.H.	Assistant M.O.H.	0.09
H. K. GEISER M.D., M.R.C.O.G.	General Practitioner	0.09
J. E. SUTCLIFFE M.B., B.Ch., B.A.O.	General Practitioner	0.09

**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.

**Orthopædic 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:**  
(Vacant)

**Principal School Dental Officer:**  
John AUTON, L.D.S.

**School 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:**  
Kathleen M. CRAPPER, S.R.N., S.C.M., H.V.



**School Nurses :**

Betty ALLINSON, S.R.N., S.C.M.  
Katherine CAMERON, S.R.N., S.R.F.N.  
Ethel HOWARD, S.R.N.  
Sarah LEIGHTON, S.R.N., S.C.M.  
Irene MOLES, S.R.N.  
Dorothy S. OWEN, S.R.N., H.V.  
Joan TWEDDLE, S.R.N.  
Beryl H. VICKERS, S.R.N.  
Brenda WALSH, S.R.N., S.R.F.N.  
Wilhelmina WHITTINGHAM, S.R.N., S.R.F.N., S.C.M.  
Edna WILSON, S.R.N., S.C.M.

**Auxiliary Nurse :**

Laura NORRIS, S.E.A.N. (resigned 30.6.54)  
Jean RUTHERFORD, S.R.N. (since 1.9.54)

**Dental Attendants :**

D. NOLAN, S.E.A.N.  
L. M. WARD  
M. AULSEBROOK (part-time)

**Clerical Staff :**

Margaret DICKINSON (Senior Clerk—appointed 15.11.54)  
Christiane R. R. BAINES  
Vera BUTTERFIELD  
Elizabeth COOPER  
Mary L. DOONAN  
Marion WILSON

**CHRONICLE OF 1954**

11. 1.54 Death of Alderman A. H. Cocks (Chairman Education Child Welfare Sub-Committee).
27. 4.54 Death of Dr. Margaret E. Peaker who had been a School Medical Officer with this Authority since 14th April, 1947.
28. 9.54 Dr. Cahill attended Four Day Course on " Treatment of Cerebral Palsy," in London.

- 18.10.54 Eye Clinic transferred to North Riding Infirmary, Middlesbrough.
- 1.11.54 Lieut.-Col. F. H. R. Davey appointed School Dental Officer (part-time).
- 15.11.54. Mrs. M. Dickinson appointed Senior Clerk to School Health Service.

## SECTION II.—SCHOOL HYGIENE

---

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

### **“1. New Schools.—**

The following new schools were opened during the course of the year:—

Green Lane County Primary School.  
 Berwick Hills County Primary School.  
 Corpus Christi R.C. Primary School.

### **2. Improvements to School Premises.—**

#### **PLAYGROUNDS:**

Additional hard surface playing areas have been constructed at the following schools:—

Acklam Hall Boys' Secondary Grammar School.  
 St. Mary's R.C. College.  
 Whinney Banks County Primary School.

Playgrounds were resurfaced and improved at the High School for Boys, Ayresome Secondary Modern Girls' School (part only), Southend School, Derwent Street Junior Girls' and Infants' Departments and Victoria Road School.

#### **SANITARY ACCOMMODATION:**

Improvements including replanning and replacement of



sanitary fittings, and provision of modern flushing systems, have been carried out at Marsh Road, North Ormesby, St. Hilda's C. of E., St. Patrick's R.C. and Burlam Road E.S.N. Schools.

#### FLOORING REPAIRS:

Certain defective floors were replaced by new at Marsh Road, Whinney Banks, North Ormesby and the Boys' High Schools, and additionally at the Central School Clinic. An effort has also been made, by resurfacing and the use of modern sealing oils, to prepare more hygienic flooring surfaces in a number of schools.

#### ELECTRICAL INSTALLATIONS:

Complete renewal with improved electrical installations has been carried out at all the Archibald Schools and to the Secondary Modern Girls' and Junior Departments at Ayresome Schools.

#### HEATING, Hot and Cold Water Installations:

Improved conditions of combustion and beneficial control of heating provision have been provided by the installation of solid fuel mechanical stokers at Victoria Road, Marton Grove, Ayresome and Acklam Hall Schools. Numerous minor improvements have been carried out to various school heating systems.

Washing facilities for pupils have been improved by the provision of hot water at all departments of Archibald School, Fleetham Place Annexe, and at Ayresome School, where additional provision of new wash basins was also made.

New and more adequate cold water services were provided at Southend, Victoria Road and St. Patrick's R.C. Schools.

### 3. School Meals Service:

New scullery accommodation was provided at St. Paul's C. of E. School, and considerable improvements were made to the existing scullery at St. Mary's R.C. Convent, besides a number of additional improvements at various sculleries in the town."

### SECTION III.—MEDICAL INSPECTION

#### Periodic Medical Inspections :

Number of pupils inspected in the prescribed Groups :—

Entrants	...	...	...	...	2,863
Intermediates (11+)	...	...	...	...	2,136
Leavers	...	...	...	...	1,658

---

Total 6,657

Number of Other Periodic Inspections :

- (a) Special Schools ... .. 188
- (b) Nursery Classes ... .. 140
- (c) Sec. Gramm. & Tech.

Schools 1,537 1,865

---

Grand Total 8,522

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Pupils attending Secondary Grammar and Secondary Technical Schools were examined in the following age groups :—  
13y, + 14y, + 15y, + 16y, + and 17y, + together with entrants from other areas.

All pupils in attendance at 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 1954. This is evidenced by the high average attendance percentage :—

1951	1952	1953	1954
91.19%	91.09%	92.14%	91.36%

(The 1954 Influenza epidemic had an adverse effect on attendance)

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

	A. (good)	B. (fair)	C. (poor)
1951 .....	43.65%	52.35%	3.98%
1952 .....	46.96%	50.37%	2.67%
1953 .....	49.33%	47.81%	2.86%
1954 .....	45.20%	50.50%	4.30%

Our 1954 figures appear to indicate a movement in a downward direction but, owing to the many variables involved, it is premature to draw a definite conclusion in this matter yet.

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:—

Year	1948	1949	1950	1951	1952
Cases	5430	4900	4130	3952	3727
		1953	1954		
		3479	3095		

The foreboding expressed in our 1953 Report regarding incidence of IMPETIGO has been justified. During 1954, a large increase in number of cases occurred:—

Year	1948	1949	1950	1951	1952
Cases	635	464	234	141	124
		1953	1954		
		130	359		

The name IMPETIGO has been applied to a number of skin diseases. Accordingly, as might be expected, the frequency with which it is diagnosed varies with the individual medical officer. Nevertheless, the overall picture is one of a large increase in incidence of this disease during 1954 and, at the end of the year, no decrease was in sight.



Examination of our records shows that the incidence of cases had a seasonal variation—maximal in autumn and winter; minimal in spring and summer..

It has been suggested that an attack of Impetigo protects against Scarlet Fever and it is of interest to note that, in this town, some inverse numerical relationship exists between incidence of Impetigo and incidence of Scarlet Fever among school-children :—

Year	1948	1949	1950	1951	1952	1953	1954
Impetigo	635	464	243	141	124	130	359
ScarletFever	131	68	105	252	316	316	129

We are unable to pinpoint the cause of this increase in Impetigo (which is nation wide). The usual associated factors (contagion, dirt, nits, ear and nasal discharges) were all present but the part played by contagion appeared to be less than that expected.

One worker (the late H. W. Barber 1953) believed that wartime stringency had left a legacy of faulty dietary habits (insufficient meat, fresh vegetables and fruit; excess of carbohydrates) and that this favoured skin infection and delayed healing. Yet, enquiry made on this subject did not give particular support to Barber's view. In very many, cases, the breakfasts taken by children with Impetigo appeared to be light but they showed no significant difference from the breakfasts taken by a control series of children with minor injuries. The great majority of children affected did not show obvious nutritional defect and we encountered no difficulty in treatment. Lesions healed quickly and, for the greater part, with the older methods of treatment. One fact was clear and that is that dietary habits have changed. Cereals have almost completely displaced bread and dripping at breakfast. The " English Breakfast " of Eggs and Bacon must now be largely traditional (we did not encounter it once). A sizeable part of a generation grew up, during the war, on meat that had to be stewed and the rest of the world is now suprised to find that the Englishman prefers his steak well done.

Another suggestion is that of an American worker (Howe 1954) to the effect that the resistant strains of staphylococci now so common may be endowed with a greater epidemic propensity than the sensitive strains which they have largely displaced. Thus, he found a steady rise in incidence of sepsis in clean operation wounds in a particular hospital between 1949 and 1953.

At the very end of 1954, bacteriological investigation of cases was started with the help of Dr. Blowers of the Medical Research Council's Public Health Laboratory in Middlesbrough. The investigation continues and, although nearly all the work was done later than the period covered by this report, it is of interest to indicate briefly that the largest group of cultures was of mixed *Staphylococcus Aureus* + *Streptococcus Pyogenes* organisms; the next largest group was *Staphylococcus Aureus* alone. About 75% of all *Staphylococci* found were penicillin resistant. These findings are in keeping with those of Biggar and Hodgson (1943) and give no support to the older, almost traditional teaching that Impetigo was due to Streptococcal infection. A rather puzzling feature is that our outbreak does not show the seasonal incidence attributed to Staphylococcal Impetigo (maximal in Summer) but the fact that children are averse from spending their holidays in school clinics may have some influence on that anomaly.

The incidence of RINGWORM is steadily decreasing as is evident from the following totals of Ringworm of Scalp:—

Year	1951	1952	1953	1954
—	—	—	—	—
Cases	50	31	15	8

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

Arrangements made for education of children off school through Ringworm (outlined in our 1953 Report) were continued.



#### SQUINT.—

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%
1954	200	8,522	2.34%

#### INFLUENZA.—

The year 1954 achieved notoriety for bad weather. From the middle of May storms and hurricanes followed one another almost unendingly. Yet experience of illness was not correspondingly unfavourable. The one exception was a smart epidemic of Influenza in December. The disease was not of lethal type but it was temporarily disabling and played havoc with school attendance at the time. The largest drop in attendance was at Infant Departments:—

Percentage attendance at all schools during Nov., 1954=92.43%				
"	"	"	"	Dec., 1954=80.97%
"	"	Infant Departments		Nov., 1954=91.01%
"	"	"	"	Dec., 1954=76.72%

In general, infant scholars were the first affected and, later, the epidemic spread to older pupils. According to Dr. Blowers of the Medical Research Council's Public Health Laboratory in Middlesbrough, serological evidence indicated that the epidemic was of Influenza Virus B type.

#### POLIOMYELITIS.—

We continue to be more fortunate than some areas in our incidence of Poliomyelitis. During 1954, only 1 case was notified.

The incidence of Poliomyelitis tends to be maximal in areas with previous unfavourable experience. In that respect, Middlesbrough has been fortunate. Thus, during the period 1922 to 1952, the year of maximal incidence here was 1950 and then it was 17.2 per 100,000 of population which was much lower than the year of maximal incidence in most towns.

#### TONSIL AND ADENOID OPERATIONS.—

The number of schoolchildren who had operations for

Tonsils and Adenoids during 1954 was 642. It now transpires that the 1954 total of 1,240 was inflated owing to an inherited waiting list. At present, a pupil spends only a few weeks on waiting list once operation is decided on.

Mr. Marshall, Consulting E.N.T. Surgeon writes.—

“ There are several factors which I think influence our high rate. With the establishment of an Ear and Throat Centre in Middlesbrough (I think it was in 1950), we have for the first time, a very accurate record of all children in the area requiring operation. With the exception of a few cases done at Brotton, all the cases are operated on in the North Riding Infirmary and the various School Clinics concerned notified of the cases so treated. With the establishment of the Centre we inherited waiting lists from many hospitals and clinics. Many of these children had been waiting a very long time for operation and even after review, it was found that most of them still did require operation. Also there had been periods during 1950/51/52 when the department was virtually closed because of structural alterations or, on one occasion, a high incidence of poliomyelitis in the area. Now we are almost abreast of the problem and children are admitted to hospital in most cases probably six weeks after having been seen at the Centre. Almost all such cases are seen by a consultant and the others are seen by a member of the staff who holds a higher qualification (D.L.O.).

“ I think now that what one might term the arrears, have been dealt with, the position will improve. Even then our rate may still prove to be a little high but I do think that with the erection of many new housing estates and new schools, the position will still further improve.”

The great majority of pupils who had Tonsillestomy were sent to hospital, by general practitioners. There is little doubt that decisions to send children to an E.N.T. Surgeon are greatly influenced by subjective medical officer factors. The number of cases sent by some individual members of our staff shows very wide numerical variation in relation to the numbers they examined.



# TUBERCULOSIS IN SCHOOL CHILDREN.—

Tuberculosis is now the most important of the infectious diseases affecting schoolchildren. It is pleasing to be able to record, once again, that no death occurred from Tuberculosis among our pupils.

Deaths of schoolchildren from Tuberculosis in recent years (with 1928 added for comparison) were as follows:—

1928	1947	1948	1950	1951	1952	1953	1954
28	1	9	1	3	Nil	Nil	Nil

Mass Radiography of leavers is continued and also Tuberculin (Jelly) testing of contact groups as advised by Chest Physician. Group B.C.G. vaccination has not been started owing to shortage of medical staff.

Dr. B. Coutts, Chest Physician, writes:—

“Tuberculosis in school children did not show any marked changes during 1954. There were again no deaths in this group. The number of notified cases was 29 compared with 32 in 1953, divided as follows:—

24	pulmonary tuberculosis
2	meningeal tuberculosis
1	abdominal tuberculosis
1	orthopaedic tuberculosis
1	glandular tuberculosis

94 school children were vaccinated with B.C.G. during the year.

Tuberculosis is becoming less of a problem than in previous years but the numbers affected in this area are still higher than they ought to be.”

Age group	Lungs	Glands of Neck	Abdominal	Orthopaedic	Meninges
5—10 years	13	1	1	1	2
10—15 years	11	—	—	—	—
Totals	24	1	1	1	2

#### NATIONAL HEALTH SERVICE ACT.—

Although our liaison with a few consultants is excellent we do not receive information regarding children treated by all consultants in local hospitals (see Ministry of Education Circular 179) and this, at times, affects the efficiency of our work.

#### HEALTH AND EMPLOYMENT.—

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.

#### VISION TESTING.—

All children have a vision test at the entrant medical inspection. For that purpose we use Hamblin's Horse Chart. At the leaver medical inspection colour vision is also tested.

As usual, in recent years, a vision survey of eight year old pupils was carried out by nurses. The total number of pupils examined was 2,527 (1,262 boys and 1,265 girls). Pupils who came under the following headings (totalling 84 boys and 105 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.)

The number of pupils who were unable to read capital letters at the test was 10—all boys. It is of interest to note how this particular figure continues to decrease in recent years:—

Percentage of 8-year pupils who failed to read capital letters at Vision Survey.

1947	1948	1949	1950	1951	1952	1953	1954
3.71%	1.48%	3.70%	2.34%	1.53%	1.20%	0.82%	0.40%

### **Duties Undertaken by School Nursing Staff**

Miss K. M. Crapper, Superintendent Nurse, reports :—

“The duties undertaken by Nursing Staff were as follows :—

#### **(1) IN SCHOOLS :**

1. Routine Cleanliness Surveys.
2. Assistance at Immunisation Sessions.
3. Assistance at Routine Medical Inspections.
4. Group Audiometer Tests for Deafness.
5. Special Survey of 8+ children to ascertain visual acuity.
6. Special visits as required in respect of infectious diseases.
7. Examination of Pupils before departure to Hexham Camp School.

#### **(2) IN CLINICS—Nurses attend :**

1. Minor Ailment Clinics.
2. Aural Clinics.
3. Ophthalmic Clinics
4. Orthopædic Clinics.
5. Sun-ray Clinics.
6. Diphtheria Immunisation Sessions.
7. Audiometer re-testing of individual children following treatment.

#### **(3) VISITS TO HOLMES :**

1. To advise regarding unsatisfactory conditions found at Routine Cleanliness Surveys and at Routine Medical Inspections.
2. Visits to children notified suffering from Chicken Pox, Measles, Whooping Cough and Mumps.



3. Visits to 15 children in connection with the National Survey of Health and Development of Children undertaken by the Institute of Child Health.
4. Visits to children following operation to ear, nose or throat.
5. Visits in certain cases of long absence from school.
6. Visits in cases of failure to attend ophthalmic clinics and to those who, failed to attend hospital for ear, nose and throat operations.
7. To give treatment to school-children found to be suffering from scabies.

Number of Home Visits made by School Nurses :—5,641.

Number of Home Visits made by Attendance Officers in respect of School Health Service :—4,205.

Students taking the Nursing Administration Course in Public Health, Queen's Nurse Trainees and Teachers Training College Students have attended the Central Clinic for educational purposes.

#### VERMINOUS CONDITIONS AND UNCLEANLINESS.—

During the year our nurses carried out 114,792 inspections of pupils for verminous conditions and the number of pupils found to be verminous, at one time or another was 3,937. The comparable figures for 1953 were 99,408 inspections and 3,845 verminous pupils.

It must be emphasised that the great majority of our verminous pupils had nits only which parents cleaned up quickly when notified.

D.D.T. preparations and steel combs were supplied to parents, and nurses gave parents detailed instruction on how to treat the condition.

The root difficulty is that infestation is a family problem and we have only a part of each family under our observation and treatment.

Distribution of verminous conditions is an area distribution but there are some verminous children in all Primary and Secondary Schools.

Inspection of Girls Grammar Schools was started this year and considered to be useful.

During 1954 all parents of verminous children were notified in writing and in the majority of cases we received ready co-operation from them.

Uncleanliness due to physical dirt is an allied problem and our nurses use constant exhortation in this matter and very valuable work is done by teachers."

#### 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 1954. (corrected by inward and outward transfers.)

Cause of Death	No. of Deaths		
	M.	F.	Total
Lobar Pneumonia ... ..	1	1	2
Rheumatic Myocarditis ...	1	—	1
Rheumatic Carditis ... ..	—	1	1
Cerebellar Tumour ... ..	—	2	2
Heart failure following anæsthetic	1	—	1
Myeloid Leukæmia ... ..	1	—	1
Accident ... ..	1	1	2
Peritonitis ... ..	—	1	1
Nephroblastoma ... ..	—	1	1
	—	—	—
Total ...	5	7	12
	—	—	—

Once again no death occurred from Tuberculosis or other infectious disease.

## SECTION V

### ARRANGEMENTS FOR TREATMENT

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#### I. Physical Welfare of Children

##### (a) MINOR AILMENTS.—

During 1954, children made 55,004 attendances at our Minor Ailment Clinics which was an increase on the 1953 figure (50,993). Owing to population movement the numbers of children who attended Central Clinic and Lord Street Clinic dropped sharply while the numbers who attended certain Branch Clinics (in particular Whinney Banks and North Ormesby) increased. Altogether, 9,143 examinations were made by Medical Officers at Minor Ailment Clinics. (It is to be remembered that these clinics are run without a Medical Officer and that at only one clinic is a Medical Officer present daily.)

The largest single group of conditions treated was Minor Injuries (abrasions, cuts, bruises, contusions, etc); the next largest group was Skin Diseases. One expects a considerable number of Minor Injuries among children of school age but the fact that, in 1954, we treated 3,481 cases of Skin Disease (who made 12,384 attendances) gives an idea of the volume of our work.

##### (b) AURAL CLINIC.—

Dr. Macfarlane held a weekly clinic to which special Ear cases were referred. At this clinic, the total number of examinations was 263. The number of new cases was 175.

Mr. Marshall attended fortnightly. The number of examinations was 335; 282 being new cases.

GROUP AUDIOMETER SURVEY. — This Hearing Survey with 2120A Weston Electric Group Speech Audiometer was carried out in the 8y+ and 11y+ age groups. All children who failed were examined at the Aural Clinic.

Number of Pupils tested (Group Audometer) ... ..	4,247
Number of Pupils who failed Group Test ... ..	140
Number of Pupils tested (Pure Tone Audiometer) ...	167
Number of Pupils supplied with Hearing Aids... ..	10



As there is more than a little lack of uniformity in method of scoring tests, we detail our practice. A stencil is used to correct test sheets. We average the child's three best scores on the three columns of numbers for each ear. All pupils with a loss of 9 decibels or more are retested and those who fail again are seen at our Aural Clinic.

In practice, a very large proportion of failures are due to causes other than deafness such as noise level of environment, instrumental factors, misunderstanding instructions, lack of proficiency and speed in writing in the case of younger children, mental characteristics of pupils and even to combinations of these causes. This number of spurious factors seriously limits the value of the Group Audiometer Test even as a screening device.

(c) **CHIROPODY.**—

During the year under review, 69 boys and 83 girls were treated by our Chiropodists.

(d) **OPHTHALMIC CLINIC.**—

Our Ophthalmic Surgeons undertook four sessions weekly. During 1954, they examined 1,674 pupils. Spectacles were prescribed for 1,287 of these cases. The number of children who had operations for squint was 29.

(e) **ORTHOPAEDIC CLINIC.**—

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

Number of **new cases** seen by Orthopaedic Surgeons:—

School Children	...	...	...	...	...	...	393
Pre-School Children	...	...	...	...	...	...	145

Number of **re-attendances** seen by Orthopaedic Surgeons:—

School Children	...	...	...	...	...	...	244
Pre-School Children	...	...	...	...	...	...	88

Number of treatments by Orthopaedic Sister:—

School Children	...	...	...	...	...	...	735
Pre-School Children	...	...	...	...	...	...	117



(f) SPEECH CLINIC.—

Mrs. J. McDonald, Speech Therapist, reports:—

- “ During 1954 the average age of children attending the Speech Clinic showed a marked drop. This was due to the number of pre-school children referred from various sources, but chiefly Cleft Palate cases from the Plastic Surgery Department at the North Ormesby Hospital. The amount of help which can be given below the age of 5 is limited, but blowing exercises are enjoyed by even the tiniest ones and are advisable in Cleft Palate cases as soon after operation as possible.
- “ The period of time given to Speech Therapy for one child in one week is very little compared with weekly speaking time. Parents try very hard to continue the practice at home but it is regrettable that speech correction is not also carried out in more schools. Rhythm work and poetry might benefit children as far as education goes but it would be advantageous if more teachers were trained in the method of speech production. Whilst appreciating the burden upon present day school-teachers, it would improve the standard of work in school if children with speech difficulties were not bundled off to the speech clinic so frequently. Many cases referred here for treatment are merely examples of lack of correction—faulty articulation of a sound which can be produced as soon as the fact is regularly point out—for this type of defect constant reminders are the only solution. If teachers could undertake elementary corrections there would be more room and time to deal with more serious defects of stammering and other functional disorders.
- “ Stammering cases still take up most of the register. The variety found amongst these cases is amazing. One child will respond well to relaxation and rhythm work, another will only speak well when thoroughly immersed in a story he is reading, yet another will suddenly develop fluency when speaking for someone else—in a play or using puppets.
- “ Television seems to occupy the time of many of the children particularly those from poor homes; as they are probably accustomed to late nights it may be a good thing for them to have such an interest. If two or more children in a class are

keen viewers of a certain programme they can often give, between them, quite a vivid description of what has been going on.

“ The premises of Borough Road benefited from decoration in the middle of the year and great interest was shown by the children in the progress of the work and the new colour scheme; the finished effect was voted a great success.

“ The need for an Assistant remains very great and so does the need for Clinics in other parts of the town. The Lord Street and Borough Road clinics are very well placed to serve the schools in the town centre, but young children from outlying schools are unable to attend if parents cannot bring them and wait for them, or if the Head Teacher cannot spare her Infant Helper long enough to act as escort.

“ Visits were made to 21 school departments during 1954 and all Head Teachers were very co-operative. A total of 2,083 treatments was given over the year. The waiting list goes relentlessly on and it would appear that the Speech Therapist's work will go on for ever.

“ I am grateful for the clerical assistance granted at the end of the year. Before receiving this help, record keeping and letter writing took up too much treatment time. I am also grateful for the help given by Mr. McGibbon of the Child Guidance Clinic and for the help received from Dr. Cahill and the staff of the School Clinic.”

(g) **ULTRA VIOLET LIGHT.—**

Four treatment sessions are held weekly and the department is kept open during holiday time. Fifty-eight boys and 73 girls attended for treatment. For some reason, both medical officers and parents appear to be less keen on Light Treatment than they were a few years ago.

**2. Mental Welfare of Children.**

**CHILD GUIDANCE CLINIC.—**

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

“ 1. Case Load: The attached return details the work done



at the clinic during 1954. The increase of the case load from 75 to 94 calls for some comment. It has generally been assumed that a clinic such as ours should be dealing with a case load somewhere in the neighbourhood of 30. In part this figure seems to have been based on the assumption that each child would have an hour-long psychiatric interview on each visit and that he would attend at least weekly. By shortening direct therapy as far as possible in the light of the child's progress and making remedial education carry the main burden of the therapeutic work it has been found feasible to push the case load up towards 100. Admittedly this stretches the resources of the clinic to its utmost and the consequent increase in report writing, etc., makes heavy inroads into time that might be available for school visits and research. Nevertheless, it is probable that this full offering of the clinic facilities achieves more good in the end than intensive treatment of a much smaller number.

It would be wrong to imagine that this educationally-orientated therapy is achieved at the expense of the features usually associated with Child Guidance Clinics. As elsewhere, we have here the usual assortment of games, puzzles, crafts, see-saws, and sand-boxes, and extensive, but not exclusive, use is made of them towards the end that a clinic should be the kind of place a child looks forward to attending.

The nature and frequency of such pursuits are determined by the emotional needs of the child in question, but the quite general claim can be made that no child loses school time to attend the clinic without receiving the benefit of a fairly intensive lesson in reading, arithmetic or some other school subject.

2. Organisation: As the clinic is still without the services of a psychiatrist it may be of interest to outline how this handicap is overcome. The first safeguard lies in the close liaison maintained with the School Medical Officers, who refer only those cases likely to profit from the resources available at the clinic and undertake the medical examination of all children referred to the clinic from other sources on non-educational grounds. Once treatment has started, any medical aspects that crop up (e.g. suspected malnutrition or apparent defects in vision or hearing) are reported at once to the School Medical Officers.

Cases where there is a past history of head injury, epilepsy, meningitis, etc., are generally referred back to the School Medical Service for specialist attention if treatment at the clinic does not produce fairly prompt and continuing all-round improvement. Most of these children are eventually referred to the under 20's clinic at St. Luke's Hospital, Middlesbrough, where full-time neurological and psychiatric facilities are available. Needless to say, these steps are taken at once as soon as any apparently psychotic or prepsychotic symptoms are manifested. The ease with which these transfers are effected is due to the helpful co-operation extended by the Medical Superintendent at St. Luke's and his staff. It will be appreciated that this effective double medical screening is a major factor in producing a fairly high percentage of successfully treated cases.

3. Sources of Referral: Nearly all the children who attend the clinic are referred by School Medical Officers or Head Teachers with a smaller proportion being sent by Probation Officers, the Speech Therapist and other agencies. The question is often asked why do we not encourage parents to bring their problems direct to the clinic. There are several reasons for this. In the first place, the closely-knit time-table of appointments would make it administratively inconvenient for there to be frequent unforeseen interruptions. Again parents are not always sound judges of what constitutes school retardation or problem behaviour. Sometimes children who are working to capacity in school and making good progress are thought to be backward because they are unable to follow the somewhat complicated reading "lessons" administered to them at home. Others are going through normal phases of turbulence which will pass off without clinic treatment. The rule that cases should be referred through school doctors or head teachers ensures that lengthy clinic examinations can be eliminated for children whose parents need only a few words of advice.

Just how well the various referring agencies can judge which children are suitable for clinic treatment will be realised from the fact that of 128 new cases seen last year only three were classified as "unsuitable for treatment" or "no treatment needed."

4. Group Therapy: Many clinics in this country and in the United States are tackling the problem of increasing case loads and



waiting lists by the practice of group therapy, which makes it possible for a number of children to be treated simultaneously during any particular appointment time. Last year this method was experimented with on a group of enuretics, carefully selected on the usual basis. The results on the whole were disappointing, compared with those obtained with parallel cases who were being given individual therapy and the children in the group have now been allocated individual appointment times. A single experiment of this nature cannot be regarded as conclusive and should not preclude further experiments along the same lines towards a solution of what is rapidly becoming a rather serious problem of avoiding long waiting-lists.

5. Research: The main research item during the year was a follow-up in four selected junior schools of the 1951 Reading Survey. This involved the testing of all the children in those schools, together with the top infant classes. Full statistical interpretation of the results is still proceeding but preliminary calculations would seem to show that steady progress is being made in raising the general level of reading ability.

Other items dealt with the effects of using different methods of scaling teachers' estimates in the General Examination, investigation of the grammar school performance of children with selected scoring pattern in the General Examination, the reliability of the Passalong test, and the prognostic value of space tests at 11+.

6. Other Activities: Other activities of the staff during the year have included lecturing to a variety of organisations, examining children in school, statistical and interviewing work in connection with the General Examination and co-operation in surveys conducted on a national basis by the National Foundation for Educational Research and other bodies. Contact with other clinic staffs has been maintained by membership of the North Eastern Clinic Group, and of a Projection Test Study Circle.

7. Acknowledgements: Once more our 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 Assisants and from Drs. Downer and Cahill and the staff of the School Medical Service.

The utmost co-operation was extended by school heads and staffs, the Child Welfare Service, the Children's Department, the Probation Service, the Speech Therapist and by Dr. Cuthbert and the staff of St. Luke's Hospital."

## ANNUAL RETURN, 1954

### ATTENDANCES AT CLINIC

Children ... ..	1921
Parents/Guardians ...	172

### CAUSES OF REFERRAL

1. Educational	
Retardation ...	35
2. Psychological	
Examinations only ...	19
3. Behaviour Problems ...	36
4. Nervous habits ... ..	37
5. Vocational Guidance ...	1

### VISITS BY CLINIC STAFF

Home ... ..	121
School ... ..	59
Others ... ..	51
Lectures ... ..	15

Children tested at school and home ...	873
Children examined at clinic ... ..	128
Cases closed during year ... ..	109

### REASONS FOR CLOSURES

Psychological investigation concluded ... ..	19
Improved satisfactorily ... ..	57
Unsuitable for treatment ... ..	1
Improved as far as possible ... ..	7
Referred elsewhere ... ..	11
No treatment required ... ..	2
Non-co-operative parents ... ..	6
Left district ... ..	5
Vocational Guidance ... ..	1
Case load at beginning of year ... ..	75
Case load at end of year ... ..	94

Distribution of Intelligence Quotients of 110 children who were given Terman/Merrill tests during the year:—

	70 and below	71-85	86-114	115-129	130 and upwards
Boys	4	9	36	14	4
Girls	4	7	24	8	—

## SECTION VI.—HANDICAPPED PUPILS

### A. Blind Pupils.—

The total number of such pupils was 3. They attended residential schools as follows:—

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 partially Sighted, Liverpool ...	1 boy

### B. Partially Sighted Pupils.—

The total number of such pupils was 6. They attended school as follows:—

St. Vincent's School for the Blind and Partially Sighted, Liverpool ...	1 boy
... ..	1 girl
Mosley Road Day School for Partially Sighted Children, Birmingham ...	1 boy
Ordinary day school, Middlesbrough ... ..	1 boy

### C. Deaf Pupils.—

The total number of such pupils was 25 (14 boys and 11 girls), all of whom were in attendance at the Middlesbrough Day School for the Deaf. One boy left to attend the St. John's Residential School for the Deaf, Boston Spa, near York.

### D. Partially Deaf Pupils.—

The total number of such pupils was 17 (10 boys and 7 girls), all of whom were in attendance at the Middlesbrough Day School for the Deaf.



# **E. Educationally Sub-Normal Pupils.—**

The following arrangements were made for the education of these children :—

## **1. Residential Special Schools.—**

Besford Court R.C. Special School, Worcester ...	1 boy
Pontville R. C. Special School, Ormskirk, Lancs.	2 boys
Aldwark Manor Boarding Special School, Alne,	
York	4 boys
Springhill School, Ripon, Yorks. ... ..	1 girl
Allerton Priory R.C. Special School, Woolton,	
Liverpool	1 girl
Crowthorn Residential Special School, Edgworth,	
Bolton	1 boy
	1 girl
Jesmond Dene House, Residential Special School,	
Newcastle	1 girl
Field Heath House R.C. Special School, Hillington,	
Uxbridge	1 girl
Swaylands School, Penshurst, Kent ... ..	1 boy
Meadow's House School, Southborough ... ..	1 boy

## **2. Burlam Road Day (E.S.N.) School, Middlesbrough**

87 boys
73 girls

## **3. Ordinary Schools (awaiting vacancies at Burlam Road School) :**

At no time during the past year has there been any waiting list such as has been experienced in the past, any children awaiting admission having been admitted as soon as was practically convenient at the School.

## **4. Ordinary Schools (Backward Classes) ..... 5 boys**

4 girls
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## **5. Awaiting Home Tuition.—**

E.S.N. and Physically Handicapped ... ..	1 girl
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Number of pupils notified as Ineducable under

Section 57(3) of the Education Act, 1944 ...	6 girls
	10 boys



Details of ascertainment under the heading during 1954 are as follows:—

1. Number of Pupils notified as Ineducable ... ..	16
2. Number of Pupils ascertained as E.S.N. ... ..	15
3. Number of Pupils ascertained as Maladjusted and E.S.N. ... ..	3
4. Number of Pupils ascertained as Physically Handicapped and E.S.N. ... ..	2
5. Number of Pupils ascertained as Maladjusted ... ..	1
6. Number of Pupils found not to be E.S.N. ... ..	4
7. Number of Pupils returned to Ordinary Schools (from Burlam Road School) ... ..	6
8. Number of re-examinations (Burlam Road School ... ..	48

#### MIDDLESBROUGH DAY SCHOOL FOR E.S.N.—

I am indebted to Mr. J. Woodhouse, Headmaster of Burlam Road School for the following report:—

“ This school for Educationally Sub-Normal Children had 146 pupils on roll during the first week of January, 1954. During the year, 34 children left the school for the reasons outlined below and 16 children were admitted, leaving a total of 128 pupils on roll at the end of the year. Of these 67 were boys and 61 girls.

Transfer to Residential Schools ... ..	9
Incapable of receiving education at school ... ..	4
Transfer to Approved School ... ..	1
Transfer to Secondary Modern Schools ... ..	6
Transfer to Scotland ... ..	1
Left on attaining age of 16 years ... ..	13
Total	34

The distribution according to Chronological Age on September 1st, 1954, was as follows:—

Age	Boys	Girls	Total
5- 6 years	1	—	1
6- 7 years	—	—	—
7- 8 years	4	2	6
8- 9 years	5	4	9
9-10 years	5	12	17
10-11 years	6	7	13
11-12 years	8	8	16
12-13 years	10	9	19
13-14 years	11	6	17
14-15 years	8	7	15
15-16 years	9	6	15
Totals	67	61	128

With one exception, the children in the school have Intelligence Quotients (Terman-Merrill) in the range of 50-89, the actual distribution being as follows:—

I.Q.	Boys	Girls	Total
Below 50	—	1	1
50-55	12	12	24
56-60	18	16	34
61-65	15	12	27
66-70	7	12	19
71-75	11	4	15
76-85	2	4	6
86-90	2	—	2
Totals	67	61	128

The child's Intelligence Quotient suggests the rate at which he should progress and indicates the probable limits of his attainments. But there is no sharp dividing line between the normal and the sub-normal and the sub-normal and the ineducable. The border-line cases merge together much as daylight merges through twilight into night. Every child, therefore, must have a prolonged trial period before being assessed as ineducable.

The child's Mental Age is calculated from his Intelligence

Quotient and Chronological Age and suggests the level at which he should work. But we must realise that the Educationally Sub-Normal Child is a person—however incomplete he may be in some aspects of personality—and that his present condition results from the interaction of his intellectual, emotional, physical and environmental state. All the pupils in school have additional disabilities imposed on their lack of innate intelligence and have failed to benefit from instruction in the normal schools. The child's personal difficulties must be sublimated or resolved before he is capable of making a satisfactory response to the teacher's efforts. The teacher must first try to understand each individual and start thinking, not of the subjects to be taught, but of the pupils he is to instruct. It is essential to study the nature of the underlying trouble, to discover its probable cause and to attempt to find a satisfactory solution.

#### ORGANISATION AND CURRICULUM

The Preparatory Class contains the newly-admitted children who are learning to readjust themselves satisfactorily to the school environment. Their Mental Ages range from 2 years 7 months to 6 years 4 months. Organised Play Therapy fulfils an important part in this process of building self-confidence and social awareness. The methods adopted include the use of sand and water and the normal apparatus and toys found in the Nursery and Infants' Schools.

In the Junior Department grouping is carried out in the Basic Subjects so that every child is working at his own level of attainment. In addition to the normal subjects, periods are devoted to Music and Movement, Stories and Rhymes on the wireless, additional Physical Education, Percussion Bands and Film-Strips.

The boys and girls in the Senior Department are arranged in groups in Arithmetic and English in accordance with their attainments in Schonell's Standardised Tests. The girls are divided into three groups according to their ability in Domestic Science, Needlework and Art, and the Senior Boys are similarly arranged for Woodwork, Bookcraft and Art. The groups are small and ensure that each child is receiving individual attention at his own level of attainment. Other subjects on the Senior Time-Table are Religious Instruction, Physical Education and Organised



Games, Singing, Country Dancing, Social Studies and Swimming Instruction. In all these activities the clothing and equipment used by the boys and girls are similar to that supplied to the normal schools.

Teaching methods are concrete and based on the child's interests, experience and needs in after life. Success in any subject has considerable therapeutic value for the child who has hitherto been failing, for in the learning situation behaviour is a function of the whole personality. The work done is of an individual nature and springs from the child's own desire. The teacher should not measure the degrees of success obtained solely from the child's standards of attainment. But an all-round improvement in attainment indicates the measure of re-adjustment and effort which the child is making to the individual methods used. A comparison of Mental Ages with Reading Ages and Mechanical Arithmetic Ages shows that about a quarter of the children in the Senior Department are working in advance of their Mental Age in these subjects.

An important function of the School for E.S.N. Children is to hold the mirror as it were to normality except in standards of attainment. This is done by the following means:—

1. Organised visits to the Ballet, Concerts, Cinema and Circus.
2. Organised visits to works, factories, museum.
3. An Evening Institute attached to the School.
4. Participation in Country Dancing and Swimming if the children are capable of a satisfactory standard of performance.

The products of the school are absorbed in simple routine jobs in local industries. The important things are the attitude of mind which the child brings to the job and the fact that he is a self-supporting member of society, able to hold up his head. The dullard will always be dull, but he need not also be a wastrel. Given the right motives and incentives there is every reason to believe that he will become a useful member of society.

The E.S.N. child is a social and educational problem, a responsibility and a challenge. His future depends largely on our

acceptance of the challenge and the way in which we discharge our responsibility."

#### F. Epileptic Pupils.—

The number of such pupils was two:—

Chalfont Colony for Epileptics, Chalfont St. Peter,	
Bucks ...	1 boy
Newton-Dee House School, Rudolph Steiner	
Schools ...	1 boy

(The total number of epileptic pupils successfully attending maintained schools in 1954 was (a) 13 boys and 13 girls with Petit Mal and (b) 23 girls and 12 boys with other epilepsies.)

The types of schools attended were as follows:—

	Petit Mal		Other Epilepsies	
Primary and Secondary				
Modern	9 boys	7 girls	8 boys	21 girls
Secondary Grammar ...	1 boy	1 girl	1 boy	1 girl
Secondary Technical ...	1 boy		2 boys	
School for E.S.N. ...	2 boys	3 girls		1 girl
School for the Deaf ...		2 girls		1 boy

#### G. Maladjusted Pupils.—

The total number of such pupils was seven:—

Chaigeley School, Thelwall, nr. Warrington ...	1 boy
Awaiting residential school accommodation ...	2 boys
	1 girl
Ordinary Schools ...	2 boys
	2 girls

#### H. Physically Handicapped Pupils.—

The total number of such pupils was 43 (25 boys and 18 girls). Particulars of educational arrangements were as follows:

St. Rose's R.C. Special School, Stroud,	
Gloucestershire ...	1 girl
Welburn Hall Special School, Kirbymoorside,	
Yorkshire ...	4 boys
	1 girl



St. Patrick's Open Air School, Hayling Island,		
	Hants ...	1 girl
St. Catherine's Home, Ventnor, Isle-of-Wight ...		1 boy
Coney Hill Home, Margate, Kent ... ..		1 boy
White Ness Manor School, Kingsgate, Broadstairs		
	Kent ...	1 boy
Barleythorpe Hall, Oakham, Rutland ... ..		1 girl
Adela Shaw Orthopaedic Hospital, Kirbymoorside,		
	Yorkshire ...	2 boys
		1 girl
Burlam Road School for E.S.N. (dual handicap)		2 girls
		1 boy
Ordinary School whilst awaiting vacancy at		
	residential school ...	3 boys
Ordinary School ... ..		3 girls
		2 boys
Home teaching ... ..		6 boys
		3 girls
Awaiting home tuition ... ..		3 boys
		4 girls
Awaiting residential school ... ..		1 girl
		1 boy

Cerebral Palsy.—The total number of pupils on school rolls in 1954 suffering from Cerebral Palsy was 25 boys and 12 girls. Arrangements for their education were as follows:—

Primary and Sec. Modern Schools ...	16 boys	4 girls
Sec. Grammar School ... ..	1 boy	
School for E.S.N. ... ..	3 boys	4 girls
School for the Deaf ... ..	2 boys	
Residential Special Schools ... ..	2 boys	
Awaiting Residential Schools ... ..		1 girl
Home Teaching ... ..	1 boy	1 girl
Adela Shaw Orthopaedic Hospital ...		2 girls

Our Orthopaedic Surgeons advised concerning the diagnosis and treatment of these pupils with the exception of a few cases who were in care of other specialists. In addition to the children mentioned above it is known that there were 7 children of school age with Cerebral Palsy who were ineducable and whose care was supervised by the Health Department.



#### J. Delicate Pupils.—

The number of handicapped delicate pupils was 23 (9 boys and 14 girls). The following arrangements were made for their education:—

Burrow Hill Boarding Special School, Frimley,	
Surrey ...	4 boys
Oak Bank Open Air School, Seal, Sevenoaks,	
Kent ...	1 girl
Children's Convalescent Home, West Kirby,	
Wirrall, Cheshire ...	1 girl
	1 boy
Laleham (Montrose House) School, Margate,	
Kent ...	1 girl
St. Patrick's Open Air School, Hayling	
Island, Hants. ...	1 girl
Friend's School, Great Ayton, Yorkshire	
(grammar boarding)	1 boy
Home Tuition ... ..	1 boy
	1 girl
Ordinary Schools ... ..	5 girls
	1 boy
Poole Sanatorium, Nunthorpe, Middlesbrough ...	1 girl
Awaiting residential school vacancies ... ..	1 boy
	3 girls

### 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.

Altogether, 2,391 pupils (1,294 boys and 1,097 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 3,215 this total consisted of 976 Primary Immunisation and 2,239 injections. The increased number of infants immunised in Maternity and Child Welfare Departments limits our field for Primary Immunisation and means that our work becomes more and more restricted to "booster" injections. At the end of the year, the percentage of school children immunised was 85.06%. 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 the Central Clinic.

#### **C. Disabled Persons Act.—**

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

#### **D. Employment.—**

Number of licences for part-time employment:—435 boys;  
38 girls.

Number of Entertainment licences:—19 girls; boys: nil.

#### **E. Health Education.—**

Much day to day instruction on Health matters is given by nurses in the course of routine duties especially at Minor Ailment Clinics which is a very practical type of Health Education.

#### **F. Infectious Diseases.—**

During 1954 the incidence of infectious diseases among school children was as follows:—

	Male	Female	Total
Food Poisoning ... ..	1	1	2
Diphtheria ... ..	1	2	3
Scarlet Fever ... ..	55	74	129
Measles ... ..	331	306	637
Whooping Cough ... ..	37	46	83
Chickenpox ... ..	323	336	659
Poliomyelitis (Paralytic) ...	—	—	—
Poliomyelitis (Non-paralytic) .	1	—	1
Dysentery ... ..	26	25	51
Meningococcal infections ...	—	—	—
Erysipelas ... ..	—	—	—
Pneumonia ... ..	6	4	10
Pulmonary Tuberculosis ... ..	11	10	21
Other Tuberculosis ... ..	3	3	6
	<hr/> 796	<hr/> 806	<hr/> 1602

#### G. Mass Radiography.—

I am indebted to Mr. J. J. Walsh, Organising Secretary, I.C. Mass Radiography Unit, for the following statistical report:

TABLE 1.—School Leavers:

Showing number of children aged 14-15 years examined, recalled for large films and referred to Chest Clinic, also the abnormalities discovered.

	Boys	Girls	Total
X-rayed on Miniature Film ...	1038	943	1981
Recalled for Large Film ... ..	14	10	24
Referred to Chest Clinic ... ..	8	7	15

#### Abnormalities Found—

Active Pulmonary Tuberculosis ...	1	4	5
Inactive       ,,       ,,       ...	4	2	6
Pleural Abnormality ... ..	1	—	1
Bronchiectasis ... ..	1	—	1
Cardiac Abnormality ... ..	—	1	1
Exostosis of Ribs ... ..	1	—	1
Total Abnormalities:	<hr/> 8	<hr/> 7	<hr/> 15



TABLE 2.—Schoolchildren all age groups excluding those in Table 1:

Showing number of children examined, recalled for Large Film and referred to Chest Clinic, also the abnormalities discovered. These children attended as Doctors Patients, T.B. Contacts or General Public.

	Boys	Girls	Total
X-rayed on Miniature Film ... ..	1119	355	1474
Recalled for Large Films ... ..	20	9	29
Referred to Chest Clinic ... ..	16	8	24
Abnormalities Found—			
Active Pulmonary Tuberculosis ...	2	1	3
Inactive       ,,       ,,       ...	2	2	4
Bronchiectasis     ...     ...     ...	1	—	1
Pneumonia     ...     ...     ...     ...	3	3	6
Bronchitis     ...     ...     ...     ...	2	—	2
Total Abnormalities	10	6	16

TABLE 3.—

Number of Boys and Girls X-rayed showing the number referred to Chest Clinic.

X-rayed on Miniature Film 3455

Referred to Chest Clinic ... 39 = 1.12% of Total X-rayed

TABLE 4.—

Abnormalities Found—Boys & Girls

Pulmonary Tuberculosis

Active     ...     ...     ...     ... 8 = 0.23% of Total X-rayed

Inactive     ...     ...     ...     ... 10 = 0.28% of Total X-rayed

Non-Tuberculous Diseases

Pleural Abnormalities     1

Bronchiectasis     ...     ...     2

Pneumonia     ...     ...     ... 6—13 = 0.37% of Total X-rayed

Bronchitis     ...     ...     ... 2

Cardiac Abnormality     ... 1

Exostosis of Ribs     ... 1

Total Abnormalities     31 = 0.89% of Total X-rayed

## H. Maternity and Child Welfare Department.—

Our Medical Officers undertook weekly sessional work at Infant Welfare Clinics during the year.

## I. Physical Education.—

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

“ PRIMARY SCHOOLS AND SECONDARY GIRLS’ SCHOOLS: The poor weather experienced during a great part of 1954 interfered a great deal with outdoor physical training and attendance at the playing field was very intermittent in Spring and Autumn Terms.

Schools have made good use of their indoor accommodation for Physical Education activities, but in those schools where the space available for these activities is very limited the Physical Education suffers during periods of bad weather.

Playing Fields: All Junior Schools visited playing fields, weather permitting during the Summer and early Autumn, and out-of-school activities on the fields were carried out by teachers on Saturday mornings and on two evenings in the week. Great credit is due to the Junior School teachers who do invaluable work for Primary School boys and girls out of school hours.

Senior girls continue to play hockey, netball, rounders and lawn tennis. Facilities for lawn tennis are at present inadequate and more hard courts for schools would be much appreciated by the girls.

Athletics: Individual schools held sports days and a successful Girls’ Athletic Meeting was held on North Ormesby Playing Field.

Swimming: Because of repairs and improvements that were being carried out at the Middlesbrough Swimming Baths, the facilities for schools were limited to the morning sessions. With the co-operation of the Borough of Thornaby, however, arrangements were made for the Thornaby Baths to be available on four

afternoons and this enabled the majority of the 4th year Primary School children to attend for swimming once a week. Many of the normal out-of-school swimming groups and life saving classes had, however, to be curtailed.

A Senior Girls' Life Saving Group was formed in early Autumn and has been very successful.

Out-of-School Activities: A Junior School Rounders Rally for boys and girls was held in Pallister Park and again there was a large entry and keen competition among the schools.

A Senior Girls' Netball Rally attracted a big entry and the standard of play was good.

A children's Country Dance Party was held in Stewart Park and, in spite of blustery weather conditions, was very successful.

In all these activities the teachers gave generous co-operation, without which none of the events would have been possible.

General: The Physical Education Organiser has arranged demonstrations in various schools and has given talks to parents whenever an opportunity offered itself.

Men and women teachers attended in large numbers a dancing course held during the Autumn Term.

The appointment of two additional visiting pianists has helped considerably those schools who were without the services of a pianist to develop their dancing activities.

New schools that have been opened this year have established very rapidly a good standard of Games and Physical Education, taking full advantage of all the modern facilities and equipment provided.

Thanks are due to the Parks Superintendent and his staff for all their co-operation and help in our activities in the Parks.



**BOYS' SECONDARY SCHOOLS.**—The Physical Education lessons have progressed upon sound lines in all Classes and the use of apparatus, as envisaged in the Annual Report for 1953, has been of great value. A very high standard has now been reached in the use of gymnastic equipment, and, as this is not confined to the older boys, it can be expected that progress will be maintained.

The work in Organised Games periods and out-of-school hours has also developed, although the weather has been consistently bad. Playing Fields have been used to an even greater extent than formerly, but the arrangements for "resting" parts of the playing area, that have been mentioned in former reports, are having the desired effect. The work of the teachers who have carried out the games programmes outside school hours, in very poor conditions, should be commended.

Enthusiasm for Boxing and Athletics has been maintained, but Swimming (including Life Saving) has suffered from the temporary reduction in facilities at the Middlesbrough Swimming Baths. Very little progress has been possible in Life Saving, but the teachers and swimming instructors are to be complimented upon the way in which they have surmounted their difficulties and have taught so many boys to swim. It is noticeable that the standard of swimming is very high throughout the boys' schools and that by Easter (the end of swimming instruction for boys over 11) very few boys who attend the baths cannot swim.

The playing fields, which have been used to capacity whenever they were fit for play, are in good condition; the condition of Sandy Flats being particularly good. The North Ormesby Playing Field has had to be closed more often than Sandy Flats because of the very wet year and the heavy soil on this ground, but given a good Spring and judicious use of the field no difficulties regarding its condition during 1955 are anticipated."

## **SECTION VIII**

### **DENTAL INSPECTION AND TREATMENT, 1954**

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

"The problem of inadequate staffing and difficulty in obtaining full-time recruitment to the dental staff did not improve during the year.

A visit was made to a neighbouring Dental School by the Principal School Dental Officer in order to meet Final Year students about to qualify, with a view to interesting them in School dentistry under our Authority. This, and advertising, led to two enquiries from two dental Surgeons whose homes were in the immediate locality, but both enquiries failed to mature.

At the beginning of July the staffing position was not improved when the only full-time Assistant Dental Officer decided, for domestic reasons, that he wished to terminate his full-time appointment in favour of a part-time appointment, and this state of staffing continued till the last two months of the year, when the part-time services of an additional officer were secured for a few sessions per week.

At routine dental inspections in the schools it was noticed that quite a number of children continue to avail themselves of the free dental treatment from private dental surgeons which they have increasingly received since the introduction of a fee for treatment for adult patients.

One hundred and fifty-seven cases were referred to the Panel of Consultants, being in need of Orthodontic treatment or requiring dentures, and it was found necessary to refer 19 cases to Hospital principally on account of their medical histories or requiring some form of special treatment."

## **SECTION IX.—STATISTICS**

### **MINISTER OF EDUCATION**

#### **MEDICAL INSPECTION RETURNS (1954)**

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

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#### **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 ... ..	2,863
Intermediates (11+) ... ..	2,136
Leavers ... ..	1,658

Total 6,657

Number of Other Periodic Inspections:—

(a) Special Schools ... ..	188
(b) Nursery Classes ... ..	140
(c) Secondary Grammar and Technical Schools ... ..	1,537

1,865

Grand Total 8,522

B. OTHER INSPECTIONS.—

Number of Special Inspections ... .. 7,044

Number of Re-inspections ... .. 2,118

9,162

C. PUPILS FOUND TO REQUIRE TREATMENT.—

GROUPS (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants ... ..	17	429	446
Intermediates (11+) ...	142	193	333
Leavers ... ..	133	152	282
Total (prescribed groups)	292	774	1,061
Other Periodic Inspections	83	194	277
Grand Total ... ..	375	968	1,338



TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE YEAR ENDING 31st DECEMBER, 1954:

Defect Code No.	Defect or Disease (1)	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4.	Skin ... ..	145	100	1795	—
5.	Eyes—				
	(a) Vision ...	375	656	124	—
	(b) Squint ...	68	107	25	—
	(c) Other ...	49	21	253	—
6.	Ears—				
	(a) Hearing ...	33	82	187	—
	(b) Otitis Media	27	79	51	—
	(c) Other ...	38	19	252	—
7.	Nose or Throat .	281	607	129	—
8.	Speech ... ..	18	74	7	—
9.	Cervical Glands .	5	111	21	—
10.	Heart and Circulation ...	17	129	15	—
11.	Lungs . ... ..	52	266	14	—
12.	Developmental—				
	(a) Hernia ...	8	7	—	—
	(b) Other ...	10	16	1	—
13.	Orthopædic—				
	(a) Posture ...	15	44	1	—
	(b) Flat Foot	24	51	16	—
	(c) Other ...	87	154	192	—
14.	Nervous system—				
	(a) Epilepsy .	1	17	4	—
	(b) Other ...	15	46	21	—
15.	Psychological—				
	(a) Development	5	24	1	—
	(b) Stability ...	7	132	9	—
16.	Other . ... ..	93	175	3753	2

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 ...	2,863	1301	45.4	1463	51.1	99	3.5
Intermediates (11+)	2,136	735	34.4	1265	59.2	136	6.4
Leavers .. ...	1,658	730	44.0	863	52.1	65	3.9
Additional Periodic Inspections	1,865	1083	58.1	715	38.3	67	3.6
TOTAL ...	8,522	3849	45.2	4306	50.5	367	4.3

TABLE III

Infestation with vermin

(1)	Total number of examinations in the schools ...	114,792
(2)	Total number of individual pupils examined and found to be infested ... ..	3,937
(3)	Total number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) ... ..	27
(4)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944) ... ..	3

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 :	(a) Scalp ...	1	7
	(b) Body ...	14	
Scabies	... ..	12	
Impetigo	... ..	359	
Other skin diseases	...	3095	

## Group 2—EYE DISEASES, DEFECTIVE VISION &amp; SQUINT :

		Number of cases dealt with :	
		By the Authority :	Otherwise :
External and other, excluding errors of refraction and squint		2350	—
Errors of refraction (including squint) ... ..		—	1674
Number of pupils for whom spectacles were :			
(a) prescribed ... ..		—	1287
(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 ... ..			10
(b) adenoids and chronic tonsillitis			642
(c) for other nose and throat conditions			196
Received other forms of treatment	855		—
Total :	855		848



Group 4—ORTHOPAEDIC AND POSTURAL DEFECTS:

		Number of cases dealt with:	
		By the Authority:	Otherwise:
(a) Number treated as in-patients			
in hospitals ... ..	—		73
(b) Number treated otherwise e.g.			
in clinics or out-patients			
department ... ..	291		393

Group 5—CHILD GUIDANCE TREATMENT:

Number of Pupils treated at Child			
Guidance Clinics ... ..	128		—

Group 6—SPEECH THERAPY:

Number of Pupils treated by			
Speech Therapists ... ..	147		—

Group 7—OTHER TREATMENT GIVEN:

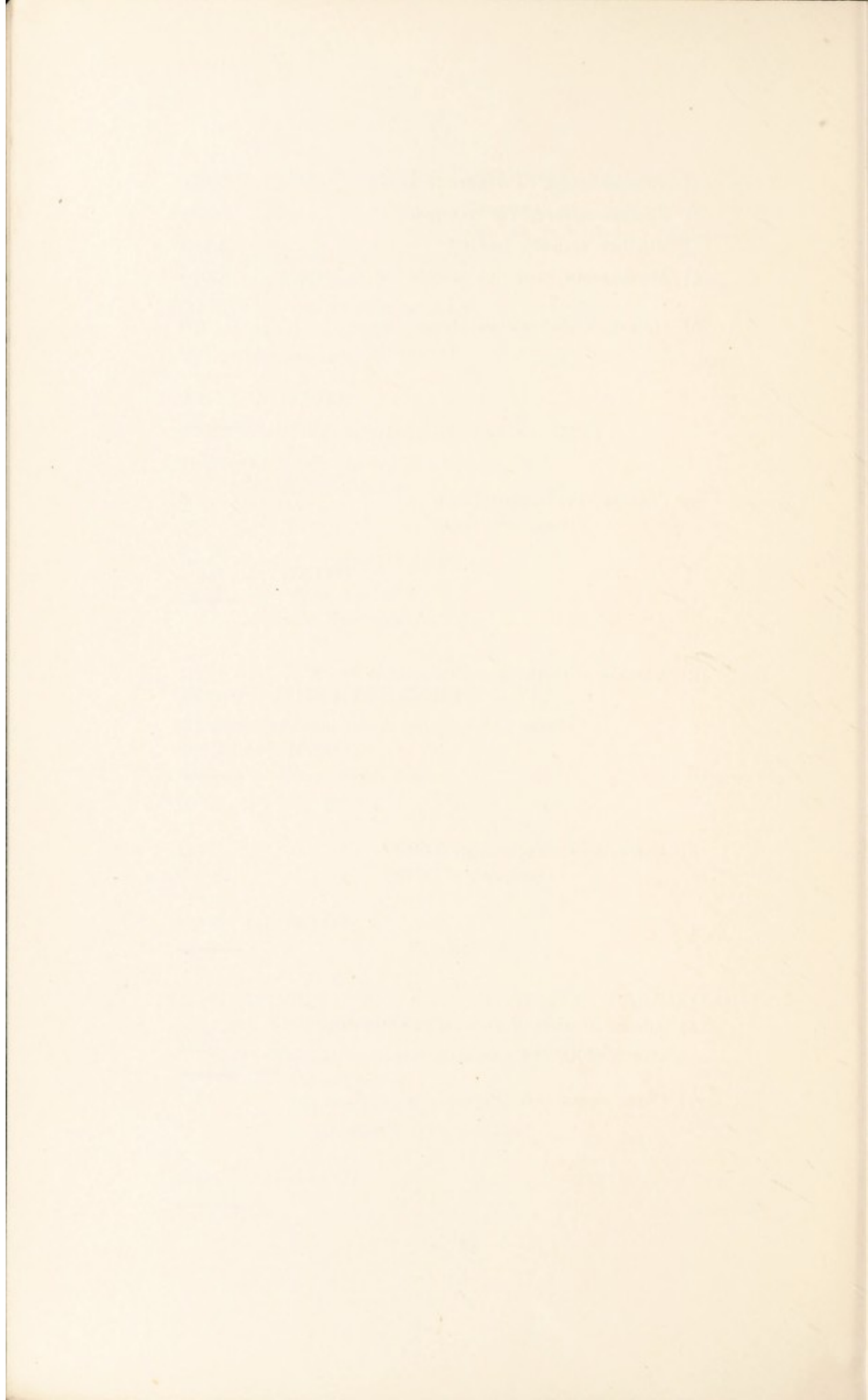
(a) Miscellaneous minor ailment	9668		—
(b) Other (specify):			
1. Ultra Violet Light ...	141		—
2. Chiropody ... ..	152		—
	—		
TOTAL:	9961		—

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 .....	10,400		
(b) Specials ... ..	2,326		
	—		
	TOTAL (1)	12,726	

(2) Number found to require treatment ... ..	6,981
(3) Number referred for treatment ... ..	6,489
(4) Number actually treated ... ..	4,756
(5) Attendances made by pupils for treatment ...	5,946
(6) Half-days devoted to: Inspection ... ..	78
Treatment ... ..	890
TOTAL (6)	968
(7) Fillings: Permanent Teeth ... ..	1,398
Temporary Teeth ... ..	67
TOTAL (7)	1,465
(8) Number of teeth filled: Permanent Teeth ... ..	1,331
Temporary Teeth ... ..	65
TOTAL (8)	1,396
(9) Extractions: Permanent Teeth ... ..	1,447
Temporary Teeth ... ..	6,626
TOTAL (9)	8,073
(10) Administration of general anæsthetics for Extraction ... ..	1,915
(11) Other operations: Permanent Teeth ... ..	512
Temporary Teeth ... ..	15
TOTAL (11)	527







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