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COUNTY BOROUGH OF MIDDLESBROUGH

LOCAL EDUCATION AUTHORITY

ANNUAL REPORT

FOR 1959

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

ERIC C. DOWNER
M.A., D.P.H.

With the Compliments

of the

Medical Officer of Health

and

Principal School Medical Officer

Health Department
26 Southfield Road
Middlesbrough

COUNTY BOROUGH OF MIDDLESBROUGH

LOCAL EDUCATION AUTHORITY

ANNUAL REPORT

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PRINCIPAL SCHOOL MEDICAL OFFICER

ERIC C. DOWNER
M.A., D.P.H.

SCHOOL HEALTH ANNUAL REPORT

To The Mayor, Aldermen and Councillors
of the County Borough of Middlesbrough,
being the Local Education Authority:

School Health Department,
Woodlands Road,
Middlesbrough.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my report on the School Health Service for the calendar year 1959. It will be noted that it is slightly larger than last year and that there are individual contributions in it from the Senior School Medical Officer, Dr. Cahill; the Senior School Nurse, Miss Crapper; and the Educational Psychologist, Mr. Freyman.

A School Health Department should not only be a source of examination and inspection of schoolchildren and of classification and proper disposal of handicapped pupils, but should be a centre of research and of study of, firstly the normal child in his many facets, and secondly the child who is handicapped, who deviates from the normal mentally or physically, or who is ill.

During the year the School Health Service has moved closer to the Hospital Services and to the Paediatric Department in particular, and the liaison with the family doctors who minister to the children has become close. This is very much as it should be, both for the sake of reasonable economy and also for the sake of the child. It is very important that the confidence of parents and children in those advising them—whether at the hospital, the doctor's surgery, the school clinic, or the school—should be maintained at a very high level and that they should be all regarded by parents and children as part of the same service. We feel that this object is being slowly but surely achieved.

During the year 1959 we have been deprived, through illness, of the services of Dr. T. W. Hill, a man of great and varied experience in his profession. He retired towards the end of the

year and he carries with him, into his retirement, our best wishes for improved health and happiness.

I again want to pay tribute to Dr. John Cahill, your Senior School Medical Offifficer, who has composed much of this report, and to the other contributors; to thank my colleagues—the School Medical Officers—for their good and faithful work; and to thank the Chairman and Members of your Education Committee, and in particular the Child Welfare Sub-Committee, for their understanding and support throughout the year.

I have received, as ever, the maximum courtesy and help from the Director of Education and his staff, and I warmly acknowledge it.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

ERIC C. DOWNER,
Principal School Medical Officer.

CONTENTS

MIDDLESBROUGH EDUCATION COMMITTEE

1959-1960

Chairman: Alderman B. RAMSEY, C.B.E.
Vice-Chairman: Alderman W. RANDALL,

Alderman Mrs. L. BURTON
Alderman E. A. DICKINSON, J.P.
Alderman G. S. RICHARDSON
Alderman L. TAYLOR
Councillor J. N. BENNINGTON
Councillor J. A. BROWN, C.B.E., J.P., F.R.S.H.
Councillor N. COVERDALE
Councillor Mrs. G. R. COX
Councillor A. T. CROSBY
Councillor C. L. ELDER, M.B., Ch.B., D.P.H.
Councillor W. FERRIER
Councillor Mrs. E. A. GAUNT
Councillor N. S. GOLDIE (Chairman, Buildings Sub-Committee)
Councillor Mrs. M. B. GOODMAN
Councillor Mrs. R. M. HASTON
Councillor Mrs. M. HIGGINS
Councillor Mrs. M. McMILLAN
Councillor The Rt. Rev. Mgr. Canon M. O'SULLIVAN
Councillor H. PINDER
Councillor L. POOLE
Councillor Mrs. A. THOMPSON
Councillor Mrs. A. WAIN (Chairman, Child Welfare Sub-Committee)
Councillor H. WHITFIELD
Councillor T. WILKINSON

(Continued over)

Co-opted Members: Rev. Canon H. A. WAREHAM
Rev. Canon T. A. NOLAN
Rev. D. W. GOODERHAM
Mr. W. B. REID
Mrs. K. OGLE
Mr. J. H. FOX
Mr. P. NIMAN

Director of Education
STANLEY HIRST, B.Sc.

SCHOOL CLINIC AND TREATMENT CENTRES

1.	Central	M.A.C., Orthopædic, Cleansing, Dental	M.O., Dental Surgeon and Nurses Daily.
2.	Whinney Banks School	M.A.C., Dental	Nurse daily 9 a.m. to 12 noon. M.O. Thursday 9 a.m. Dentist (part-time).
3.	Lord Street	M.A.C.	Nurses daily 9 a.m. to 12 noon (except Wednesday). M.O. Monday 9 a.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 Tuesday and Friday mornings.
10.	North Ormesby	M.A.C.	Nurse daily 9 a.m. to 12 noon. M.O. Wednesday 9 a.m.
11.	Marsh Road School	Speech Therapy	Wednesday by appointment.
12.	Thorntree School	M.A.C.	Nurse Tuesday and Friday mornings.

SECTION I.—Staff, etc.

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

Medical Officers:

Name	Appointment
Eric C. DOWNER, M.A., D.P.H.	Principal School M.O.
Robert TAYLOR, M.B., Ch.B., D.P.H.	Deputy Principal School M.O.
John CAHILL, B.Sc., M.R.C.S., L.R.C.P.	Senior School M.O.

Medical Officers chiefly engaged in School Health Service Duties:

Katherine MACFARLANE, M.B., Ch.B.	School Medical Officer and A.M.O.H.
Thomas W. HILL, M.D., D.P.H.	School Medical Officer and A.M.O.H.
Janet B. PATTERSON, M.B., Ch.B.	School Medical Officer and A.M.O.H.
Anne R. GRATTON, M.B., Ch. B. (Part-time since 19.10.59)	School Medical Officer and A.M.O.H.

Medical Officers chiefly engaged in Health Department Duties:

Mark SACKWOOD, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst.	School Medical Officer and S.A.M.O.H.
Walter M. WIGFIELD, M.B., B.Chir., D.P.H.	School Medical Officer and S.A.M.O.H.

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):

Francis S. HUBBERSTY, M.B., B.Chir., F.R.C.S.
John S. GOURLAY, M.B., Ch.B., D.O.M.S.
Walter M. HIGGINBOTTOM, L.R.C.P., L.R.C.S., L.R.F.P.S., D.O.

Orthopædic Surgeons (by arrangement with Regional Hospital Board):

Gilbert PARKER, M.B., F.R.C.S.
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. (Part-time).
Marion F. WOOTTON, B.D.S. (Part-time—resigned 30.4.59)

Part-time Dental Anæsthetist:

H. K. GEISER, M.D., M.R.C.O.G. — General Practitioner.

Speech Therapist:

Ida M. S. KNIGHT, F.C.S.T.
Joan McDONALD, L.C.S.T. (Part-time).

Educational Psychologist:

Richard FREYMAN, B.A.

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.
Irene MOLE, S.R.N. (resigned 31.12.59).
Josephine MYCOCK, S.R.N., S.C.M. (since 9.11.59).
Dorothy S. OWEN, S.R.N., H.V.
Dorothy PARKIN, S.R.N., S.R.C.N.
Myfanwy SHORT, S.R.N., S.C.M., B.T.A.
Joan 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:

Muriel ROSSI, S.E.A.N.

Dental Attendants:

D. NOLAN, S.E.A.N.
L. M. WARD.

Clerical Staff:

Margaret DICKINSON (Senior Clerk).
Betty ATTER.
Mary L. DOONAN.
Vera NEWMAN.
Mary T. WALTON.
Marion WILSON.

NUMBER OF PUPILS—ATTENDANCE

COST OF SERVICE, 1959

(Supplied by the Director of Education).

Primary and Secondary Modern Schools:

Number of Schools	42
Number of Departments	84
Number on Roll	27,656
Average Attendance	25,221
Average Percentage	91.20

Secondary Grammar Schools:

Number of Schools	6
Number on Roll	3,089
Average Attendance	2,945
Average Percentage	95.34

Secondary Technical School:

Number on Roll	313
Average Attendance	293
Average Percentage	93.61

Day Special Schools:

Number of Schools	2
Number on Roll	238
Average Attendance	213
Average Percentage	89.50

Average Percentage Attendance for All Schools 91.91

Total Number on Rolls (Average) 31,195

Cost of School Health Service, 1959.

(Supplied by Borough Treasurer)

Total Cost	£35,551
Government Grant	£21,331
Cost in terms of penny rate	2.387d

SECTION II.—SCHOOL HYGIENE

Improvements to Premises.

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

"(a) **Sanitary Accommodation.—**

Defective sanitary fittings have been replaced at the following schools:—

Marton Grove Junior Boys'; Marton Grove Girls'; Marton Grove Infant Boys' and Girls'; Brambles Farm Infant Boys' and Girls'; North Ormesby Infants' and Juniors; Whinney Banks Girls'.

Undercover sanitary accommodation for boys has been provided at North Ormesby Infants' School.

(b) **Heating—Hot and Cold Water Installations.—**

New boilers have been installed at St. Francis' School and Newlands Convent and considerable improvements to heating carried out at many other schools.

New wash basins with hot and cold water services have been installed at St. Philomena's Mixed and Infants' Schools and improvements to hot and cold water services have been carried out at a number of other schools.

(c) **Electrical Installations.—**

Re-wiring has been carried out at North Ormesby Boys' and St. Richard's Schools and at part of Constantine College. New lighting fittings have been provided at Hugh Bell Boys', Lawson Boys' and Lawson Girls' Schools.

(d) **General Information.—**

Further improvements have been made to the ventilation and lighting at Marton Road Secondary and Marton Road Infants' Schools by the provision of new windows and the ventilation at North Ormesby Infants' School has been improved by modification to existing windows.

At many of the older schools, floors have been renewed or reconditioned."

SECTION III—REVIEW OF YEAR'S WORK

Periodic Medical Inspections:

The number of pupils inspected during 1959 (12,278 out of 31,340 on registers—see statistical Form 8M) is the largest recorded in any single year in the history of the School Health Service in this town.

Pupils were inspected at 5y+ (Entrant Group); 8y+ (Junior School Group); 12y+ (Secondary School Group); and at 14y+ (Leaver Group). At Grammar and Technical Schools pupils were inspected in Entrant and Leaver 15y+ Groups.

The remarkable features of our achievement are that it was accomplished:— (1) by a numerically depleted medical staff (Dr. Hill remained on sick leave from September to end of year; Dr. Gratton undertook part-time work only after October 19th); (2) at a time when number summoned for Infant sessions had been reduced to 15; (3) without neglect of other duties (at the end of December the number of suspected Handicapped Pupils awaiting examination was nil); (4) in the absence of any conscious drive towards increasing numbers.

This record achievement was due to hard, sustained work by all our staff and it was made possible by the fact that, during 1959, the Health Department took over Polio Vaccination completely. Another relevant factor merits mention which is that our staff work a longer day than is usual in some areas.

TUBERCULOSIS.

The continued decline in the tuberculosis death rate is gratifying particularly to all those who bore the burden of the day.

This remarkable change appears to be world wide and began many years ago. In this town, Dr. Metcalfe Brown, M.O.H. called attention to the declining tuberculosis death rate in his 1936 report. In the early war years there was some unsteadiness in the position but Dr. Lloyd Hughes, M.O.H. noted a sharp decrease in death rate in his 1943 report. This decrease has continued at an accelerated pace.

Much has been heard of the fact that the decline in notifications of tuberculosis has not run parallel with the decline in mortality but the writer is unable to accept the assumption that notification rates today admit of legitimate comparison with those of even thirty years ago. For one thing, methods of diagnosis are now more refined.

Dr. B. Couts, Chest Physician, states:—

"No great changes occurred in the incidence of tuberculosis in school children in 1959. The number of new cases was 12; this was the same as in the previous year. No deaths occurred in the school population.

B.C.G. vaccination of schoolchildren in contact with tuberculosis patients was continued and 98 were vaccinated compared with 71 in 1958 and 95 in 1957.

The School Medical Department has begun to tuberculin test school leavers and positive reactors have been X-rayed at the Mass X-ray Unit. So far no definite cases of tuberculosis have been found among this group."

LUNG DISEASES (other than Tubercular).

This section refers to Lung Diseases other than Pulmonary Tuberculosis in schoolchildren. It includes Bronchitis, Asthma and recurrent coughs in non-tubercular schoolchildren as encountered at periodic medical inspections. Treatment and Observation cases are lumped together.

The following table gives the position in recent years:—

Year	No. of R.M.I.	Total Cases	Percentage
1956	11,334	305	2.7%
1957	10,321	329	3.3%
1958	10,928	300	2.7%
1959	12,278	247	2.0%

Obviously, causation is multiple in such conditions but we have been particularly concerned with one local adverse factor—air pollution. The effects of air pollution are far reaching. Thus it stimulates dislike of ventilation because of damage to curtain fabrics, etc. Preventive measures (formation of smokeless zones, etc.) are in the hands of the Health Department.

Our Chief Public Health Inspector, Mr. Sugden, supplied the following figures regarding atmospheric deposit here:—

Summary—Average Monthly Deposit
(Tons per Square Mile)

(1) Whole Town	(2) Industrial Areas	(3) Non-Industrial Areas
1955 — 26.10	(6 Gauges) — 28.84	(4 Gauges) — 22.03
1956 — 24.09	(6 ,,) — 26.51	(4 ,,) — 20.03
1957 — 20.23	(6 ,,) — 22.87	(4 ,,) — 16.28
1958 — 21.18	(5 ,,) — 24.55	(5 ,,) — 17.63
1959 — 15.39	(5 ,,) — 17.95	(5 ,,) — 12.74
5 yr's av. 21.40	24.14	17.74

We know of no evidence suggesting that Middlesbrough is the worst County Borough in England as regards air pollution but certainly, in an Air Pollution stakes, it will, at least, be "placed".

The lung diseases under consideration are most common in Primary Schools; least common in Secondary Schools (which fits in with the clinical observation that a number of children appear to grow out of them). We have not found any clear evidence of an area pattern distribution.

SCHOOL PHOBIA, ETC.

As a consequence of the decline in incidence of physical illness in schoolchildren we now devote more time to psychological conditions and conduct aberrations. In this field, the set up is very different from that to which we have been accustomed; indeed, one doubts if the auspices are equally favourable.

Generally, in organic or physical illness in the child, time is on our side; in psychological illness and conduct abberration time tends to be against us. Every week the condition persists the more unfavourable is the outlook. In years gone by, we worked in solitary fashion because, at no time, did everyone believe himself capable of treating (for example) Impetigo. But, as has been said a thousand times, everyone knows how to bring up a child. We now have many allies—highly qualified ones. Yet, some of us doubt if wisdom will emerge from a spate of counsel. We may find ourselves invested with much responsibility and little power.

We shall not adventure far in this campaign before we find ourselves involved in contentious issues. For the spheres of morality and criminal law overlap; and both involve philosophical beliefs. At the moment, many are giving thought to the right relationship between criminal law and morals and psychiatric conditions.

During 1959, much was heard of children who refuse to attend school and stay at home as opposed to the type who truants. Some insist that this is a specific disease entity and call it School Phobia. The condition is not new but was formerly connived at by parents who pleaded that the child was ill (as they still do quite often). It is perhaps, a mistake to call a condition after one of its possible causes. Fear (even irrational fear) of school is not new. It was so common in Shakespeare's time that he regarded it as one of the normal stages of a man's life—one in which he crept "unwillingly to school". (Shakespeare's word for truanting was "mitching"—a word still used in some areas, e.g. Northern Ireland).

We have no knowledge of an increase in truancy but there is an increase in school refusal—not to any alarming extent but sufficient to be noticeable.

Mr. Freyman, Educational Psychologist, has had success with a number of cases and we had a spectacular success with one pupil who was sent to a residential school for E.S.N. Not all of our cases have ended well yet.

The condition is highly contagious in a school or in a family. Assertions that these children are of good intelligence do not accord with our experience. In fact, the knowledge that a really intelligent child will be well behaved is as old as Quintilian.*

VERMINOUS CODITIONS.

The number of pupils found to be verminous shows a slight decrease (see statistical table). Improvement is more manifest in degree of infestation than in numerical returns.

The distribution of verminous children in this town is an area distribution and the nurse who works in a bad area needs a stout heart—so much so that such a nurse is always allotted one good school in another area to maintain morale.

It is generally agreed that family treatment is essential and we are hoping for further improvement with the wider use of the technique of family treatment detailed in Superintendent Nurse Crapper's note (Appendix 2).

The total number of home visits done by our nurses, for all purposes, was 3,712.

* Butler, H. E. (1920). Institutio Oratoria of Quintilian. Vol. 1.55 London. Heinemann.

SECTION IV
MORTALITY OF SCHOOL CHILDREN 1959

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

Cause of Death	No. of Deaths M.	F.	Total
Accidental Deaths	1	1	2
Leukaemia	1	—	1
Motor Vehicle Accidents ...	1	1	2
Meningococcal Infections ...	—	1	1
Nephritis and Nephrosis ...	—	1	1
	3	4	7

SECTION V
ARRANGEMENTS FOR TREATMENT

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1. Physical Welfare of Children

(a) MINOR AILMENTS.—

Attendances in recent years have been as follows:—

1956	46,417	1958	36,953
1957	39,067	1959	38,294

The number of children attending our minor ailment clinics is much smaller than in days gone by. Now, it has become abundantly evident that the chief reason for this is that there is much less illness about in schoolchildren.

Also, a change has occurred in pattern of cases treated. Once again, our largest group consisted of pupils with skin diseases—4,299. The next group, in point of number, was minor accidents—3,810—164 of which were referred either to the Accident Centre, General Hospital or to Eye and Ear Department, North Riding Infirmary.

(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 559. The number of pupils seen was 319.

Mr. Marshall saw cases almost weekly at North Riding Infirmary. The number of examinations was 192; number of children was 141.

AUDIOMETER SURVEY.—We continued to do Sweep Check tests with the Amplivox Portable Pure Tone Audiometer (Model 70). Each nurse tests 5 yr. + pupils in her own schools. Children who show hearing loss in this test are examined later by a medical officer. The number of pupils tested during 1959 was 2,289.

(c) OPHTHALMIC CLINIC.—

Ophthalmic Surgeons at North Riding Infirmary undertook four sessions weekly. During 1959 they examined 1,856 pupils. Spectacles were prescribed for 1738 of these cases.

(d) ORTHOPAEDIC CLINIC.—

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

Number of new cases seen by Orthopædic Surgeon:—	
School Children	227
Pre-School Children	52
Number of old cases seen by Orthopædic Surgeon:—	
School Children	171
Pre-School Children	48

Number of treatments by Orthopædic Sister:—

School Children	530
Pre-School Children	38

(e) ULTRA VIOLET LIGHT.—

Four treatment sessions were held weekly and the clinic was kept open during holiday periods. Altogether 45 boys and 42 girls had courses of treatment. The popularity of U.V.L. treatment is on the wane.

(f) VERRUCAS.—

We have an arrangement by which pupils with verrucas are treated by Chiropodists at their surgeries. The number of cases so treated in 1959 was 262.

(g) SPEECH THERAPY.—

The following report is prepared from information supplied by Miss Knight:—

Speech Therapy sessions were held daily at 154 Borough Road (where most children attended). A district clinic functioned at Marsh Road School Annexe and children were also treated at Burlam Road School for E.S.N. and at Linthorpe Infants' School. It is hoped that as number of Speech Therapists increases, it will be possible to visit more schools for purpose of treatment.

STATISTICAL REPORT—SPEECH CLINIC:
Total number on Roll 1st January, 1959.

	Boys	Girls	Total
Stammerers	52	20	72
Dyslalia (inc. simple and multiple)	29	14	43
Sigmatism (Lateral and Dental) ...	9	7	16
Cleft Palate (post operational) ...	6	1	7
E.S.N. (Educationally Sub-Normal)	18	3	21
Mixed Symptoms	4	4	8
Pre School	10	4	14
Spasticity (cerebral Palsy)	1	2	3
Polypus (Post operational)	1	—	1
Rhinophonic	—	1	1
	130	56	186

Admitted During the Year.	Boys	Girls	Total
Stammerers	19	5	24
Dyslalia	35	12	47
Sigmatism (Lateral and Dental) ...	11	1	12
Cleft Palate (Post operational) ...	1	2	3
Rhinophonic	1	3	4
Dypthonia	2	—	2
Post Adenoidal	—	1	1
Psychogenic—mutism	—	1	1
E.S.N. (Educationally Sub-Normal)	2	11	13
Dysphasia	—	1	1
	71	37	108

Discharged Adjusted.	Boys	Girls	Total
Stammerers	6	1	7
Dyslalia	13	3	16
Sigmatism (Lateral and Dental) ...	6	4	10
Defective Articulation	1	1	2
Mutism	—	1	1
E.S.N. (Educationally Sub-Normal)	1	4	5
Rhinophonic	—	1	1
	27	15	42

Other Discharges.	Boys	Girls	Total
Withdrawn—(unsatisfactory attendance)	14	6	20
Withdrawn conditionally (To be seen again)	9	6	15
Withdrawn by parents	1	1	2
Refused Treatment	2	1	3
Left district	1	2	3
Left country	1	—	1
Left school...	5	4	9
Parents unable to bring children due to domestic reasons	3	1	4
Withdrawn by school doctor—treatment no longer required	1	—	1
	37	21	58

No. of Children on Waiting List, 31st December, 1959	448
No. of Children treated during the year	294
No. of discharges	100
No. of Treatments	5152
No. of Children on Roll 31st December, 1959	194

2. Mental Welfare of Children.

CHILD GUIDANCE CLINIC.—

Mr. Freyman, Educational Psychologist, writes:—

"This year's figures show that the number of interviews with parents has risen sharply. In 1957 interviews with parents constituted 20% of the total. In 1958 the figure rose to 28% and reached 39.5% in 1959.

This is the result of the policy of discussing problems, for which children have been referred, with their parents as often as possible. In a number of cases we have seen mothers, or fathers or both more frequently than their children.

The fact that we have again been able to call upon the committee's two peripatetic teachers, Mrs. J. Elfer and Mrs. M. Moore, with regard to backward readers, has helped us to concentrate more on children presenting emotional behaviour and personality problems, at home or in school. We are, however, continuing to see a number of children who present reading difficulties in school. The Education Committee has appointed another part-time peripatetic teacher, who will start teaching early in 1960.

Although the effect of remedial education is not as striking as had been hoped for by the pioneers, its contribution to human happiness and the relief it offers to hard-pressed teachers in overcrowded classes, are undoubtedly appreciable.

We have continued to obtain good results with our enuresis apparatuses and a progress report is appended. (Appendix 1).

Another feature of this year's experience has been a number of children who were referred to us because of refusal to attend school, as apart from truanting. There seems to have been an increase in the number of such children in all parts of the country, but psychologists and psychiatrists are still not quite certain about the causes and treatment of this phenomenon. There can be no doubt, that divided discipline at home or overindulgence by one or both parents may have some bearing on the cases. Problems arising from the transfer of children from infant to junior to secondary stages also play a part. Our policy has been to try to get the children back to school without delay, even if in one or two cases it meant transfer from one type of school to another.

We have been fairly successful in this direction, but it cannot be emphasised too strongly that the earliest possible notification of such cases by teachers is of the utmost importance. If a child is allowed to get away with not going to school for some time, a very complex emotional situation develops, which is often very difficult to deal with.

The Educational Psychologist held a number of short courses in educational psychology for teachers at the Child Guidance Clinic; 48 Head and Assistant teachers from 25 different secondary, junior, infant and special schools took part in twenty meetings.

Our social worker attended the fifteenth Inter-Clinic Conference on "Truancy or School Phobia" in March.

Both the Educational Psychologist and the Social Worker assisted with the General Examination.

Thanks are due for the help we have received from Dr. Cuthbert and his staff at St. Luke's Hospital and to the Head Teachers of Schools attended by Maladjusted Pupils."

CHILD GUIDANCE CLINIC—STATISTICS 1959

Attendances at Clinic:

Children	807
Parents/Guardians	527

Visits by Clinic Staff:

Home	164
School	113
Others	30
Lecturers' & Teachers' Courses	22

Reasons for referral:

1. Testing and assessment only	12
2. Educational Retardation	28
3. Anti-Social Behaviour	45
4. Enuresis	22
5. Other habit disorders	24
6. Fears, withdrawal tendency etc.	4

Analysis of referral:

1. School Medical Officer	56
2. Head Teachers	55
3. Director of Education	2
4. General Practitioners	3
5. Probation and Children's Officers	3
6. Parents	9
7. Remedial Teachers ...	1
8. Youth Employment Officer	1
9. Child Welfare Department	5

No. of New Cases	135
Cases closed during year	130
Case load at beginning of year	62
Case load at end of year	67

Analysis of cases Closed:

1. Improved Satisfactorily	53
2. No more improvement likely by continued attendance	14
3. Testing and assessment only	21
4. Non co-operation	15
5. Parents do not wish to proceed ...	5
6. Referred elsewhere	22
7. Left district	—

SECTION VI.—HANDICAPPED PUPILS

A. Blind Pupils.—

Blind Pupils attended residential schools as follows:—

	Boys	Girls
Royal Victoria School for the Blind, Newcastle upon Tyne	1	—
St. Vincent's School for the Catholic Blind and Partially Sighted, Liverpool	1	—
Royal Blind School, Edinburgh	—	1
Total	2	1

B. Partially Sighted Pupils.—

Partially Sighted Pupils attended the following schools:—

St. Vincent's School for the Catholic Blind and Partialiy Sighted, Liverpool	—	2
Preston School for the Partially Sighted ...	2	—
East Anglian School for the Partially Sighted Gorleston	—	1
Ordinary Day School, Middlesbrough	—	1
Awaiting Residential School accommodation (at present attending Ordinary Day School)	1	—
Total	3	4

C. Deaf Pupils.—

Deaf Pupils attended the following schools:—

	Boys	Girls
Day School for the Deaf, Middlesbrough ...	5	5
St. John's Residential School for the Deaf, Boston Spa	2	—
Burwood Park Technical School, Walton-on-Thames	2	—
Yorkshire School for the Deaf, Doncaster ...	1	—
Awaiting admission to the Middlesbrough Day School for the Deaf	1	—
Total	11	5

D. Partially Deaf Pupils.—

Partially Deaf Pupils attended the following schools:—

Middlesbrough Day School for the Deaf ...	10	8
Ordinary Day School, Middlesbrough	1	—
Total	11	8

Miss Nixon, Headmistress, Day School for Deaf reports:—

"The year 1959 passed for the most part uneventfully though there have been highlights.

In June the school was presented with a Westrex Speech Training Unit and Induction Loop by the North Eastern Region Branch of the National Deaf Children's Society. We were the third school to benefit in this way from the activities of the Society, the other two being Sunderland and Newcastle.

The equipment has been invaluable. As an individual speech trainer, used with earphones, it is most helpful in the teaching of articulation and intonation and is so powerful that many (not all) of even the profoundly deaf can benefit.

Used with the loop it becomes a group amplifier for class work and here its great asset is that it may be used when children are moving freely about the room as in dramatic work and physical education. With the loop the children use their own individual aids, but each aid must be fitted with an "induction coil". The new Government transistor aids being issued to children in Schools for the Deaf are now supplied with this. School leavers leave their aids behind therefore and are supplied with the ordinary transistors as made for general use when they go.

We are looking forward to the installation of loops in most of the classrooms by the Education Committee in a short time and already electric points are fitted in readiness.

The advent of loop aids making it possible to work with a mobile class has greatly increased the scope of class amplifier work but the more orthodox group amplifier still has its place; for group work it is still the most powerful instrument there is and it

has its own very definite place to fill in the auditory training scheme of a School for the Deaf. They each have their function and together give deaf children opportunities undreamt of in earlier days.

David Walker, a profoundly deaf Middlesbrough boy was successful in the Joint Entrance examination for the Mary Hare Grammar School and Burwood Park Technical School and has now joined his pal Keith Williams at Burwood Park. Both boys are happy and doing well.

Paul Nicholas who has been attending Stainsby School half time for the past two years takes his G.C.E. at O level in History and Biology this year. He passed in Art last year and has done extremely well at school in both History and Biology. He is totally deaf and badly spastic.

Only 1 boy and 1 girl left school during the year, and two were admitted. Numbers remain at eighty—the maximum number we can take in our present premises. Both school leavers are in work and doing well."

E. Educationally Sub-Normal Pupils.—

Provision was made for education of 217 E.S.N. pupils as follows:—

1. Residential Schools:

	Boys	Girls
Besford Court R.C. Special School, Worcester	4	—
Aldwark Manor Special School, Alne, Nr. York	5	—
High Close Special School, Wokingham, Berks.	—	1
Allerton Priory R.C. Special School, Liverpool	—	1
Crowthorne Special School, Nr. Bolton ...	—	1
Pield Heath House R.C. Special School, Hillingdon	—	2
Beechwood Special School, Liverpool	—	1
Fyling Hall School, Robin Hood's Bay ...	1	—
Spring Hall School, Ripon	1	—
Hilton Grange School, Leeds	1	—

		Boys	Girls
2.	Burlam Road Day School, Middlesbrough ... (2 boys and 1 girl attending this school await Residential School accommodation).	99	70
3.	Ordinary Schools:		
	No. in retarded classes	2	2
	No. awaiting admission to Burlam Road Day Special School, Middlesbrough	12	9
	No. awaiting admission to residential schools	1	3
4.	Home Tuition:		
	(Boy classified as E.S.N. and Physically Handicapped	1	—
		127	90

Education Act 1944, Section 57:

(i)	Number of reports issued under Section 57(3)	4	1
(ii)	Number of reports issued under Section 57(5)	1	3

The following is a summary of recommendations made relating to E.S.N. category; to Section 57 of Education Act 1944 and to Education (Miscellaneous Provisions) Act 1948:—

E.S.N. Category:

(a)	Day School for E.S.N.	35
(b)	Residential School for E.S.N.	8
(c)	Backward class ordinary school	1
(d)	Not E.S.N.	11
(e)	Decision deferred	31
(f)	Re-examinations of 11y+, 14y+ and other E.S.N. pupils	60
	No. transferred to ordinary school as a result of above re-examinations	2

Education Act 1944, Section 57/3:

(b)	Decision deferred	2
(a)	Ineducable (Section 57/3) ... ... (Including one child of 4y+ in whose case decision was deferred by request of Ministry of Education after appeal by parent).	5

Education Act 1944, Section 57/5:

(a) Number of pupils notified under this section 4

Education (Miscellaneous Provisions) Act 1948, Section 8: Number of pupils in whose cases report as ineducable cancelled 1

Comment.

Our examinations under above headings were carried out completely by medical officers apart from report on home conditions made by school nurse. We attach great importance to observation of child during I.Q. test. On occasion a child was referred for opinion to our educational psychologist.

Cases in which decision was deferred included a number of children who were under 5 years of age at time of referral by Health Department.

MIDDLESBROUGH DAY SCHOOL FOR E.S.N.

Report by Mr. J. Woodhouse, Headmaster:

"This school for Educationally Sub-normal children had 156 pupils on roll at the beginning of January, 1959. The marked increase in the number on roll was due to the formation of a new class of Junior Pupils which was accommodated in the Dining Hall. During the year 19 children left school for the reasons outlined below, and 14 were admitted, leaving a total of 151 pupils on roll at the end of 1959. Of these 93 were boys and 58 girls.

Tranfer to Residential School	1
Transfer to Secondary Modern School ...	2
Transfer to Hospital	1
Incapable of receiving education at school ...	1
Left on attaining age of sixteen years	14

The distribution according to Chronological Age on 31st December, 1959, including school leavers, was as follows:—

Age	Boys	Girls	Total
6- 7 years	—	1	1
7- 8 ,,	2	1	3
8- 9 ,,	6	11	17
9-10 ,,	16	6	22
10-11 ,,	18	6	24
11-12 ,,	16	9	25
12-13 ,,	11	9	20
13-14 ,,	10	2	12
14-15 ,,	7	10	17
15-16 ,,	10	6	16
Totals	96	61	157

The distribution according to Intelligence Quotient was as follows :—

I.Q.	Boys	Girls	Total
35-40	—	1	1
41-45	1	5	6
46-50	3	2	5
51-55	9	7	16
56-60	11	12	23
61-65	22	12	34
66-70	23	10	33
71-75	13	6	19
76-80	10	4	14
81-85	3	2	5
86-90	1	—	1
Totals	96	61	157

The child's Intelligence Quotient suggests the rate at which he should progress and indicates the probable limits of his attainments. The child's Mental Age is calculated from his Chronological Age and Intelligence Quotient and suggests the level at which he should be working. During the year several children with very low Intelligence Quotients have been admitted to the school. There is no sharp dividing line between the sub-normal and the ineducable, although some of these children are likely to prove ineducable after an adequate trial period.

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
Non Reader	5	3	8
5- 6 years	26	6	32
6- 7 ,,	15	13	28
7- 8 ,,	21	13	34
8- 9 ,,	14	12	26
9-10 ,,	4	2	6
10-11 ,,	1	2	3
11-12 ,,	2	—	2
Totals	88	51	139

The admission of 36 Junior Pupils over the year is reflected in the abnormal concentration at the bottom end of the above table. Virtually all these children were non-readers when admitted to Burlam Road.

The Educationally Sub-Normal Child who is removed from the normal school environment has additional disabilities imposed on his innate lack of intelligence. The help of the School Medical Service is invaluable in the diagnosis and treatment of physical handicaps in this type of child and is readily available. Miss Knight and Mrs. McDonald, Speech Therapists, visit the school every Thursday morning to give treatment to children suffering from severe defects of speech. The Educationally Sub-Normal Child is the concern of all branches of the educational system, and the highest measure of co-operation exists between the school and the other departments vitally concerned with the problems he poses.

The Evening Institute attached to the school provides teaching in the Basic Subjects and in Manual Subjects for ex-pupils of the school.

The position with regard to the employment of Handicapped Children improved over the previous year although some School Leavers had difficulty in obtaining work.

At the end of 1959, 21 children were awaiting admission to Burlam Road. The formation of a new Junior Class at the beginning of the year taxed the available accommodation to the utmost so that a child now ascertained as Educationally Sub-Normal will have to wait approximately one year for admission to the school."

F. Epileptic Pupils.—

Handicapped Epileptic pupils attended following schools:—

	Boys	Girls
St. Elizabeth's School and Home for Epileptics, Much Hadham. (The boy reached maximum age for this school in July and is attending an ordinary school pending admission to another residential school).	1	1
Lingfield School for Epileptics, Surrey ...	—	1
Recommended for Residential School, ... (at present attending for treatment at St. Luke's Hospital, Middlesbrough).	—	1
	—	—
Total	1	3

Other Epileptic pupils attended Middlesbrough schools as follows:

	Petit Mal		Other Epilepsies		
Primary and Secondary	14	12	29	32	87
Secondary Grammar ...	2	1	2	—	5
E.S.N. Day School ...	3	—	1	3	7
School for Deaf ...	—	—	1	—	1
Totals	19	13	33	35	100

G. Maladjusted Pupils.—

Arrangements made for education of Maladjusted Pupils:—

	Boys	Girls
Wennington Hall Boarding Special School, Nr. Lancaster	1	—
Cotswold Chine Home-School, Nr. Stroud	2	—
Fyling Hall School, Robin Hood's Bay ...	5	—
Home Tuition	—	1
Ordinary Schools	2	—
Recommended for Residential School (became in-patient St. Luke's Hospital Middlesbrough)	—	1
Total	10	2

Comment.

This is an ill defined category. The use of the term Maladjustment involves the endowment of an abstract word with an independent, concrete reality on very scantly evidence. In fact, symptoms, "which may be indicative of Maladjustment"* such as timidity, solitariness, over activity, etc. were, until quite recently, thought to be indicative of Psychoneurosis.

Quite true that some delinquents are neurotic; equally true that some poets were neurotic; but did not one of the greatest clinicians of our time (Robert Hutchison) describe neurotics as "the salt of the earth?"

Again does it follow that if Tom was maladjusted, it was his maladjustment that impelled him to steal the pig? After all, it is generally agreed that, in human affairs, causation is always multiple.

The word maladjustment cannot have any precise meaning unless pin-pointed to time and place. Thus, a citizen accounted well adjusted in one country may well be thought very maladjusted indeed in a state with a different political regime. Indeed, it would appear that the supreme historical example of a well adjusted man (who could ride any storm) is the very popular but imperfectly identified Vicar of Bray. Is he our ideal ?

In our work, suggestions that pupils are maladjusted reach us most frequently concerning Delinquent pupils. The real difficulty with these cases is that if anyone looks at anyone else long enough and hard enough he will, in time, convince himself that his neighbour is maladjusted, in some respect, because, in fact, everyone is different from everyone else.

Fortunately, in this imbroglio, our medical officers have achieved a reasonable amount of unanimity. We do not believe that bad behaviour is, of necessity, either a disease or a disorder (the fashionable coloured word) but we agree that, in exceptional cases, certain diseases may influence conduct adversely.

* Report of Committee on Maladjusted Children. H.M. Stat. Office P. 156.

H. Physically Handicapped Pupils.—

The following arrangements were made for education of pupils ascertained under this heading:—

		Boys	Girls
1.	Residential Schools:		
	Barleythorpe Hall School, Oakham, Rutland	—	1
	Children's Convalescent Home, West Kirby	3	1
	St. Joseph's Hospital School, Liverpool ...	—	1
	Welburn Hall Special School, Kirbymoorside	3	5
	St. Vincent's School, St. Leonards-on-Sea	—	1
	St. John's Open Air School for Boys ... ... Woodford Bridge	2	—
	Ian Tetley Memorial Hospital School, Harrogate	1	2
	Hattondale School, Wellingborough ...	1	—
	St. Rose's R.C. Special School, Stroud ...	—	1
	Percy Hedley School for Spastics, Newcastle	2	—
	Stannington Children's Hospital School Nr. Morpeth	1	—
	Adela Shaw Hospital, Kirbymoorside ...	1	—
2.	Home Tuition	1	3
3.	Ordinary Schools	14	12
	(Transport to and from school provided for 2 of these boys)		
	Awaiting residential school accommodation	5	1

4. Others:		
Awaiting residential school accommodation (under school age)	—	1
Awaiting residential school accommodation (attending Burlam Road Day Special School, Middlesbrough	1	—
Total	35	29

CEREBRAL PALSY.—The total number of pupils on school rolls in 1959 suffering from Cerebral Palsy was 22 boys and 22 girls. Arrangements for their education were as follows:—

	Boys	Girls
Primary and Secondary Schools	13	14
Secondary Grammar Schools	1	—
School for E.S.N.	2	3
School for Deaf	3	2
Home Teaching	—	1
Adela Shaw Hospital	1	—
Residential School	2	2
	22	22

J. Delicate Pupils.—

Handicapped Delicate pupils were educated in following schools:—

	Boys	Girls
1. Residential Schools:		
St. Patrick's Open Air School, Hayling Island	—	1
Ingleborough Hall School, Clapham, Yorks.	1	—
St. Rose's R. C. Special School, Stroud ...	—	1
Redworth Hall School, Heighington, Co. Durham	1	—
2. Home Tuition	3	—
3. Ordinary Schools	5	7
(3 Boys attending ordinary schools are awaiting Residential School accommodation)	—	—
Total	10	9

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 Wood, Hexham, in charge of teachers, for periods of a fortnight. All pupils were inspected by one of our staff before departure.

The number of pupils who went to camp during 1959 was 1018 (526 boys and 492 girls).

B. B.C.G. Vaccination.—

B.C.G. Vaccination was carried out by Drs. Macfarlane and Wigfield at Central Clinic for schools in central Middlesbrough and on school premises in outer Middlesbrough.

Pupils vaccinated consisted of two groups (1) 14 years + leavers and (2) contacts of a tuberculous pupil in a Secondary Grammar Girls' School. Most of these girls were 14 years+.

	(1) Leaver (14yr.+) Group	(2) Contact Group
	Approximately 50% of parents approached consented to B.C.G. Vaccination	Nearly all parents concerned consented to B.C.G. Vaccination
(a) **Tuberculin Test** (Heaf Gun)		
No. tested	874	56
No. Tuberculin Negative	637 = 73%	42
*No. Tuberculin Positive	227 = 26%	14
Absentees (from reading)	10 = 1%	Nil
*including two pupils found to have had B.C.G. some time ago.		
(b) **B.C.G. Vaccination**		
No. Vaccinated	624	42
Absentees	13	Nil

(c) **Follow up of Tuberculin Positive Pupils**

No. x-rayed	216	14
Absentees	9	Nil
No. called to chest clinic after x-ray	6	Nil
No. recalled for second x-ray after six months ...	5	Nil
Absent from second x-ray	1	Nil
Pupil found to have healing Pul. T.B.	1	Nil
Pupils found to need further supervision	3	Nil

C. Diphtheria Immunisations.—

During 1959, our returns for Diphtheria Immunisation were as follows:—

First Injections	990
Second Injections	685
Booster Injections	1,517
Total completed immunisations	2,202
Percentage of School Children immunised as at 31.12.59 ...	=84.28%

D. Davison Home (Convalescence).—

School children are sent to the Davison Home, Danby (placed in North Yorkshire moors at about 22 miles from Middlesbrough and now taken over by our L.A.) for short stay convalescence. There, if fit, they attend the village school. The number of children so sent in 1959 was 37.

E. Disabled Persons' Act.—

Number of pupils placed on Disabled Persons' Register:—
8 boys; 6 girls.

F. Employment.—

Number of pupils registered for part-time employment:—
391 boys; 58 girls.

Number of pupils issued with licences to appear in public entertainment :—

18 girls.

These figures reveal a substantial decrease in number of girls undertaking part-time work.

G. Health Education.—

Instruction on Health matters is given by medical officers and nurses in the course of routine duties.

Some students from Training Colleges were taken through our Central Clinic individually and given an outline of our work.

At the end of the year, a course of lectures on Handicapped Pupils was organised for our nurses. Three medical officers gave lectures This activity is to be continued.

H. Infectious Diseases.—

During 1959 the incidence of infectious diseases among school children (5y — 15y) was as follows :—

	Male	Female	Total
Food Poisoning	6	7	13
Scarlatina	39	50	89
Measles	264	282	546
Whooping Cough	17	30	47
Chicken Pox	404	378	782
Poliomyelitis (Paralytic) ...	—	1	1
Poliomyelitis (Non-Paralytic)	2	1	3
Dysentery	18	11	29
Meningococcal Infections ...	—	1	1
Acute Primary Pneumonia ...	7	3	10
Pulmonary T.B.	4	8	12
Totals	761	772	1533

I. Physical Education.—

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

"PRIMARY AND SECONDARY GIRLS' SCHOOLS:

Work in primary schools has continued to develop on basic movement principles with encouraging results. The good effect of the Movement Course which was attended by 70 teachers has been noticeable in many schools. It is hoped that others will develop along similar lines after the 'follow up' course shortly to be held. All schools are well equipped and use their equipment well. A number of short film sessions were held showing modern work in schools in various parts of the country as well as one of a Middlesbrough school where excellent work has been done.

With the exceptionally good weather during 1959, many lessons were taken on fields and great use was made of grass space for dancing as well as organised games.

Infant schools in particular, enjoyed working outdoors on grass where it was available. The beneficial effects of such a fine stretch of weather gave great satisfaction to schools who planned numerous inter-school functions and games. The Primary schools country dance party was held on a glorious day, and gave great pleasure to a large number of primary school children. The Rounders Rally in Pallister Park was also carried out on a lovely day and great enthusiasm was shown and a high standard of play reached. The Girls' Netball Rally was held at Whinney Banks School on hard courts and again attracted a record entry.

Good use was made of all fields for out of school activities and friendly matches.

The Girls' Hockey Rally had to be abandoned, however, and it is hoped to complete this before the season finishes.

The Girls' Athletic Meeting was again held on North Ormesby field and was well organised by the women teachers. As more fields come into use more schools are holding their own sports days. The Junior Schools have had fifteen schools competing in regular Saturday morning hockey matches in addition to twenty-seven teams playing regular football matches.

SECONDARY BOYS' SCHOOLS:

Interest has continued to develop in a widening range of activities. The major games were well catered for at all age ranges by the appropriate Schools Associations. The fine summer weather was particularly beneficial to cricket instruction. Many sporting successes were recorded. Three boys reached the final of the National Boxing Championships, one boy winning his bout. Three boys also played cricket for Durham County Schools' eleven. The town Intermediate Football XI had a good season, reaching the final of the Hartlepools Hospital Cup.

A start has been made in several new activities. Teachers' courses were held in Basketball and Canoeing. A Schools Basketball league now operates, with 13 schools taking part. Elementary canoe handling instruction has been given on Albert Park lake, and a number of schools have begun building their own canoes. The first group of boys also qualified for the first series of the Duke of Edinburgh's Award.

More schools took an active interest in cross country running and gymnastics, and the standard at all levels has improved. A large number of boys attended the British Gymnastics Championships at Billingham and derived much benefit from this visit. Good support was given to the town's Pleasure in Parkland programme by the staging of a 5-a-side football tournament and two road relay races in Albert Park.

SWIMMING:

The great interest in swimming has been maintained and the baths are used to capacity from Monday to Friday. Extra accommodation was again provided at Thornaby Baths during the summer term for some primary classes. The use of floats in teaching beginners has been of great value.

Many schools now have a swimming club with an allocated period for after-school training, largely devoted to Life Saving practice. During last year the Middlesbrough Schools were awarded the National Life Saving Shield for gaining the greatest percentage increase in life saving awards in 1958. In spite of some curtailment in swimming activities during the Summer term

due to repairs being carried out at one of the baths, the number of Life Saving Awards was maintained and awards of swimming certificates increased. A course on Life Saving Instruction was organised for men and women teachers.

A feature of particular interest is the swimming session for handicapped pupils which occurs twice weekly, a number of girls from secondary schools assisting these pupils to swim. The results have been most encouraging.

GENERAL:

It is interesting to note the growth of clubs and societies on the Physical Education side as the amenities attached to new Secondary Schools come into use.

Tribute must be paid to all those teachers in schools, both Primary and Secondary, who give their time so generously to make these out-of-school activities possible.

Thanks are also due to the Parks Superintendent, the Baths Superintendent and their staffs for their co-operation and help in a number of activities."

J. Poliomyelitis Vaccination.—

During 1959 Polio Vaccination was carried out almost completely by staff of Health Department.

K. Medical Examinations (Adult).—

The number of medical examinations carried out for superannuation purposes and for admission to Training College was 271 (109 males and 162 females).

L. Provision of Milk and Meals.—

The School Health Service is not directly connected with the provision of meals and milk but the following information supplied by Director of Education, may be of general interest.

	Children Taking	
	Milk	Meals
Secondary	79%	53.7%
Primary	97.5%	36.2%
Special	86%	97.2%
Total	90%	43%

Nearly 13,000 children were having their mid-day meal at school and almost 27,000 of them enjoyed their one-third pint of milk.

M. Mass Radiography.—

Mass Radiography of leaver pupils was abandoned in 1959 in accordance with the recommendation of the Adrian Report.

SECTION VIII

DENTAL INSPECTION AND TREATMENT, 1959

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

"The year's work was restricted for two reasons. Firstly due to short staffing, and secondly due to illness.

At the beginning of the year the staff consisted of one full-time dental officer (the Principal School Dental Officer) and two part-time dental officers.

The end of April saw the resignation of one part-time officer, and at the end of September the remaining part-time officer intimated that he wished to work a reduced number of sessions per week.

Towards the end of January the Principal Dental Officer, after being on sick leave, but not properly recovered, returned to duty to undertake light duties for a while, but finally about the early summer, had to be admitted to hospital and was off duty for several months.

Steps have been taken, by advertising at more or less regular intervals for some time, with a view to recruitment for both full-time and part-time officers but it has proved fruitless.

It is a recognised fact that there are too few dentists available to serve the requirements of both the National Health Service and the School Dental Service.

There were 115 cases referred to the Panel of Consultants for orthodontic treatment or provision of dentures.

Form 20M.

MINISTRY OF EDUCATION

SCHOOL HEALTH SERVICE STAFF AND SCHOOL CLINICS

Local Education Authority Middlesbrough County Borough. Return for 31st December, 1959.

1. STAFF OF THE SCHOOL HEALTH SERVICE (excluding Child Guidance)

Principal School Medical Officer ... Eric C. Downer.

Principal School Dental Officer ... John Auton.

	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 Service	1	1·00
(ii) Whole-time School Health and Local Health Services	6	2·16
(iii) General practitioners working part-time in the School Health Service ...	2	0·72
(b) Physiotherapists, Speech Therapists, etc., (specify) :—		
Speech Therapists	2	1·36
(c) (i) School Nurses	13	13·00
(ii) No. of the above who hold a Health Visitor's Certificate	2	
(d) Nursing Assistants	1	1·00

(e) Dental Staff :—	Officers employed on a salary basis		Officers employed on a sessional basis	
	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(i) Principal School Dental Officer ...	1	1·00		
(ii) Dental Officers	1	0·45		
(iii) Orthodontists if not already included in (e) (i) or (e) (ii) above)				
Total	2	1·45		
			Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(iv) Dental Attendants			2	2·00
(v) Other Staff (specify)				

2. NUMBER OF SCHOOL CLINICS: 11.

3. 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	Number of School Clinics (i.e. premises where such treatment is provided:—	
	Directly by the Authority	Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals
(1)	(2)	(3)
A. Minor ailment and other non-specialist examination or treatment	8	—
B. Dental	2	—
C. Ophthalmic		N. R. Infirmary
D. Ear, Nose and Throat		N. R. Infirmary
E. Orthopædic	1	—
F. Pædiatric	—	General Hospital
G. Speech Therapy ...	2	—
H. Others (specify):—		
Ultra Violet Light ...	1	—
Chiropody	At Chiropodist's Surgeries	

4. CHILD GUIDANCE CLINICS:

(1) Number of Child Guidance Clinics provided by the Authority 1

(2) Staff of Clinics:

	Number	Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists	—	—
Educational Psychologists ...	1	1.00
Psychiatric Social Workers...	—	—
Pædiatricians, Play Therapists Social Workers, etc., (**excluding** Clerks) (Specify):		
Social Worker	1	1.00
	Selected cases referred to Psychiatrist, St. Luke's Hospital, Middlesbrough.	

Form 8M.

MINISTRY OF EDUCATION

MEDICAL INSPECTION AND TREATMENT RETURN FOR THE YEAR ENDED 31st DECEMBER, 1959.

Number of pupils on registers of maintained primary and secondary schools (including nursery and special school) in January, 1960, as in Form 7, 7M and 11 Schools ... 31,340

Note: Tables A, B and C relate only to medical inspections of pupils attending maintained schools prescribed in Section 48(1) of the Education Act, 1955.

PART I.—Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Co. 2	No.	% of Co. 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	150	150	100	—	—
1954	2556	2536	99·22	20	0.78
1953	824	822	99·76	2	0·24
1952	85	85	100	—	—
1951	1778	1774	99·78	4	0·22
1950	911	909	99·78	2	0,22
1949	32	32	100	—	—
1948	397	395	99·50	2	0·50
1947	2056	2044	99·42	12	0·58
1946	1019	1016	99·71	3	0·29
1945	89	89	100	—	—
1944 and earlier	2381	2363	99·24	18	0·76
Total	12,278	12,215	99·49	63	0·51

PART II.—**Defects Found by Medical Inspection during the Year.**

TABLE A.—PERIODIC INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4.	Skin	73	71	28	18	163	160	264	249
5.	Eyes a. Vision .	31	93	80	261	332	599	443	953
	b. Squint .	39	65	4	13	36	85	79	163
	c. Other ..	16	12	9	6	35	53	60	71
6.	Ears a. Hearing	13	24	3	15	34	52	50	91
	b. O. Media	16	39	5	10	29	74	50	123
	c. Other ..	17	17	3	2	38	17	58	36
7.	Nose and Throat	77	487	12	58	73	426	162	971
8.	Speech	22	122	—	11	11	67	33	200
9.	Lymphatic Glands	2	158	1	3	1	95	4	256
10.	Heart	4	39	4	27	8	58	16	124
11.	Lungs	23	108	5	23	20	93	48	224
12.	Developmental:								
	a. Hernia	1	5	—	—	4	3	5	8
	b. Other	16	28	1	5	28	75	45	108
13.	Orthopaedic:								
	a. Posture	2	34	1	59	24	234	27	327
	b. Feet ...	20	49	5	22	43	87	68	158
	c. Other ..	25	50	7	41	39	135	71	226
14.	Nervous System:								
	a. Epilepsy	1	4	—	5	2	15	3	24
	b. Other ..	4	43	2	10	17	63	23	116
15.	Psychological:								
	a. Development	3	22	2	4	4	19	9	45
	b. Stability ...	15	171	—	13	14	95	29	279
16.	Abdomen ...	3	9	1	2	7	15	11	26
17.	Other	18	36	7	14	24	61	49	111

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS.

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	For defective vision (Excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1955 and later	—	18	18
1954	23	265	286
1953	7	95	101
1952	2	11	13
1951	47	138	185
1950	37	74	110
1949	3	1	4
1948	32	40	70
1947	127	198	319
1946	45	72	117
1945	9	11	19
1944 and earlier	111	150	255
Total	443	1073	1497

TABLE C.—OTHER INSPECTIONS.

Number of Special Inspections	5,594
Number of Re-inspections	2,272
Total	7,866

TABLE D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	105,533
(b) Total number of individual pupils found to be infested	3,952
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	31
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	6

TABLE B.—SPECIAL INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4.	Skin	1,941	—
5.	Eyes—a. Vision	202	1
	b. Squint	4	—
	c. Other	312	—
6.	Ears—a. Hearing	18	1
	b. Otitis Media ...	31	—
	c. Other	120	—
7.	Nose and Throat	24	1
8.	Speech	1	—
9.	Lymphatic Glands	6	—
10.	Heart	1	—
11.	Lungs	2	—
12.	Developmental—		
	a. Hernia	—	—
	b. Other	—	—
13.	Orthopaedic—		
	a. Posture	1	—
	b. Feet	5	1
	c. Other	32	1
14.	Nervous System—		
	a. Epilepsy	1	—
	b. Other	3	3
15.	Psychological—		
	a. Development ...	19	—
	b. Stability	22	—
16.	Abdomen	1	—
17.	Other	2,914	2

PART III—Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	314
Errors of refraction (including squint) ...	1,856
Total	2,170
Number of pupils for whom spectacles were prescribed	1,738

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment:—	
(a) for diseases of the ear	19
(b) for adenoids and chronic tonsilitis ...	736
(c) for other nose and throat conditions	115
Received other forms of treatment	436
Total	1,306
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(a) in 1959	15
(b) in previous years	90

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been dealt with
(a) Pupils treated at clinics or out-patients departments	227
(b) Pupils treated at school for postural defects	—
Total	227

TABLE D.—DISEASES OF THE SKIN (excluding uncleaniness, for which see Table D of Part I).

	Number of cases known to have been dealt with
Ringworm—(a) Scalp	—
(b) Body	2
Scabies	73
Impetigo	107
Other skin diseases	4,117
Total	4,299

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been dealt with
Pupils terated at Child Guidance clinics ...	197

TABLE F.—SPEECH THERAPY.

	Number of cases known to have been dealt with
Pupils treated by speech therapists	294

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	12,521
(b) Pupils who received convalescent treatment under School Health Service arrangements	37
(c) Pupils who received B.C.G. vaccination	666
(d) Other than (a), (b) and (c) above. Please specify:	
(e) Pupils immunised against Diphtheria	2,202
(f) Pupils treated with Uultra Violet Light	87
(g) Pupils treated by Chiropodists ...	282
Total (a)-(g)	15,795

PART IV.—**Dental Inspection and Treatment carried out by the Authority.**

(1) Number of pupils inspected by the Authority's Dental Officers:

(a) At Periodic Inspections	11,200
(b) As Specials	933
Total (1)	12,133

(2) Number found to require treatment	4,510
(3) Number offered treatment	3,721
(4) Number actually treated	2,127
(5) Number of attendances made by pupils for treatment, including those recorded at 11(h)	2,512

(6) Half days devoted to:—			
(a) Periodic (School) Inspection	81		
(b) Treatment	404		
		Total (6)	485
(7) Fillings:—			
(a) Permanent Teeth ...	432		
(b) Temporary Teeth ...	36		
		Total (7)	468
(8) Number of Teeth filled:—			
(a) Permanent Teeth ...	404		
(b) Temporary Teeth ...	36		
		Total (8)	440
(9) Extractions:—			
(a) Permanent Teeth ...	1,132		
(b) Temporary Teeth ...	2,461		
		Total (9)	3,593
(10) Administration of general anaesthetics for extraction			1,108
(11) Orthodontics:—			
(a) Cases commenced during the year			—
(b) Cases brought 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 teeth:			
(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:			
(a) Permanent Teeth ...	196		
(b) Temporary Teeth ...	98		
		Total (13)	294

ENURESIS:—A Brighter Outlook

Richard Freyman, B.A.

The treatment of enuresis in our Child Guidance Clinic has shown very good results during the last few years. This is due to a large extent to the introduction of the enuresis bell apparatus mentioned already in the two previous annual reports.

This apparatus, originally developed in 1938 by the American Psychologist O.H. Mowrer, helps to waken the enuretic child by means of a bell, which is activated by the urine causing the closure of an electric circuit. The knowledge of being alerted immediately after the wetting begins, creates confidence in the child about his ability to overcome wetting and leads in many cases to a complete cure.

Failures do, of course, occur. The most frequent cause of these is the omission of parents to carry out our instructions closely. One of the most essential instructions is to waken the child immediately after the bell begins to ring, as some enuretic children sleep very deeply. This may mean a disturbed sleep for the parents for a few days or even a week or so, before the child learns to waken unaided.

Some parents are not willing to do this, with the result that the treatment is not given a proper trial. Other parents do not return the apparatus in the case of a mechanical breakdown at once, although specifically instructed to do so. Thus a time gap ensues. Hopes raised in parents and children during the first few nights of using the apparatus, when some improvement has usually been noticed, become diminished. The second start will then take place in a less favourable mental climate and the treatment will take longer.

Most of the failures to cure the enuresis with the bell apparatus have been due to a lack of parental co-operation. Three young girls showed fear of the noise of the bell, and the apparatus was withdrawn. It may be, however, that these fears were due to a wrong handling of the situation or to parental worries rather than to true anxiety in the children. Some improvement occurred in two of these cases.

It has been found that the age of the child—children below five are not treated by means of the apparatus—does not appear to influence the success.

The average age of children at the time of issue of the apparatus was 9.3 years with a range from 5.3 to 15 years. 32 children (21 boys and 11 girls) out of a total of 56 referred (see below) were treated by means of the apparatus. 23 children out of the 32 were referred for nocturnal enuresis specifically, whilst 9 children were referred for other reasons as well. All children were medically examined, in order to exclude organic patholgy as a cause of the enuresis.

The apparatus was issued once to 27 children; twice to 2 children; three times to 2 children; four times to 1 child.

The periods of using the apparatus varied from one week to 40 weeks with an average of 11.3 weeks per individual issue. This included at least two weeks during which the apparatus was still in the home, but not connected to the bed of the child, in order to make sure that the "dry" habit did not depend on the knowledge that the bell would ring if wetting should occur. In view of the longer time required by some children to establish the "dry" habit, the clinic must have sufficient apparatuses available in order to avoid a long waiting list.

After the dry habit has been established and the apparatus returned, the children are followed up in regular intervals of one. three and six months. If the child has remained dry or wets only very occasionally, usually when excited, the case is closed. Parents are told, however, that should any major breakdown occur, the apparatus can be re-issued.

Although some of the children quoted in the table of results below have not yet been followed up for ten months, it is felt with confidence from the pattern of their improvement during treatment, that the cure will be a permanent one.

Results:—	**No. of children**
Completely cured ... ... (Including very occasional lapses)	15
Still under treatment ... ... (but very much improved)	4
Total	19

Results:—	No. of Children
Failures ... ... (unsatisfactory parental supervision)	10
Reported fear of bell	3
Total	13
Total number of children treated	32

Twenty-four children, referred for enuresis or for other complaints including enuresis were not treated with the bell apparatus for the following reasons:—

Cases referred but not treated with bell apparatus

Reasons	No.
1. Parents did not keep appointment	5
2. Parents did not wish to proceed with treatment. (Children too young, improvement noticed. Neighbours or family members may not like the noise of the bell, etc.)	6
3. Improved before date of first appointment	1
4. Improvement (obtained through advice, remedial reading lessons, psychological treatment, etc. Symptoms often not very severe)	9
5. Under treatment elsewhere	3
Total	24

In conclusion one may say that generally speaking the success of the treatment of enuresis in children depends very much on the attitude of parents. It does not differ in this respect from other complaints for which children are referred to child guidance clinics.

It would appear that enuresis is a syndrome consisting of inadequate training and physiological weakness.

Inherited and psychogenic influences may play a part, but probably in the form of secondary rather than primary factors. Inadequate toilet training due to various causes will set up worries

and tensions in the relationship between child and mother and produce an overlay of psychological and emotional disturbance.

The successful treatment of enuresis, especially by means of the bell apparatus, warrants a more hopeful attitude towards the cure of this very unpleasant and widely spread complaint.

APPENDIX 2.

TREATMENT OF PEDICULOSIS CAPITIS
RECORD OF AN EXPERIMENT

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

When a pupil is found to be verminous the mother usually follows the instructions given to her and eventually disinfects the child. Our difficulty is in maintaining this satisfactory condition. Although we urge that all members of the family be treated in the same way, and at the same time as the pupil, this advice is rarely carried out completely and we find that, in many cases, the child quickly becomes re-infested from family contacts—even over one week-end. Parents do not easily appreciate that in a very short time a few neglected nits can produce a large population of lice.

In view of this problem, it was decided to make the following experiment in the family treatment of head lice. A school with an unsatisfactory record was selected and every pupil (infants and juniors) examined for signs of hair infestation. In 178 examinations 62 children (34.8%) were found to be verminous. This number involved 34 families. School nurses visited the homes of these children and explained to the parents a scheme for the family treatment of head lice. All but two of the families agreed to take part. Parents were supplied with sufficient special shampoo (Lorexane No. 3 I.C.I.) for a weekly treatment for four weeks for each member of the family including parents. They were also issued with a printed form giving detailed instructions for use.

At a subsequent examination of the 55 children who had been treated only one was found to have lice and in this case there was doubt about the mother having carried out the instructions properly. Of the remainder 38 were absolutely free from vermin and 16 showed a few nits which appeared dead.

We have continued to supply this shampoo, on application, to the families concerned. A few lost interest and a few obviously did not make proper use of the shampoo but generally the experiment showed good results. At a cleanliness survey carried out 6 months later in November, 1959, the percentage of infested children had dropped from 34.8% to 20.8%.

This technique of treatment is being extended to verminous children in other schools.

APPENDIX 3.

CONGENITAL MALFORMATIONS IN MIDDLESBROUGH CHILDREN BORN IN 1954.

John Cahill, B.Sc., M.R.C.S., L.R.C.P.

The continued decline in incidence of certain infections and contagious diseases allows us to give more attention to Congenital Defects. In recent years, much work has been done particularly on environmental factors thought to play a part in causing these conditions. It has been suggested that "environmental influences are at least as important as those which are inherited".[1]

Evidence exists that on environmental side, these defects are associated with maternal infections, density of population, socio-economic conditions and exposurre to radiation.[2] Total radiation exposure will depend, in turn, on geological data and even building materials in addition to more publicised factors such as medical radiation.

This note is concerned with the less ambitious project of constructing a list of congenital malformations in children born in a particular year (1954) which will allow comparison to be made with the position in succeeding years. Children born in 1954 normally started to attend school in the year covered by our report. It is worth noting that "the full rise in radiation induced major defects is . . . yet to come"[3] and that even a real rise "is likely to remain for many years below the limit of statistical significance"[3].

As to methods used in preparing list:— information about 1954 children now dead from effects of congenital malformations was obtained from Health Department; particulars of living

children were obtained by examination of lists of defects found at periodic inspections (supplemented by inspection of Main School Medical Record Cards); inspection of records of Orthopædic clinics and of records of examinations under Handicapped Pupils Regulations.

At times, the decision as to whether a given defect was truly congenital was not a simple matter. It is almost axiomatic that causation is multiple in biological situations. For that reason, Genu Valgum and Genu Varum were rejected. Dr. Adamson advised caution in "classing Pes Valgus as a congenital defect as all babies are flat footed at birth"[4]. Cases of Pes Valgus were not included.

Lastly, it may be asked to what extent this list is to be regarded as exhaustive. The answer is simple. Serious defects can hardly be missed but it is quite easy to forget to make a note about a trivial defect that causes no inconvenience. Thus, our list will be accurate for important conditions but will not include all trivial ones.

A. Children born in 1954 who died in Middlesbrough C.B. as a result of Congenital Malformations.

Multiple Deformities:—

M	F	Age	Date of Death	Cause	Code No.[5]
1		2 days	19. 1.54	Multiple Congenital Deformities	750
	1	½ hour	13. 3.54	do.	750
	1	7 months	15. 1.55	do.	750

Circulatory System:—

1		1 month	13. 6.54	Congenital Heart Disease	754
1		2 days	2. 7.54	do.	754
	1	1 week	2.10.54	do.	754
	1	6 weeks	24.11.54	do.	754
1		19 months	8.10.55	do.	754

Digestive System:—

	1	1 day	12. 2.54	Exomphalos	756.2

Genito-Urinary System:—

	1	1 hour	10. 8.54	Congenital Cystic Kidneys	757.1
—	—				
4	6	Total			

B. Children born in 1954 with Congenital Defects living in Middlesbrough County Borough.

Central Nervous System:—

Male	Female	Type of Defect	Code No.
	1	Microcephalic	753.1
1	3	Mongol	325.4
	1	Hydrocephalus	752
2	2	Cerebral Diplegia	351

Sense Organs:—

	1	Albinism	759.3
	1	Congenital Deafness	398.3

Circulatory System:—

1	1	Congenital Heart Disease	754.5

Cleft Palate and Hare Lip:—

1		Hare lip	755

Bones and Joints:—

	1	Congenital Absence of arm	758.6
	1	Congenital Contraction 5th Finger	758.6
1		Webbed Fingers	758
1	3	Pes Cavus	748
	2	Tal. Equino-Varus	748
1		Claw Foot	758
	1	Congenital Dislocation of Hip	758

Other Congenital Defects:—

1	2	Naevus	228
	1	Congenital absence of part of nostril	759.0
	1	Icthyosis	759.1
—	—		
Total 8	24		
—	—		

Total number of children in Group B = 2,562.

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[5] W.H.O. (1957) Internat. Classif. of Diseases. Geneva.

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