

[Report 1956] / School Medical Officer of Health, Middlesbrough County Borough.

Contributors

Middlesbrough (England). County Borough Council.

Publication/Creation

1956

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COUNTY BOROUGH OF MIDDLESBROUGH



LOCAL EDUCATION AUTHORITY

ANNUAL REPORT


FOR 1956

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

ERIC C. DOWNER

M.A., D.P.H.



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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 :

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present to you my Report on the School Health Service for the year 1956. As in previous years it has been almost in its entirety compiled and composed by Dr. J. Cahill, Senior School Medical Officer, whose work, and that of his four School Medical Officer colleagues, I would like highly to commend to you.

You will, I feel, be particularly interested in the account in Appendix II of the early days of the Middlesbrough School Health Service and of the comparison between the state of affairs existing then and now.

I would like, also, to direct your attention to the account given by the Headmaster of the Special School of the activities and training which go on there.

I would like to pay tribute to the good work of the School Nursing and Clerical Staffs and to the great assistance we have received from the ancillary officers and from the consultants and others who visit us or who see our children.

It is a matter of great regret to me that very heavy pressure of business and shortage of medical staff in the Health Department itself has caused me to devote less of my time to the School Health Service than I would have wished. I hope that the remedy for this is in sight.

I would like to thank the Chairman and Members of the Child Welfare Sub-Committee for their confidence in my colleagues and myself and their never failing kindness and support.

I would also like to thank the Director of Education for his help and valuable counsel and to thank him for the courtesy of his staff.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

ERIC C. DOWNER,
Principal School Medical Officer.

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Councillor MRS. A. WAIN

Director of Education:
STANLEY HIRST, B.SC.

SCHOOL CLINIC AND TREATMENT CENTRES.

- | | | |
|-----------------------------|---|---|
| 1. Central | M.A.C., Orthopaedic,
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. Thurs-
day 9 a.m. Dentist
(part-time). |
| 3. Lord Street | M.A.C.

Speech Therapist | Nurses daily 9 a.m. to
12 noon (except Wed-
nesday). 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
M.O. Thursday 2 p.m. |
| 10. North Ormesby | M.A.C. | Nurse daily 9 a.m. to
12 noon. M.O. Wed-
nesday 9 a.m. |

SECTION 1.—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 M.O.H. & Deputy Principal 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
Thomas W. Hill, M.D., D.P.H.	School Medical Officer and A.M.O.H.	0.72
Janet B. Patterson, M.B., CH.B.	School Medical Officer and A.M.O.H.	0.81
Arthur J. Conlin, B.A., M.B., CH.B., B.A.O.	School Medical Officer and A.M.O.H.	1.00
Mary W. Cooper, M.B., B.S.	Assistant M.O.H.	0.09

PART-TIME DENTAL ANAESTHETISTS :

Madeline Goldstone, M.B., B.S.	Senior Assistant M.O.H. for M.C.W.	0.18
H. K. Geiser, M.D., M.R.C.O.G.	General Practitioner	0.09
Moir P. Baillie, 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.

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 SCHOOL DENTAL OFFICER :

John Auton, L.D.S.

SCHOOL DENTAL OFFICERS :

Thomas W. Clarkson, B.D.S. (Part-time)

Francis H. R. Davey, L.D.S. (Part-time) (Resigned 26.1.56)

Elsbeth J. Turner, L.D.S. (Part-time)

SPEECH THERAPIST :

Ida M. S. Knight, F.C.S.T. (since 2.1.56)

(one vacancy).

EDUCATIONAL PSYCHOLOGIST :

James McGibbon, M.A., ED.B. (Resigned 30.6.56)

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. (Resigned 31.5.56)
Irene Mole, S.R.N.
Dorothy S. Owen, S.R.N., H.V.
Myfanwy Short, S.R.N., S.C.M., B.T.A.
Elsie Smith, S.R.N., S.R.F.N. (since 1.9.56)
John Tweddle, S.R.N.
Brenda Walsh, S.R.N., S.R.F.N.
Wilhelmina Sillett, S.R.N., S.R.F.N., S.C.M.
Edna Wilson, S.R.N., S.C.M.

AUXILIARY NURSE :

Florence E. Adkin

DENTAL ATTENDANTS :

D. Nolan, S.E.A.N.
L. M. Ward
J. Smith, S.E.A.N.

CLERICAL STAFF :

Margaret Dickinson (Senior Clerk).
Anne Botham
Elizabeth Cooper
Mary L. Doonan
Vera Newman
Marion Wilson

COURSES ATTENDED BY STAFF :

Dr. J. Cahill— Annual Conference of National Association for Mental Health—held at Harrogate April 12/13th, 1956.

Refresher Course on Ascertainment of E.S.N. Children—organised by National Association for Mental Health—held at London, October 29th to November 2nd, 1956.

Dr. Macfarlane— Department of Child Psychiatry, East Anglian Hospital Board—Refresher Course in Child and Family Psychiatry—held at Ipswich, April 9th to 13th, 1956.

British Council for Welfare of Spastics—Conference on Cerebral Palsy—held at Birmingham, on October, 27th, 1956.

Dr. Patterson— Society of Medical Officers of Health. Refresher Course for School Medical Officers—held at London, September 17th to 21st, 1956.

Miss Knight— College of Speech Therapists (Northern Area) Refresher Course, Whitley Bay, October 12th and 13th 1956.

SCHOOL HEALTH SERVICE—ANNUAL REPORT, 1956.

(Supplied by the Director of Education).

PRIMARY AND SECONDARY MODERN SCHOOLS :

Number of Schools	...	...	...	...	35
Number of Departments	...	...	...	...	76
Number on Roll	...	...	...	...	25,981
Average attendance	...	...	...	...	23,806
Average percentage	...	...	...	...	91.63

SECONDARY GRAMMAR SCHOOLS :

Number of Schools	...	...	...	...	6
Number on Roll	...	...	...	...	2,471
Average attendance	...	...	...	...	2,362
Average percentage	...	...	...	...	95.59

SECONDARY TECHNICAL SCHOOL :

Number on Roll	...	...	...	...	308
Average attendance	...	...	...	...	293
Average percentage	...	...	...	...	95.13

SPECIAL SCHOOLS :

Number of Schools	...	...	...	...	2
Number on Roll	...	...	...	...	216
Average attendance	...	...	...	...	194
Average percentage	...	...	...	...	89.82

AVERAGE PERCENTAGE ATTENDANCE FOR ALL SCHOOLS	...	92.00
TOTAL NUMBER ON ROLLS	...	28,976

COST OF SCHOOL HEALTH SERVICE, 1956.

(Supplied by Borough Treasurer).

Total Cost	...	...	...	...	£28,295 11 1
Government Grant	...	...	...	...	£16,977 6 8
Cost to rates in terms of penny rate					3.292d.

SECTION II.—SCHOOL HYGIENE.

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

“ School Hygiene—Improvements to School Premises.

(a) SANITARY ACCOMMODATION.

Defective sanitary fittings have been replaced at Beechwood Infants and Junior Boys' Schools and at St. Pauls' C. of E. Mixed School. Similar work was continued from the previous year at Lawson Schools in the Infants and Secondary Girls' Departments.

(b) HEATING, HOT AND COLD WATER INSTALLATIONS :

Mechanical stokers were installed at the Boys' High School and Acklam Hall School to give increased efficiency, and numerous other smaller items of improved circulations and increased heating surfaces have been carried out.

The provision of hot water services has been extended at a number of the older schools—Linthorpe Junior, Newport Junior and Infants and St. Pauls' Infants' being notable instances.

Cold water services have been improved at Marton Road Schools and additional drinking fountains installed in a number of schools.

(c) ELECTRICAL INSTALLATIONS.

Considerable improvement in efficiency of artificial lighting has been achieved by re-wiring installations at St. Patrick's School (Lawson Street) and Southend School, and smaller schemes replacing inefficient fittings at Hugh Bell Girls and the Beechwood Schools have been carried out.

(d) GENERAL IMPROVEMENTS.

Numerous items of flooring repairs and replacements have been carried out, especially at some of the old schools in an endeavour to improve the standard of cleanliness and safety.

New windows have been installed to the main Hall of Marton Road Secondary School giving improved lighting and ventilation.”

SECTION III.—MEDICAL INSPECTIONS.

Periodic Medical Inspections.

Age Groups inspected and number of children examined in each :

Entrants	...	...	...	...	...	2,640
Intermediate (8y+ 2,888 ; 12y+ 1,873	...	...	...	...	...	4,761
Leavers (Secondary Modern)	...	...	...	...	...	1,545
						<hr/>
						Total 8,946
Additional Periodic Inspections	...	...	...	...	...	2,388
						<hr/>
						Grand Total 11,334
						<hr/>

Other Inspections.

Number of Special Inspections	...	...	7,099
Number of Re-inspections	...	...	2,037
			<hr/>
			Total 9,136
			<hr/>

With increased Medical Staff we were able to give more attention to Grammar and Technical Schools. Pupils were examined in two groups :—

- (a) All pupils who had never been examined since admission to Grammar School
- (b) All leavers (Groups 15+ and upwards).

FINDINGS OF MEDICAL INSPECTION :

The good general health of our school children was maintained during 1956 as is evidenced by the high average attendance percentage :—

1951	...	91.19%	1954	...	91.36%
1952	...	91.09%	1955	...	92.60%
1953	...	92.14%	1956	...	92.00%

PHYSICAL CONDITION :

Year	Satisfactory	Unsatisfactory
1956	98.9%	1.1%

As the term "General Condition" formerly used was described (Ministry of Education Notes on School Medical Record Card) as "The medical officer's general impression of the child's physical fitness" and the new term "Physical Condition" is described as "the medical officer's opinion of the child's physical fitness" it is clear that the difference between these terms is fine. Nevertheless, the new term has one advantage in as much as the old term "General Condition" was widely used in clinical medicine with a connotation not applicable to school medicine. The new term has this drawback that it is difficult to estimate physical fitness—a dynamic conception—without recourse to performance tests. Neither is the opinion of teachers always helpful because teachers tend to equate physical fitness with skill at athletics.

LUNG DISEASE (Non T.B.) :

This subject was considered in some detail in our Annual Report for 1955.

The position this year is as follows :—

No. of R.M.I.	No. cases with non T.B. Lung Disease	Cases per thousand
11,334	305	27

This incidence compares reasonably with that found in industrial areas but it is nevertheless, an unsatisfactory figure. The number of Asthmatics included in this group is 77.

The distribution of cases among certain age groups is as follows :-

Age	No. Examined	No. of cases with non T.B. Lung Disease	Cases per Thousand
5y+	2,640	117	44.3
8y+	2,888	99	34.3
12y+	1,873	43	22.9
14y+	1,545	27	17.5

SKIN DISEASES :

The number of cases of skin disease remained stationary.

1949	...	4,900	1953	...	3,479
1950	...	4,130	1954	...	3,095
1951	...	3,952	1955	...	3,989
1952	...	3,727	1956	...	3,976

IMPETIGO decreased in incidence.

Year	Impetigo	Year	Impetigo
1949	464	1953	130
1950	243	1954	359
1951	141	1955	337
1952	124	1956	195

RINGWORM OF SCALP :

All cases are now treated at Carter Bequest Hospital and we are kept fully informed of progress of children. We sent 7 cases for treatment and 14 other cases were found among school children referred to hospital by General Practitioners. We examined all pupils in two school departments under Wood's Lamp without finding any case.

SCABIES :

We encountered 20 cases during 1956. At the end of the year the number of cases was increasing slightly, but there was nothing in the nature of an epidemic. Affected children are treated in their homes by our auxiliary nurse.

POLIOMYELITIS :

The number of cases notified during the year under review was 14.

TUBERCULOSIS :

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

"The tuberculosis problem among school children has not shown much alteration in 1956 compared with the previous three years. The number of new cases are 21 compared with 20 in 1955. I am again able to report that no deaths occurred in this age group for the fifth successive year.

Age Group	Lungs	Meninges
5-10	9	1
10-15	10	1
	<hr/>	<hr/>
Total ...	19	2
	<hr/>	<hr/>

138 school children were vaccinated with B.C.G. during 1956 compared with 73 in 1955. Of the 438 school children who have had B.C.G. since the scheme started, not one has developed tuberculosis."

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.

VERMINOUS CONDITIONS AND UNCLEANLINESS :

During the year our nurses carried out 107,271 inspections of pupils for verminous conditions and the number of pupils found to be verminous at one time or another, was 4,136.

The comparable figures for 1955 were 127,642 inspections and 4,474 verminous pupils.

The great majority of our verminous pupils had only a few nits which parents cleared up quickly when notified.

Parents were invited to visit the clinics for detailed instruction on how to treat the condition and DDT preparations and steel combs were supplied to them.

17 pupils were compulsorily cleansed under Education Act 1944 Section 54 (3). The parents of 2 of these children were prosecuted and convictions were obtained.

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 1956
(corrected by inward and outward transfers) :

Cause of Death					No. of Deaths		
					M.	F.	Total
Pneumonia and Acute Laryngo-							
Tracheitis	...	...	...	...	-	1	1
Influenza	...	...	...	...	1	-	1
Rheumatic Myocarditis	...	...	...	...	1	-	1
Other malignant and lymphatic							
neoplasms	...	...	...	...	-	1	1
Laryngeal Diphtheria	...	...	...	...	1	-	1
Accident	...	...	...	...	2	1	3
Myeloid Leukaemia	...	...	...	...	-	1	1
Congenital Malformation	...	...	...	...	1	-	1
					—	—	—
Total	...	...	...	...	6	4	10
					==	==	==

The chief cause of death in school children was accidents and, once more, no death occurred from Tuberculosis.

SECTION V

ARRANGEMENTS FOR TREATMENT.

1. Physical Welfare of Children.

(a) MINOR AILMENTS :

Attendances in recent years have been as follows :—

1949	...	64,786	1953	...	50,993
1950	...	59,875	1954	...	55,004
1951	...	61,860	1955	...	52,512
1952	...	53,807	1956	...	46,417

The decrease in more recent years is due to two factors :—

- (1) a certain unknown number of children are treated by National Health Service Doctors—and
- (2) the diseases for which children used to attend our clinics are becoming less frequent. In the opinion of some Head Teachers the second factor is the chief one.

We treated 4,768 Accidents or Injuries. Indeed the minor accidents group is the largest single group of cases. Nearly all of these cases were slight in degree, but 227 were referred to hospital immediately for X-Ray Examination or for treatment.

Next in number to minor injuries, the largest single group of cases treated was Skin Diseases. Altogether, 3,976 cases with skin diseases made 17,755 attendances. It remains to add that cases of Scabies were treated in their own homes by our Auxiliary Nurse.

(b) AURAL CLINIC :

A School Medical Officer held a weekly clinic to which special Ear cases were referred. At this clinic, the total number of examinations was 554. The number of pupils was 355.

Mr. Marshall saw cases weekly at North Riding Infirmary. The number of examinations was 225, 151 being new cases.

Group Audiometer Survey.—This Hearing Survey with 2120A Weston Electric Group Speech Audiometer was carried out in the 8 yr. +, 9 yr. +, 12 yr. + and 13 yr. + age groups. All children who failed were examined at the Aural Clinic.

Number of pupils tested (Group Audiometer) ...	4,322
Number of pupils supplied with Hearing Aids ...	9

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 re-tested and those who fail again are seen at our Aural Clinic.

In practice, a number 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.

(c) CHIROPODY :

During the year under review, 67 boys and 12 girls were treated by our Chiropodists.

(d) OPHTHALMIC CLINIC :

Our Ophthalmic Surgeons undertook four sessions weekly. During 1956 they examined 1,347 pupils. Spectacles were prescribed for 1,113 of these cases.

(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	...	...	331
Pre-School Children	...	...	133
Number of re-attendances seen by Orthopaedic Surgeons:			
School Children	...	...	213
Pre-School Children	...	...	88
Number of treatments by Orthopaedic Sister:			
School Children	...	...	398
Pre-School Children	...	...	89

(f) TONSILS AND ADENOIDS :

Details of the frequency of Tonsillectomy among children examined at Routine Medical Inspections are given in Appendix I. The total number of pupils who had operations, under this heading, during 1956 was 675—only a minority of these cases was referred by the School Health Service.

(g) SPEECH CLINIC :

Miss Knight Speech Therapist, reports :—

“I submit herewith the statistical report on the work of Speech Therapy for the year 1956, together with the following observations :

When the Speech Clinic re-opened in January of this year, so that an assessment of the need for Speech Therapy over the town could be ascertained, I spent the first few weeks in visiting all heads of departments. Great care was taken to consider only those cases where the defect was severe or where speech would retard school progress in any way. The number received, including a list from the School Medical Officer, was 560 cases. From this number 153 cases were selected for weekly treatments, devoting 45 minute lessons to each group. This left a very formidable waiting list which continues to increase ; although new cases are drawn from the list for treatment from time to time, it remains at 426 cases at the end of 1956.

During each week, nine sessions are devoted to actual treatment, one session for administration, e.g. school visits, home visits, interviewing of new cases, conferring with parents and Head Teachers for the purpose of reporting progress and clerical work, one session divided for administration and the treatment of special cases, making a weekly programme of eleven sessions. Two of the eleven sessions are spent outside the Central Clinic in Borough Road, namely, one at Lord Street School Clinic every Monday afternoon and the other at the E.S.N. School, Burlam Road, every Thursday morning. Special provision was made for Secondary Grammar School children to attend outside school hours so that school time tables shall not be broken into.

Before being accepted for treatment at the Speech Clinic, each child has a special interview, together with the parent, to discover where possible the cause and nature of the defect with other information relevant to the treatment of the case.

In conclusion, may I thank all who have co-operated and helped so willingly towards the usefulness and efficiency of the speech clinic without whose help the work could not have run so smoothly."

During 1956, Miss Knight carried out her work in circumstances of great difficulty, owing to our inability to secure the services of an assistant speech therapist.

STATISTICAL REPORT SPEECH CLINIC :

						Boys	Girls	Total
Admitted in March								
Sigmatism (Lateral & Dental) ...	...	...	...	...	...	14	8	22
Mixed symptoms (inc. Sigmatism) ...	...	...	...	...	...	6	2	8
Dyslalia ...	...	...	...	...	...	15	11	26
Mixed symptoms (inc. Dyslalia) ...	...	...	...	...	...	1	2	3
Stammer ...	...	...	...	...	...	42	15	57
Pre School Age (inc. mixed symptoms, hyster- ic mutism, dyslalia, psychogenic dis- orders and a treated cretin). ...	...	...	...	...	...	9	6	15
E.S.N. (inc. mixed symptoms) ...	...	...	...	...	...	14	5	19
Anarthria (severe articulatory disorder) ...	...	...	...	...	...	2	-	2
Spastic ...	...	...	...	...	...	-	1	1
Cleft Palate (inc. paresis of the velum and rhinophonia). ...	...	...	...	...	...	4	1	5
						<hr/>	<hr/>	<hr/>
						107	51	158
						Total admitted		

Admitted During the Year					Boys	Girls	Total	
Sigmatism	...	...	...	...	1	1	2	
Dyslalia	...	...	...	...	12	9	21	
Mixed symptoms (inc. Dyslalia)	...	...	...	...	3	1	4	
				(inc. 1 hear- ing loss).				
Stammer	...	...	...	...	6	2	8	
Pre School Age	...	...	...	...	8	7	15	
E.S.N.	...	...	...	...	3	-	3	
Spastic	...	...	...	...	-	1	1	
Cleft Palate	...	...	...	...	1	2 (inc. 3 severe stammer)		
Rhinophonia	...	...	...	...	1	-	1	
					<hr/> 35	<hr/> 23	<hr/> 58	Total admitted
Discharged Adjusted								
Sigmatism etc.	...	...	...	...	4	3	7	
Dyslalia etc.	...	...	...	...	8	5	13	
Stammer	...	...	...	...	5	-	5	
Pre School Age	...	...	...	...	-	2	2	
E.S.N.	...	...	...	...	1	-	1	
Cleft Palate	...	...	...	...	-	3	3	
WITHDRAWN from school roll	...	...	...	...	-	1	1	
left district	...	...	...	...	3	1	4	
left school	...	...	...	...	7	1	8	
unsatisfactory attendance	...	...	...	...	1	-	1	
					<hr/> 29	<hr/> 16	<hr/> 45	Total
Total No. of Cases During Year	...	...	...	...	142	74	216	
Total No. of Discharges etc.	...	...	...	...	29	16	45	
Total No. of Cases now on Register	...	...	...	...	113	58	171	
Total No. of Treatments	...	...	...	...	4,263			

(h) ULTRA VIOLET LIGHT :

Four treatment sessions are held weekly and the department is kept open during holiday time. The number of pupils treated was 101.

2. Mental Welfare of Children.

CHILD GUIDANCE CLINIC :

(Report based on details supplied by the former Educational Psychologist).

1. CASE LOAD :

The case load at the beginning of the year was 116. It was felt at the time that this was the maximum figure possible if quality of treatment was not to suffer. Experience since has confirmed that verdict.

Current figures are influenced by the fact that the Clinic has been without an Educational Psychologist since the end of June, as the result of Mr. McGibbon's taking up an appointment in Twickenham.

Prior to his departure he gave a detailed appraisal of all the current cases and tested all those on the waiting list. As a result, largely, of his recommendations, the case load now stands at 96, of whom 69 are actually attending the clinic. 11 await the arrival of the new Educational Psychologist in February 1957, and 16 others will commence treatment as vacancies occur.

The continued attendance at the Clinic of 69 children during a period when there was no psychologist or psychiatrist, was made possible by the fact that a large proportion of alleged "problem" children respond remarkably well to individual acceptance in a personal relationship together with individual help with school work and the Social Worker has been able to deal most successfully with such cases after a decision, based on a very careful psychological and educational examination, has been made regarding the suitability of each individual case for this form of treatment. This is in fact the third occasion on which she has been the means of maintaining the continuity of the Clinic service in the temporary absence of a psychologist.

2. OPTIMUM AGE FOR TREATMENT :

No apology is felt to be necessary for once more drawing attention to this important topic. A further year's comparison of results obtained with different age-groups has once again made it strikingly evident that early referral to the Clinic is the best policy. Presented with a retarded, emotionally-insecure child, it is not always easy to decide whether the emotional upset produced the retardation or

vice-versa. What is quite certain is that each influences the other powerfully, and, as time goes on, wrong attitudes and work-habits reinforce each other so that eradication in the early teens, for instance, can become a herculean task.

The theoretical expectation that, where reading retardation is part of the picture, best results would be obtained around the ages $6\frac{1}{2}$ - $7\frac{1}{2}$ years, is borne out in practice. It is, consequently, pleasing to record that year by year the tendency for early referral continues to grow.

3. RESEARCH :

The size of the case load and the resultant increase in report writing have reduced the time available for research. The further follow-up in connection with the reading survey was completed and preliminary investigation of results would seem to confirm the maintenance of the all-round improvement in reading standards compared with 1951.

A comparison was made between the scores obtained by the children of one school in a picture "intelligence" test at the age of 7+, and the scores obtained by the same children in the verbal intelligence test which forms part of the procedure for allocation to secondary schools at 11+. An unexpectedly high degree of correspondence was found, which would seem to justify the use of the picture tests at the 7+ stage.

4. 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.

5.

This report would not be complete without tribute being paid to Mr. J. McGibbon, M.A., ED.B., for the excellent service which he gave to the Authority and to the children of Middlesbrough during his tenure of the post of Educational Psychologist, and to the Social Worker, Mrs. W. H. Morton, for enabling the service to be maintained following Mr. McGibbon's departure.

CHILD GUIDANCE CLINIC—ANNUAL RETURN, 1956.

ATTENDANCE AT CLINIC :

Children	...	...	1,769
Parents/Guardians	...	...	126

CAUSES OF REFERRAL :

Educational Retardation	36
Psychological Examination only	...
Behaviour Problems	...
Nervous Habits	...

VISITS BY CLINIC STAFF :

Home	...	...	93	Children tested at school	
School	...	...	15	and home	...
Others	...	...	21	Children examined at Clinic	108
Lectures	...	...	5	Cases closed during year	...

REASONS FOR CLOSURES :

Psychological investigation concluded	...	...	...	19
Improved satisfactorily	...	...	...	69
Unsuitable for treatment	...	...	...	3
Improved as far as possible	...	...	...	3
Referred elsewhere	...	...	...	11
Non-co-operation of parents	...	...	...	17
Left district	...	...	...	6
Case load at beginning of year	...	...	...	116
Case load at end of year	...	...	...	96

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 & over
Boys	2	17	26	4	3
Girls	1	6	17	4	1

SECTION VI.—HANDICAPPED PUPILS.

A. Blind Pupils :

The total number of such pupils was 2. They attended residential schools as follows :

Royal Victoria School for the Blind, Newcastle-upon-Tyne	...	...	...	...	...	...	1 boy
St. Vincent's School for the Catholic Blind and Partially Sighted, Liverpool	...	...	...	...	...	...	1 boy

B. Partially Sighted Pupils :

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

St. Vincent's School for the Catholic Blind and Partially Sighted, Liverpool	...	...	...	...	1 boy
	...	...	...	...	1 girl
Preston School for the Partially Sighted	...	...	...	...	2 boys
An Ordinary day school, Middlesbrough	...	...	...	...	1 boy
Dew Course (Private School), Ormesby	...	...	...	...	1 girl

C. Deaf Pupils :

The total number of such pupils was 23, (13 boys and 10 girls). They attended schools as follows :

Day School for the Deaf, Middlesbrough	...	...	...	...	20 pupils
St. John's Residential School for the Deaf, Boston Spa, Yorks.	...	...	...	...	1 boy
Royal Residential School for the Deaf, Old Trafford, Manchester	...	...	...	...	1 boy
Burwood Park Technical School, Walton-on-Thames	...	...	...	...	1 boy

D. Partially Deaf Pupils :

The total number of such pupils was 14 (8 boys and 6 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 :

St. Joseph's, Croome Court, Severn, Stoke	...	...	1 boy
Besford Court R.C. Special School, Worcester	...	...	1 boy
Pontville R.C. Special School, Ormskirk, Lancs	...	...	2 boys
Aldwark Manor Boarding Special School, Alne, near York	...	...	5 boys
High Close (E.S.N.) School, Wokingham, Berks	...	...	1 girl
Allerton Priory R.C. Special School, Woolton, near Liverpool	...	...	1 girl
Crowthorn Residential Special School, Edgworth, near Bolton Lancs.	...	...	1 boy 1 girl
Jesmond Dene House Residential Special School, Jesmond Dene, Newcastle-upon-Tyne	...	...	1 girl
Pield Heath R.C. Special School, Hillingdon, near Uxbridge	...	...	1 girl
Swaylands School, Penhurst, Kent	...	...	1 boy
School for Senior Boys, Meadows House, Southborough	...	...	1 boy
Thingwall Boarding Special School, Liverpool	...	...	1 girl
Hatchford Park School, Cobham, Surrey	...	...	1 boy

2. Burlam Road Day (E.S.N.) School Middlesbrough (total on roll during calendar year)	90 boys 69 girls
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3. Ordinary Schools—Backward Classes	68 pupils
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4. Home Tuition (E.S.N. and Physically Handicapped)	1 girl
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Details of examinations under this heading are as follows :—

1. Number of pupils ascertained as E.S.N.	39
2. Number of pupils found not to be E.S.N.	...	...	18
3. Number of pupils ascertained as Maladjusted and E.S.N.	...	...	2
4. Number of pupils returned to ordinary schools from Burlam Road School	...	...	2
5. Number of E.S.N. pupils re-examined	...	...	49
6. Number of E.S.N. pupils in ordinary schools now declassified	...	...	1

EDUCATION ACT 1944—SECTION 57 :

1. Number of pupils notified as Ineducable (Section 57 (3))	10
2. Number of pupils notified for Supervision (Section 57 (5))	10

EDUCATION (MISCELLANEOUS PROVISIONS) ACT 1948 SECTION 8.

Number of cases reviewed in which report as Ineducable cancelled	...	...	1
Number of cases reviewed in which report as Ineducable not cancelled	...	...	1

Middlesbrough Day School for E.S.N.

Report by Mr. J. Woodhouse, Headmaster of Burlam Road School :

“This school for Educationally Sub-normal Children had 125 pupils on roll at the beginning of January, 1956. During the year, 24 children left school for the reasons outlined below, and 28 children were admitted, leaving a total of 129 pupils on roll at the end of 1956. Of these 74 were boys and 55 girls.

Transfer to Residential Schools	...	...	3
Incapable of receiving education at school	...	...	1
Transfer to Secondary Modern Schools	...	...	2
Deceased	...	...	1
Left on attaining age of 16 years	...	...	17

The distribution according to Chronological Age on September 1st. 1956, was as follows :

Age			Boys	Girls	Total
6—7 years	...	...	6	—	6
7—8 years	...	...	4	2	6
8—9 years	...	...	11	6	17
9—10 years	...	...	7	6	13
10—11 years	...	...	5	1	6
11—12 years	...	...	7	13	20
12—13 years	...	...	9	5	14
13—14 years	...	...	9	10	19
14—15 years	...	...	10	9	19
15—16 years	...	...	9	6	15
Totals	...	...	<u>77</u>	<u>58</u>	<u>135</u>

With two exceptions—one at either end of the scale—the children in the school have Intelligence Quotients (Terman-Merrill) in the range of 50-85, the actual distribution being as follows:—

I.Q.			Boys	Girls	Total
46—50	...	...	2	1	3
51—55	...	...	10	8	18
56—60	...	...	8	8	16
61—65	...	...	21	20	41
66—70	...	...	15	13	28
71—75	...	...	15	3	18
76—80	...	...	4	3	7
81—85	...	...	1	2	3
86	...	...	1	—	1
Totals	...	...	<u>77</u>	<u>58</u>	<u>135</u>

It is generally agreed that Reading should normally begin when the child has a Mental Age of approximately $6\frac{1}{2}$ years. Chronological Ages in the Preparatory Class range from 6—8 years, and Mental Ages from 3—5 years so that none of the children in this group is ready to read.

Individual teaching in small groups arranged according to attainment in Reading has resulted in one quarter of the Junior and Senior Pupils working in excess of their estimated Mental Ages, and most of the other children are very near to their theoretical potential in this subject.

As measured by Schonell's Graded Reading Vocabulary Test the following are the figures for Mechanical Reading Ages for pupils in the Junior and Senior Departments of the School :—

Reading Age			Boys	Girls	Total
5 years	...	...	4	—	4
5—6 years	...	...	13	12	25
6—7 years	...	...	15	13	28
7—8 years	...	...	17	12	29
8—9 years	...	...	6	11	17
9—10 years	...	...	6	3	9
10—11 years	...	...	1	3	4
Totals	...	...	<u>62</u>	<u>54</u>	<u>116</u>

The child's Intelligence Quotient suggests the rate at which he should progress and indicates the probable limits of his attainments. There is no sharp dividing line between the normal and the sub-normal and the sub-normal and the ineducable, and the child's progress is compared with his Mental Age and suggests the level at which he should work. It must be realised that few people, whatever their intelligence category, ever reach their theoretical potential, and that most of the pupils in school have Physical, Emotional, Social and Environmental disabilities imposed on their innate lack of intelligence. The child's personal difficulties must be sublimated or resolved before he is capable of making a satisfactory response to the teacher's efforts.

Ten categories of Handicapped Pupils requiring special educational treatment are defined by the Ministry of Education. Six of these categories are found in this school for Educationally Sub-normal Pupils.

ADDITIONAL DISABILITIES IMPOSED ON INNATE LACK OF INTELLIGENCE :

Unfavourable Enviroment	...	...	...	22
Physically Handicapped	...	...	...	13
Temperamental Instability	...	...	...	13
Speech Defects	...	...	...	22
Epilepsy	...	...	...	7
Spastics	...	...	...	8
Mongols	...	...	...	3
Partial Deafness	...	...	...	4
Microcephalic	...	...	...	2

Active co-operation with the School Medical Service and the Child Welfare Department is invaluable in the diagnosis and treatment of these disabilities and is readily available. Miss Knight, Speech Therapist, visits the school every Thursday morning to give treatment to children suffering from severe defects of speech.

The school aims first of all at removing other disabilities imposed on the child's low intelligence so that he may begin to learn. Learning is a function of the whole personality, and the teacher must know as much as possible of the intellectual, physical, emotional and social characteristics of each child. Individual methods of teaching are used to cater for every aspect of the child's specific needs in order to make him, or her, as normal as possible in every respect save in attainments in the basic subjects. The objectives are social and routine occupational competence and a large measure of emotional security and independence resulting in the child becoming a satisfactory member of his, or her, home, school and community. The school helps its pupils towards the minimum essentials of the basic subjects, and through the work done, fosters and encourages desirable work habits and attitudes, confidence, helpfulness and reliability so that they may fit into the outside world as useful citizens."

TECHNIQUE OF EXAMINATION:

During 1956, we used the Porteus Maze Test in estimating Practical Ability and are satisfied with results. We also began to correct Stanford-Binet I.Q.'s with Fraser-Roberts Correction Table (to which we were introduced by our Educational Psychologist) and we find this procedure useful especially with older pupils. Its chief effect is to raise under average Stanford-Binet scores in pupils over 8 years of age.

F. Epileptic Pupils :

The number of such handicapped pupils was 4 :

Chalfont Colony for Epileptics, Chalfont St. Peter, Bucks ... ..	... 2 boys
Newton-Dee House, The Camphill—Rudolph Steiner— Schools, Bielside, Aberdeenshire ... ..	... 1 boy
St. Elizabeth's School and Home for Epileptics, Much Hadham, Herts ... ..	... 1 girl

Two pupils (one boy and one girl) were sent on holiday to Evenley Hall, Brackley, Northants, during August by arrangement with the British Epilepsy Association.

The total number of epileptic pupils successfully attending maintained schools in 1956 was (a) 17 boys and 13 girls with Petit Mal, and (b) 20 boys and 29 girls with other epilepsies.

The types of schools attended were as follows :—

	Petit Mal		Other Epilepsies		Total
	Boys	Girls	Boys	Girls	
Primary & Secondary					
Modern	13	10	15	26	64
Secondary Grammar	1	—	3	—	4
Secondary Technical	—	—	1	—	1
School for E.S.N.	3	1	—	3	7
School for Deaf	—	1	1	—	2
	<hr/> 17	<hr/> 12	<hr/> 20	<hr/> 29	<hr/> 78

G. Maladjusted Pupils :

The total number of such pupils was 6 :

Chaigeley School, Thelwall, Warrington ... ..	... 1 boy
Wennington Hall, Residential Special School for Maladjusted Boys, Wennington, Lancs. ... ..	... 1 boy
Awaiting Residential School Accommodation ... ..	... 2 boys
Ordinary School ... ..	... 1 boy
Home Tuition ... ..	... 1 boy

Details of examinations under this heading as follows :—

Number ascertained as Maladjusted	...	...	...	3
Number of Maladjusted pupils attending ordinary schools, now de-classified	...	...	...	2

H. Physically Handicapped Pupils :

Particulars of educational arrangements were as follows :—

Welburn Hall Special School, Kirbymoorside	...	...	1	girl
St. Patrick's Open Air School, Hayling Island	...	...	1	girl
Children's Convalescent Home, West Kirby, Wirral, Cheshire	...	...	1	boy
St. John's Open Air School for Boys, Woodford Bridge, Essex	...	...	1	boy
Ian Tetley Memorial Hospital Homes, Harrogate	...	...	2	boys
Victoria Home for Crippled Children, Bournemouth	...	...	1	boy
Burlam Road (E.S.N.) School, Middlesbrough, (dual handicap)	...	...	2	girls
			1	boy
Home Tuition	...	...	9	boys
			8	girls
Awaiting Residential School accommodation	...	...	2	boys
At Ordinary Schools	...	...	7	boys
			10	girls

CEREBRAL PALSY—The total number of pupils on school rolls in 1956 suffering from Cerebral Palsy was 23 boys and 17 girls. Arrangements for their education were as follows :—

	Boys	Girls	
Primary and Sec. Modern Schools	15	9	
Secondary Grammar Schools	1	—	
School for E.S.N.	2	6	
School for Deaf	3	1	
Awaiting Special Schools	1	—	
Home Teaching	—	1	
Adela Shaw Orth. Hospital	1	—	
	23	17	Total 40

J. Delicate Pupils :

The number of handicapped delicate pupils was 24 (11 boys and 13 girls).

Particulars of educational arrangements were as follows :—

St. Dominic's Open Air School, Godalming	...	1	boy
Children's Convalescent Home, West Kirby,			
Cheshire	... ..	2	boys
		1	girl
St. Patrick's Open Air School, Hayling Island,			
Hampshire	... ..	1	girl
Friend's School, Great Ayton	... ..	1	boy
Oak Bank Open Air School, Seal, Sevenoaks, Kent		1	girl
Warnham Court School, near Horsham, Sussex	...	1	boy
St. Catherine's Home, Ventnor, Isle-of-Wight	...	1	boy
Eden Hall Special School, Bacton-on-Sea, Norfolk		1	boy
Poole Hospital, Near Nunthorpe, Middlesbrough		1	girl
Home Teaching	... ..	3	boys
		1	girl
Attending Ordinary Schools	... ..	7	girls
		1	boy
Awaiting Residential School Accommodation	...	1	girl

SECTION VII—MISCELLANEOUS.

A. Camp School (Residential) :

Pupils from Secondary Modern Schools and Senior Pupils from Primary Schools were sent to a residential camp school at Dukeshouse, Hexham, in charge of teachers, for periods of a fortnight. All pupils were inspected by one of our staff before departure.

B. Diphtheria Immunisation :

During 1956, our returns for Diphtheria Immunisation were as follows :—

First injections	...	...	...	430
Second injections	...	...	...	743
Booster injections	...	...	...	897
Total completed Immunisations	...			1,640

At the end of the year, the percentage of school children immunised was 87.66. All Infant Departments were visited for immunisation and, in addition, immunisation sessions were held at the Central Clinic.

Cyclic variations occur in the incidence and virulence of all infections. Thus, one hundred years ago, Diphtheria was almost unknown. It has been suggested that one of these cyclic changes was about due when Diphtheria Immunisation got into its stride. Both that possibility and the fact that cases still occur are excellent reasons for not relaxing our efforts in this campaign. Our only year of freedom from Diphtheria was 1952 and since then a small number of cases has occurred yearly. Two cases (one fatal) occurred in unimmunised pupils during 1956.

Immunisation against Diphtheria was discontinued during period July 16th to November 28th owing to prevalence of Poliomyelitis.

C. Disabled Persons Act :

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

D. Employment :

Number of licences for part-time employment :
442 boys ; 66 girls.

Number of Entertainment licences :
2 boys ; 51 girls.

E. Health Education :

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

F. Infectious Diseases :

During 1956 the incidence of infectious diseases among school children was as follows :—

			Male	Female	Total
Food Poisoning	...	...	3	1	4
Diphtheria	...	...	2	—	2
Scarlet Fever	...	...	23	33	56
Measles	...	...	318	367	685
Whooping Cough	...	...	59	95	164
Chicken Pox	...	...	365	346	711
Poliomyelitis (Paralytic)	...	...	1	—	1
Poliomyelitis (non Paralytic)	...	...	4	9	13
Dysentery	...	...	46	32	78
Meningococcal Infection	...	...	1	—	1
Erysipelas	...	...	—	1	1
Pneumonia	...	...	3	6	9
Influenzal Pneumonia	...	...	1	—	1
Pulmonary Tuberculosis	...	...	8	11	19
Other Tuberculosis	...	...	0	2	2
			844	903	1,747

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+ years examined, recalled for large films and referred to Chest Clinic, also abnormalities found.

	Boys	Girls	Total	
(a) X-rayed on miniature film	928	925	1953	
(b) Recalled for large film ...	18	12	30	... 1.61% of (a)
(c) Referred to Chest Clinic ...	5	5	10	... .54% of (a)
Abnormalities discovered :	Boys	Girls	Total	
T.B. Immediate Treatment ...	2	1	3	
T.B. Occasional supervision ...	-	2	2	
T.B. Healed	1	1	2	
Bronchiectasis	2	-	2	
Pneumonitis	1	-	1	
Cardiac Enlargement	-	1	1	
Miscellaneous	2	2	4	
Total ...	8	7	15	
Satisfactory at Clinic	10	5	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 abnormalities discovered. These children attended as Doctor's Patients, T.B. Contacts, or General Public.

	Boys	Girls	Total	
(a) X-rayed on miniature film	580	635	1215	
(b) Recalled for large film ...	40	42	82	...6.75% of (a)
(c) Referred to Chest Clinic ...	24	27	51	... 4.2% of (a)
Abnormalities discovered :	Boys	Girls	Total	
T.B. Immediate treatment ...	2	4	6	
T.B. Close supervision ...	1	1	2	
T.B. Occasional supervision ...	-	1	1	
T.B. Healed	1	1	2	
Bronchiectasis	5	3	8	
Pneumonitis	2	2	4	
Bronchitis	4	5	9	
Asthma	1	-	1	
Miscellaneous	3	2	5	
Total	19	19	38	

Outstanding from Chest Clinic	1	2	3
Satisfactory at Clinic	20	21	41

TABLE 3. SCHOOL CHILDREN ALL AGE GROUPS :

A combination of Tables 1 and 2 showing number of children examined, recalled for large film and referred to Chest Clinic, also the abnormalities discovered.

	Boys	Girls	Total
(a) X-rayed on miniature film	1508	1560	3068
(b) Recalled for large film ...	58	54	112 ...3.65% of (a)
(c) Referred to Chest Clinic ...	29	32	61 ...1.99% of (a)

Abnormalities discovered :	Boys	Girls	Total
T.B. Immediate Treatment ...	4	5	9
T.B. Close supervision ...	1	1	2
T.B. Occasional supervision ...	—	3	3
T.B. Healed	2	2	4
Bronchiectasis	7	3	10
Pneumonitis	3	2	5
Bronchitis	4	5	9
Asthma	1	—	1
Cardiac enlargement	—	1	1
Miscellaneous	5	4	9
Total	27	26	53

Outstanding at Clinic ...	1	2	3
Satisfactory at Clinic	30	26	56

H. Physical Education :

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

"PRIMARY SCHOOL AND SECONDARY GIRLS' SCHOOLS :

Schools continue to make good use of playground and field space, and the number of schools carrying out activities after school hours, both indoors and outdoors, has increased—swimming clubs, games clubs and dance clubs have found ready support among the primary school children and among the senior girls. None of these activities could flourish without the loyal support and co-operation of a large group of men and women teachers who give generously of their time.

The usual hockey, rounders and netball rallies were held, and the country dance party was held in late July, after having been postponed once on account of wet weather.

There is increasing pressure on the Swimming Baths, and it is no longer possible to cater for all who wish to learn to swim. Classes must be reasonably small to teach in safety, and one cannot stress too strongly the need for a shallow water teaching bath.

Demonstration lessons were given over a period of four weeks to Infant teachers, and discussions followed on the use of climbing apparatus and agility movements in the Infant School. A course in Country Dancing was run for men and women teachers in Junior Schools, and demonstration lessons were given in conjunction with this.

Talks were given to Parent Teacher Associations and to parents on 'open days' on the value of exercise to the child.

The senior girls' Life Saving Group has grown in strength and again difficulties over accommodation have held back the work. Groups of girls keen to advance in swimming are attending three nights a week at the Baths, but facilities are overcrowded.

Thanks are due to the Parks Superintendent and his staff for all their co-operation in our activities in the Parks—particularly in allowing the secondary school girls opportunities for tennis, for which facilities are still inadequate at the schools.

BOYS' SECONDARY SCHOOLS :

During 1956 physical education in all its branches progressed and developed along the lines laid down in former years. The use of the new type of gymnastic apparatus installed in the post-war secondary schools has had a far-reaching influence for good, even in these schools not so fortunately placed.

The increase during 1955 in the organised games periods and the games arranged and conducted by the Schools' Athletic Association out of school hours bore full fruit in 1956, when the representative sides in Association Football, Cricket, Boxing, Athletics and Swimming did so well.

The increased interest shown in Athletics by all secondary boys' schools will eventually result in a much higher standard being attained.

The teachers who devote so much of their time to all forms of physical education, both in and out of school hours, are to be congratulated, not only on the results of the representative sides in 1956, but upon the greatly increased standard of performance and interest shown by the boys."

I. Adult Medical Examinations :

The number of medical examinations carried out by our staff for superannuation purposes and on candidates for admission to Training College was 223 (90 male ; ~~113~~ female).

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SECTION VIII.

DENTAL INSPECTION AND TREATMENT, 1956.

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

"The shortage of dental Staff during the year did not improve, but actually deteriorated when, during the month of January, one of the part-time dental officers resigned his appointment on account of leaving the district. There were two tentative enquiries from two dental surgeons who at first seemed interested in giving part-time service, but neither enquiries materialised and the post of the resigned part-time officer was not filled, and the year's work was undertaken by one full time officer, and two part-time assistant officers whose combined part-time services did not amount to the equivalent of one full time officer.

A disappointing feature during the year was the fact that many parents having accepted treatment for their children after routine inspections, failed to keep their appointments when sent for for treatment. This was particularly marked in cases where no actual toothache had been experienced but where the filling of teeth was required, and occurred most frequently during the school holiday periods.

This dilatory attitude of the parents towards the offer of treatment seems to have increased since the beginning of the National Health Scheme.

In the past when parents were required to pay for children receiving treatment from private practitioners, the number of broken appointments for free treatment at the school clinic were comparatively few.

It would appear that many parents now aware that free treatment can be obtained for children at any time through the National Health Scheme, are inclined not to sign dental defect notices when received, agreeing to offered treatment, or do not keep appointments when sent for, particularly when the child concerned is not suffering any discomfort, knowing that free emergency treatment can be obtained at once through the National Health Scheme when discomfort or pain necessitates immediate treatment.

During the year, 107 cases requiring orthodontic treatment or dentures, were referred to the Panel of Consultants."

MEDICAL INSPECTION RETURNS

Year Ended 31st December, 1956.

TABLE 1.

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

A. PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected and Number of Pupils examined in each:-

Entrants	...	...	...	...	...	2,640
Intermediate (8y + 2,888; 12y + 1,873)	...	...	...	...	...	4,761
Leavers (Secondary Modern)	...	...	...	...	...	1,545
				Total	...	8,946
Additional Periodic Inspections	...	...	...	...	...	2,388
				Grand Total	...	11,334

B. OTHER INSPECTIONS :

Number of Special Inspections	...	...	...	...	7,099
Number of Re-inspections	...	...	...	...	2,037
Total	...	...	...	...	9,136

C. PUPILS FOUND TO REQUIRE TREATMENT :

Age Group Inspected (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table III (3)	Total individual pupils (4)
Entrants	14	180	184
Intermediates	259	248	505
Leavers	112	65	177
Total	385	493	866
Additional Periodic Inspections	107	105	211
Grand Total	492	598	1077

E.g. Pupils at Special schools or who missed the usual periodic examination, plus Nursery classes, Secondary Grammar and Technical School Pupils.

D. CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS
INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I.A.

Age Groups Inspected (1)	Number of pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)
Entrants	2,640	2,622	99.3	18	0.7
Intermediate	4,761	4,679	98.3	82	1.7
Leavers	1,545	1,525	98.7	20	1.3
Additional Periodic Inspections	2,388	2,379	99.6	9	0.4
Total	11,334	11,205	98.9	129	1.1

TABLE II.

INFESTATION WITH VERMIN.

(1) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	107,271
(2) Total number of individual pupils found to be infested	4,136
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944	54
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944).	17

TABLE III.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDING 31st DECEMBER, 1956.

A. PERIODIC INSPECTIONS :

Defect Code No.	Defect or Disease	Periodic Inspections				Total including all other age groups inspected)	
		Entrants		Leavers		Requiring Treat- ment	Requiring Observa- tion
		Requiring Treat- ment	Requiring Observa- tion	Requiring Treat- ment	Requiring Observa- tion		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4.	Skin	22	36	11	11	90	141
5.	Eyes a. Vision ..	14	34	112	97	492	680
	b. Squint ..	24	49	3	3	45	149
	c. Other ..	7	8	3	4	31	113
6.	Ears a. Hearing	4	7	7	17	32	74
	b. Otitis						
	Media ..	5	21	2	6	18	67
	c. Other ..	4	4	1	5	35	20
7.	Nose and Throat	53	224	17	53	143	562
8.	Speech	6	69	2	7	26	151
9.	Lymphatic Glands	—	66	—	7	1	134
10.	Heart	1	16	1	15	5	81
11.	Lungs	18	99	4	23	40	300
12.	Developmental-						
	a. Hernia ..	1	4	—	—	4	8
	b. Other ..	3	12	—	3	4	41
13.	Orthopaedic-						
	a. Posture ..	3	14	3	3	16	49
	b. Feet ..	15	25	1	2	51	91
	c. Other ..	9	37	11	28	57	189
14.	Nervous system-						
	a. Epilepsy ..	—	7	1	2	4	21
	b. Other ..	1	10	—	5	6	55
15.	Psychological						
	a. Development	1	17	—	—	9	39
	b. Stability ..	1	92	—	2	18	158
16.	Abdomen ..	—	—	—	—	—	—
17.	Other	12	21	6	12	46	115

B. SPECIAL INSPECTIONS :

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
(1)	(2)		
4.	Skin	2,236	
5.	Eyes-a. Vision	210	
	b. Squint	8	
	c. Other	428	
6.	Ears-a. Hearing	15	
	b. Otititis Media	34	
	c. Other	186	
7.	Nose and Throat	100	
8.	Speech	2	
9.	Lymphatic Glands	16	
10.	Heart	3	
11.	Lungs	11	
12.	Development-		
	a. Hernia	2	
	b. Other	-	
13.	Orthopaedic-		
	a. Posture	2	
	b. Feet	18	
	c. Other	92	
14.	Nervous System-		
	a. Epilepsy	2	1
	b. Other	9	
15.	Psychological-		
	a. Development	3	
	b. Stability	26	
16.	Abdomen	-	
17.	Other	3,695	

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP 1. EYE DISEASES, DEFECTIVE VISION AND SQUINT :

Number of cases known to have been dealt with:
By the Authority Otherwise

External and other, excluding errors of refraction and squint	427	-
Errors of refraction (including squint)	-	1,369
	<hr/>	<hr/>
Total	427	1,369
	<hr/>	<hr/>
Number of pupils for whom spectacles were prescribed	-	1,135
	<hr/>	<hr/>

GROUP 2. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT :

Number of cases known to have been dealt with:
By the Authority Otherwise

Received operative treatment—		
(a) for diseases of the ear	-	25
(b) for adenoids and chronic tonsilitis	-	675
(c) for other nose and throat conditions	-	171
Received other forms of treatment	638	151
	<hr/>	<hr/>
Total	638	1,022
	<hr/>	<hr/>

Total number of pupils in schools who are known
to have been provided with hearing aids :

(a) in 1956	-	9
(b) in previous years	-	75

GROUP 3. ORTHOPAEDIC AND POSTURAL DEFECTS :

					Number of cases known to have been dealt with:	
					By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient department ...					198	331

GROUP 4. DISEASES OF THE SKIN (excluding uncleanliness for which see Table II) ...

					Number of cases treated or under treatment during the year by the Authority	
Ringworm—(i) Scalp	...	...	...	...	7	
(ii) Body	...	...	...	...	16	
Scabies	...	...	...	...	20	
Impetigo	...	...	...	...	195	
Other skin diseases	...	...	...	...	3,738	
Total					3,976	

GROUP 5. CHILD GUIDANCE TREATMENT :

Number of pupils treated at child Guidance Clinics under arrangements made by the Authority.					224	
--	--	--	--	--	-----	--

GROUP 6. SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority					216	
--	--	--	--	--	-----	--

GROUP 7. OTHER TREATMENT GIVEN :

(a) Number of cases of miscellaneous minor ailments treated by the Authority	...	...	7,714
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	2	
(c) Pupils who received B.C.G. vaccination	...	—	
(d) Other than (a), (b) and (c) above (specify)			
1 Ultra Violet light	...	...	101
2 Chiropody	...	...	188
3			
4			
5			
Total (a)—(d)			8,005

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers :					
(a) At Periodic Inspections	...	...	...	...	12,134
(b) As Specials	...	...	...	...	1,804
Total (1)					13,938
(2) Number found to require treatment	...	...	...	...	7,244
(3) Number offered treatment	...	...	...	...	6,543
(4) Number actually treated	...	...	...	...	3,681
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11(h) overleaf					4,328
(6) Half days devoted to : Periodic (School) Inspection					97
Treatment	...	...	...	...	704
Total (6)					801
(7) Fillings : Permanent Teeth	...	...	...	...	838
Temporary Teeth	...	...	...	...	23
Total (7)					861
(8) Number of teeth filled : Permanent Teeth	...	...	...	...	794
Temporary Teeth	...	...	...	...	23
Total (8)					817
(9) Extractions : Permanent Teeth	...	...	...	...	1,207
Temporary Teeth	...	...	...	...	5,084
Total (9)					6,291
(10) Administration of general anaesthetics for extraction					1,749

(11) Orthodontics :

(a) Cases commenced during the year	...	...	...	...
(b) Cases carried forward from previous year	...	...	...	...
(c) Cases completed during the year	...	...	...	...
(d) Cases discontinued during the year	...	...	...	...
(e) Pupils treated with appliances	...	...	...	...
(f) Removable appliances fitted	...	...	...	...
(g) Fixed appliances fitted	...	...	...	...
(h) Total attendances	...	...	...	...

(12) Number of pupils supplied with artificial dentures ...

Owing to the shortage of staff in our service orthodontic work and provision of dentures carried out by arrangement with consultant dentists.

(13) Other operations :

Permanent Teeth	...	...	...	...	...	503
Temporary Teeth	...	...	...	...	...	21
Total (13)						<hr/> 524 <hr/>

III. TYPE OF EXAMINATION AND/OR TREATMENT provided, at the school clinics returned in Section II, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the clinic.

Examination and/or treatment (1)	(Number of School Clinics (i.e. premises) where such treatment is provided:—)	
	directly by the Authority (2)	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals (3)
A. Minor ailment and other non-specialist examination or treatment	7	—
B. Dental	2	—
C. Ophthalmic	—	N. Riding Infirmary
D. Ear, Nose & Throat	—	N. Riding Infirmary
E. Orthopaedic	1	Adela Shaw Hospital
F. Paediatric	—	General Hospital
G. Speech Therapy	2	—
H. Others (specify) :-		
Ultra Violet light	1	—
Child Guidance Clinic	1	—
Chiropody	At Chiropodists' surgeries	—

IV. CHILD GUIDANCE CENTRES :

- (i) Number of Child Guidance Centres provided by the Authority 1.
- (ii) Staff of Centres :

	Number	Aggregate in terms of the equivalent number of whole-time officers (Please express in decimals)
*Psychiatrists	-	-
Educational Psychologists	1	1.00
Psychiatric Social Workers	-	-
Paediatricians, Play Therapists, Social Workers, etc. excluding clerks (specify) :-		
Social Worker	1	1.00

* Selected cases referred to Psychiatrist, St. Luke's Hospital, Middlesbrough.

MINISTRY OF EDUCATION FORM 20 M.

SCHOOL HEALTH SERVICE STAFF AND SCHOOL CLINIC

Local Education Authority Middlesbrough County Borough, Return
for 31st December, 1956.

1. STAFF OF THE SCHOOL HEALTH SERVICE :

(excluding Child Guidance)

Principal School Medical Officer ... Eric C. Downer (name)

Principal School Dental Officer ... John Auton (name)

	Number of Officers	Numbers in terms of full-time officers employed in the School Health Service
(a) Medical Officers including the Principal School Medical Officer:—		
(i) Whole-time School Health Officer	—	—
(ii) Whole-time School Health and Local Health Services	8	4.69
(iii) General practitioners working part- time in the School Health Service ..	3	0.27
(b) Physiotherapists, Speech Therapists, etc. (Specify):—		
Speech Therapist	1	1.00
.....		
.....		
(c) (i) School Nurses	12	12.00
(ii) No. of the above who hold a Health Visitor's Certificate	2	
(d) Nursing Assistants	1	1.00

	Officers employed on a salary basis		Officers employed on a sessional basis	
	Number of Officers	Number in terms of full time officers in the school Dental Service	Number of Officers	Number in terms of full time officers in the school Dental Service
(e) Dental Staff				
(i) Principal School Dental Officer	1	1.00		
(ii) Dental Officers	1	0.54	1	0.27
(iii) Orthodontists (if not not already included in (e) (i) or (e) (ii) above).				
TOTAL:	2	1.54	1	0.27
			Number of Officers	Number in terms of full-time officers employed in the School Dental Service
(iv) Dental Attendants			3	2.27
(v) Other Staff (Specify)				

2. NUMBER OF SCHOOL CLINICS : 10.

APPENDIX I.

MIDDLESBROUGH COUNTY BOROUGH SCHOOL HEALTH SERVICE.

Number of Children Examined in 1956 and proportion who have undergone Tonsillectomy.

Type of School and Age Group	Boys			Girls		
	No. Ex- amined	Tonsill- ectomy	%	No. Ex- amined	Tonsill- ectomy	%
Primary and Secondary Modern.						
Entrants 5+	1327	100	7.54	1313	109	8.30
Intermediates 8+	1507	389	25.81	1381	325	23.53
Intermediates 12+	912	239	26.21	961	309	32.15
Leavers 14+	757	160	21.14	788	247	31.35
Secondary Grammar and Technical All Ages	1032	371	35.95	882	283	32.09
Special Schools						
Day School for E.S.N.	68	8	11.76	54	15	27.79
School for the Deaf (Mixed ages both).	41	4	9.76	35	14	40.00
Nursery Classes (Ages under 5).	62	2	3.23	60	4	6.67
Additional Inspections Special Cases, R.M.I. Newcomers to town etc. (Mixed Ages).	71	16	22.54	83	30	36.14
	5,777	1,289	22.31	5,557	1,336	24.04

APPENDIX II.

Middlesbrough School Health Service—Early Days.

The Chief Medical Officer of the Ministry of Education has expressed a hope that Annual Reports, in this Jubilee year of the School Health Service, will include "a picture..... of the conditions existing in the pioneering days" of the Service in each particular town.¹

In fulfilment of this pious duty, one may recall that at the end of the Boer War, the Government, concerned at reports of poor physique in Army volunteers, appointed an Inter-Departmental Committee with wide terms of reference to investigate the position. This Inter-Departmental Committee on Physical Deterioration presented its report in 1904.² The members found that no data existed on which a comparative estimate of health and physique might be made and they added that the evidence of the great majority of witnesses did not support the belief that any general physical deterioration had occurred. Nevertheless, the Committee made a number of recommendations and the Education (Administrative Provisions) Act 1907 was a consequence of the findings of this and a later Inter-Departmental Committee.

On December 16th, 1907, the Middlesbrough Elementary Education Committee recommended that a "Sub-Committee consisting of Aldermen Archibald and Hedley, Councillor Thompson, Dr. Ellerton and the Rev. T. O'Connell be appointed...to confer with the Borough Medical Officer of Health and report . . . as to the best means to be adopted to put into operation Section 13 of the Education (Administrative Provisions) Act 1907." That was the beginning of the School Health Service in the town.

A few items dealt with at that particular Committee meeting help to bring that world into focus. Five Temporary Assistant Mistresses were appointed at a salary rate of £1 per week. During the proceeding month, 3,600 soup tickets had been distributed to children at a cost of £15 ; 91 cases had been prosecuted for non-attendance at school ; the percentage attendance for all schools was 87. The Committee did not "see any need for adopting the Education (Provision of Meals) Act."

On January 14th, 1908, the Sub-Committee, already mentioned, now styled the Education (Medical Inspection) Sub-Committee recommended that Dr. Dingle, Medical Officer of Health, be appointed "responsible Medical Officer" for the new service. In due course Miss Gertrude Thomas was appointed School Nurse, from 29 applicants, at a salary of £60 per year and Dr. Robert Ewart was appointed Assistant Medical Officer, from 42 applicants, at a salary of £300 per year. Mr. J. S. Calvert was Director of Education.

Those were the actors; what of the stage? In 1908 the total population of Middlesbrough was 103,511; the number of school children was 18,877 (almost one fifth of the population); 14 council and 6 voluntary schools were in existence. The area occupied by the town was much smaller than to-day and North Ormesby was then in the North Riding County Council area.

From files of the "North Eastern Daily Gazette" one receives an impression of a great deal of continuity in Middlesbrough life. One reason for this continuity is that people seldom leave this district when they retire (country and sea are, as it were, around the corner), which is something that does not happen everywhere. Almost all the firms that advertised their goods in 1908 still exist in this town to-day. Mild cured hams were 4d. to 7½d. per lb; flour was 1/8d. per stone; tea 1/4d. to 3/- per lb. Current prices, by that same firm are ham 4/- to 5/- per lb., flour 3/9d. per 6lbs; tea 6/- to 10/- per lb. Five theatres and one cinema advertised their attractions.

It appeared to the writer, however, that the material differences encountered are differences in degree and that the real gulf that separates us from the men of that time is in the world of the mind. The old timers thought differently about life because they had a different scale of values—evident even in the presentation of news.

The news was more English; more provincial. People used a different turn of phrase because they were in no doubt about the validity of their forthright judgments. "Bad School Girls" was the heading of a paragraph giving an account of the trial of two school girls (names and addresses published) for stealing sweets from a shop. The proceedings of the Education Committee recorded that the indentures of a named pupil teacher had been cancelled "because he is not fit to be a teacher." It was the over-confident Edwardian world that was destined to fade away, like an insubstantial pageant—almost in an afternoon.

The local scene was clouded. There was a good deal of unemployment and unemployed men were urged to register at a central address because no knowledge of their exact numbers existed. Private individuals helped but the overall feeling of depression is completed by the news (issue of 9.1.08) that "the severest storm this winter swept the British Isles yesterday accompanied by heavy falls of rain or snow."

Thus, the infant School Health Service, like Sam Laycock's "Bonny Brid,"³ was born into a troubled world. Times were bad. Although no comet was seen the event did not pass unnoticed by the "North Eastern Daily Gazette." In a hostile leader (issue of 20.1.08) the writer roundly told the Education Committee that, medical inspection of school children now being obligatory, its job was to consider "what is the best kind or . . . the least dangerous kind, that can be obtained for the least money." The arrangements made were ridiculed—"Two medical men, one of whom has many other duties to perform, to look after health of all the children in the elementary schools, and to fulfil the voluminous requirements of the most paternal Board of Education, seems a method of business adapted for a revised version of "The Mikado." The writer ended by counselling that "confining experiment to the least requirements of the law is a course for which a good deal can be said." Perhaps, the person more responsible than anyone else, for the pattern of the new Service was the able, ambitious and (shall we say) enigmatic Morant, Secretary to the Board of Education.

Despite these unfavourable auspices, work proceeded apace and Dr. Dingle's first report is of great interest even to-day. POOR VENTILATION of class rooms, due to improper use of the means of ventilation, received special mention. "Draughts which were often complained of, are due to insufficient rather than to much opening of windows." It is over sanguine to think that the position in this respect is completely satisfactory even now. In this northern area, there is a dislike of open windows whether in houses or in buses—for which of course, the harsh climate and dusty atmosphere are to some extent responsible.

VERMINOUS CONDITIONS received special mention. The amount of infestation was regarded as "startling and unpleasant." In his second Annual Report, Dr. Dingle stated that at one all-age school 70% of the pupils were verminous; 27% being lousy. A retired Middlesbrough Head Teacher who was teaching in 1908 assured the writer that, years ago, he always wore a special jacket for teaching and that his last task of the day was to brush off the jacket lice which he had caught in the classroom

It was not considered "necessary" to test VISION in infant pupils. "Necessary" is a word of ill omen in medicine. To-day, we attach considerable importance to the testing of vision in infants.

INFECTIOUS AND CONTAGIOUS DISEASES have decreased in incidence very much but the position regarding LUNG DISEASES OTHER THAN T.B. is unsatisfactory. Thus:—

1908 Cases of non T.B. lung disease per 1,000 in Infant group 32.64
 1956 Cases of non T.B. lung disease per 1,000 in Infant group 44.31

This subject was discussed in our 1955 report.

Our pupils to-day are taller and heavier than those of 1908 (due to earlier growth). In the following table, heights and weights of 5y+ pupils at two schools in 1908 and 1956 are compared. School A is in Crescent Ward ; School B in Newport Ward:—

Heights and Weights 5y+ Pupils 1956 (1908 figures in parenthesis).

Name	Sex	No.	Height	Weight
School A	Boys	79 (33)	42.2 ins. (40.29)	40.06 lbs. (37.69)
School A	Girls	65 (41)	41.07 ins. (44.8)	38.4 lbs. (37.87)
School B	Boys	27 (33)	41.4 ins. (39.6)	39.8 lbs. (37.16)
School B	Girls	36 (24)	40.75 ins. (39.37)	38.2 lbs. (36.03)

Thus, in every batch, with one exception, the advantage is with the pupils of 1956.

The weakness of our service, in the early years, (a national weakness), was poor facilities for treatment. Quite true that Ministry of Education Circular 576 envisaged the necessity of measures for "amelioration and physical improvement of children" ("amelioration" being a fashionable word at that time) but authorities were urged to use existing facilities for treatment in the first place. The event was to show that existing facilities were hopelessly inadequate.

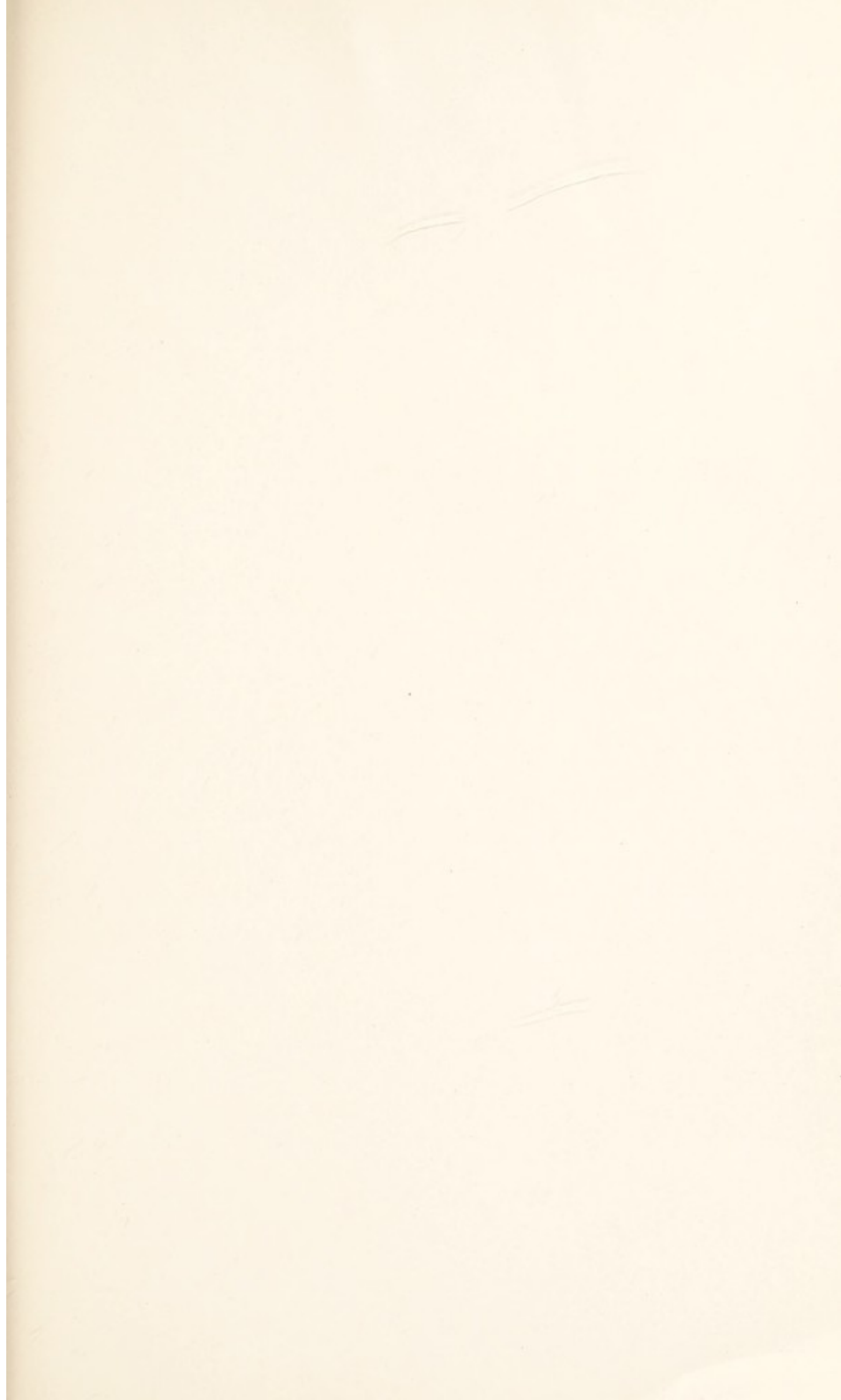
In 1908, Dr. Dingle found "a very large number of minor ailments among children" 67 of whom were treated by the school nurse. He reported that "the treatment of carious teeth is at present unprovided for." No Dental Department existed in the local hospitals. Again, in 1910, he mentioned that "very little is being done to remedy the large amount of dental disease." In 1909, over 37% (and in 1910 over 38%) of pupils found to be in need of treatment, obtained no treatment. A part-time Dental Surgeon was appointed in 1913 and in that same year a Minor Ailment Clinic was opened.

Our first report ended with a special study of Tuberculosis by Dr. Ewart. His conclusion that contact was the most important factor in infection and that too much importance was attached to heredity has a very modern ring.

It is not given to men to see far ahead and if the early planners made mistakes, they also remedied them. If, in this less cocksure age, doubts, at times, assail us, like phantoms of the night, doubts as to whether we understand children as well as we think we do, doubts about this, that or the other, let us take courage from the example of those pioneers who overcame their difficulties by faith and endurance. Their memorial (and the memorial of all who worked in this cause) is visible around us in the increased health and well-being of our school children. Thus, the good they did lives on in other men's lives. Peace be to them ! We owe them much.

References:—

1. The Health of the School Child—Annual Report for 1954 & 1955 page 146. H.M. Stat. Office, 1956.
2. Report of Inter-Departmental Committee on Physical Deterioration, page 13 H.M. Stat. Office, 1904.
3. Greenwood, W. Lancashire. Page 288. London. Robert Hale, 1951





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PRINTERS,
MIDDLESBROUGH.