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Cornwall County Council.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

1938.

E M. CLARKE, M.D., Lond.

Oscar Blackford, Royal Printeries, Truro.

CORNWALL COUNTY COUNCIL.

EDUCATION COMMITTEE.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1938.

School Medical Staff.

School Medical Officer:
E. M. CLARKE, M.D.Lond. (Retired 31.12.38).

Assistant School Medical Officers:
DOROTHY A. CHOWN, M.R.C.S. Eng., L.R.C.P. Lond.
J. A. CLARK, M.B., B.S. Lond., M.R.C.S., Eng., L.R.C.P., Lond.
*R. J. E. HANSON, M.A., M.B., B.Ch. Camb., F.R.C.S.Ed.
ELIZABETH MACLEOD, M.D., Ch.B. Ed.

School Oculist:
*R. J. E. HANSON, M.A., M.B., B.Ch. Camb., F.R.C.S.Ed.

School Dental Surgeons:
W. H. ELLAM, B.D.S., Univ. L'pool.
R. H. HAMLYN, L.D.S., R.C.S. Eng.
F. R. TAYLOR, L.D.S., R.C.S. Eng.

Dental Attendants:
MRS. C. D. GOOD.
MISS C. M. GRIFFITHS.
MISS R. P. ROWE.

Orthopædic Surgeon (part-time):
W. W. RENTOUL, M.B., B.Ch., B.A.O. Belf.

Orthopædic Sisters:
MISS J. D. NEWMAN, C.S.M.M.G.
MISS M. F. VENABLES, C.S.M.M.G.

Health Visitors:
MISS A. V. BATH.
MISS M. BRADLEY.
MISS A. FLAMANK.
MISS D. V. GRAY.
MISS J. C. HENDERSON.
MISS A. A. HOUSMAN.
MISS G. VARCOE.

School Nurses:
The Health Visitors and 156 District Nurses give part-time to school work.

STATISTICS.

Elementary Education Area (excluding the Boroughs of Falmouth and Penzance): ...	863,132 acres.
Higher Education Area:	868,167 acres.
Population (1931 Census):	
Elementary Education Area	282,921.
Higher Education Area	317,968.

	Elementary	Secondary.
School Population (on books) ...	31,957	3,715
Average Attendance	28,150	3,460
Number of Schools	286	21
Number of Departments ...	343	—

CO-ORDINATION.

The School Medical Officer is also the County Medical Officer of Health.

The whole-time Health Visitors undertake Maternity and Child Welfare Work and Tuberculosis Work in addition to School Work. The District Nurses undertake School and Maternity and Child Welfare Work in addition to District Nursing.

The County Inspector of Midwives is also the Superintendent of the Cornwall County Nursing Association and the Assistant Inspectors of Midwives are Assistant Superintendents of the Nursing Association.

SCHOOL HYGIENE.

Matters concerning school hygiene and school buildings come under the review of the appropriate Committees each month. The Assistant School Medical Officers during their school visits report defects of ventilation, lighting, heating, sanitation, etc.

MEDICAL INSPECTION.

In the Elementary Schools the age groups inspected at the annual routine inspections are—

Entrants.

Children 8 years old.

Children 12 years old.

"Specials" selected by parents and teachers and not due for inspection under the three previous groups.

Refraction was undertaken by Dr. Hanson for all children requiring it: for all other work the schools are arranged into four groups, one for each Assistant School Medical Officer. The medical inspections take place in the schools—usually one classroom is used for this purpose except in the few schools where a staff room is available. Where there is no staff room the school work is disorganised, especially if the school consists of one or two rooms only. Parents may have to be accommodated in a classroom containing all the children.

Nearly all the inspections are carried out in the schools but occasionally the homes are visited for examination of those children who are unable to attend school. Parents are always invited for the routine inspections. Each school is visited twice during the year—the second visit is usually made without notice.

FINDINGS OF MEDICAL INSPECTION.

(See Table II at end of report).

(a) Nutrition.

Table II B. gives the numbers examined and the classification made by the School Medical Officers. In 24.3% of the 9,997 children classified the nutrition was excellent, in 66.5% normal, in 8.5% slightly sub-normal, and in 0.7% bad. As usual the figures for the second age-group show most defects. There is some diversity of standard for the four groups, especially with regard to the boundary between A and B, and for comparative purposes

it is useful to add A and B together. Some comparative figures are—

	A	B	C	D
	Excellent.	Normal.	Slightly Sub-normal.	Bad.
Cornwall 1936	21.1	69.7	8.3	0.8
Cornwall 1937	21.9	69.7	7.7	0.8
Cornwall 1938	24.3	66.5	8.5	0.7
England and Wales 1936	14.6	74.2	10.5	0.7
England and Wales 1937	14.6	74.1	10.6	0.7

(b) Uncleanliness. (See Table VI).

Health Visitors and District Nurses usually make at least one visit to each school each term and inspect all the children present. Of the individual children examined, 3,077 were not quite satisfactory. It must be noted that this figure includes all defects found, however slight. This gives a percentage of 10.9 which is higher than that for England and Wales (about 9.8%). If the inspection is not carefully performed, many cases are missed and the figures seem better. These figures are of course disappointing, but under the present school conditions improvement will be slow owing to the relapse of the chronic cases after cleansing. Last year the percentage was 12 in Cornwall.

(c) Minor Ailments and Diseases of the Skin.

Children suffering from minor ailments or diseases of the skin are excluded from school attendance when necessary and the home treatment supervised by the School Nurses. In large towns the children are sent from the schools to school clinics for daily treatment, but this is only useful in large centres—the numbers are too small elsewhere to warrant the establishment of school clinics. In England and Wales it is usually estimated that about 10% of children in average attendance require treatment annually for minor ailments and about this number of children are followed up by the School Nurses. It will soon be possible to arrange for X-ray treatment of ringworm of the scalp in the County. Previously the nearest centre was Plymouth. In 1927 a special inquiry was made as to the number of cases of ringworm known and 20 cases of ringworm of the scalp and 20

cases of ringworm of the body were reported. Ringworm of the scalp is difficult to cure except by X-ray treatment and in view of the many months' exclusion sometimes required it will be useful to arrange for X-ray treatment in appropriate cases. Ringworm of the body is easily cured so that treatment by X-ray is not required.

(d) Visual Defects and External Eye Disease.

The number of children referred for treatment for defective vision was 418 and for squint 102—41.8 and 10.2 per 1,000 as compared with 75.7 and 7.9 for England and Wales in 1937. The visual defects referred for treatment are usually slightly less in number than those for England and Wales. As regards other eye defects, 4 per 1,000 were referred for treatment as compared with 6.4 for England and Wales. This is the usual figure and varies according to the general cleanliness and state of nutrition of the children. There were also 177 " specials " requiring treatment for defective vision and 34 for squint.

> Dr. Hanson reports:— " This work is exacting. If young squinters are to be adequately dealt with in addition to the general refraction work (13 County Clinics—Bude to Land's End—with one at Plymouth for S.E. Cornwall pupils) and other work, a full time County Oculist is necessary.
>
> Young squinters need occlusion treatment in infancy and careful continuous observation at subsequent School Eye Clinics—stereoscopic training later in life is comparatively inadequate and not satifsactory despite much written in favour of such late training."

(e) Defects of Hearing.

At the routine inspections 50 children were referred for treatment—5 per 1,000—about the usual number: 28 were referred for observation. For England and Wales 3 per 1,000 were referred for treatment in 1937. Children referred for treatment for middle ear disease numbered 27 and for observation 14—the number referred for treatment was only 2.7 per 1,000 and as is usually the case was lower than that for England and Wales (3.9 per 1,000). The establishment of a special department for diseases of the ear, nose and throat at the Royal Cornwall Infirmary,

Truro, in charge of a specialist, has been found most useful in the examination and treatment of defects of hearing.

(f) Nose and Throat Defects.

In recent years the Board's figures show the defects for three groups—(a) tonsils only, (b) adenoids only, and (c) tonsils and adenoids combined. In England and Wales the figures are about the same for (a) and (c)—about 20 per 1,000—while about 3 per 1,000 are referred for treatment for adenoids only. In Cornwall there are always more cases of the combined defects referred for treatment—for the year under review 533 or 53.3 per 1,000. The figures for (a) are 82 referred for treatment (8.2 per 1,000) and (b)—22 referred for treatment (2.2 per 1,000)—and for England and Wales—21.5 and 2.8. The total for England and Wales for (a), (b) and (c) is 45.6 per 1,000, that for Cornwall 63.7. Cornwall always shows this higher rate.

(g) Orthopaedic and Postural Defects—See Table II.

At the routine inspections 76 children were referred for treatment for spinal curvature and 171 for other deformities. Only two children were referred for treatment for deformities resulting from rickets.

Rates per 1,000.	Spinal Curvature.	Rickets.	Other Deformities.
Cornwall 1937	6.6	0.1	10.7
Cornwall 1938	7.6	0.2	17.1
England and Wales 1936	2.5	1.2	8.2
England and Wales 1937	2.5	1.0	9.4

As stated in previous reports there are in England and Wales many slight cases of postural defects, 76%. About 16% are usually considered to require treatment for spinal defect in a medical gymnastic class, and 7% to require individual treatment.

Dr. Hanson reports:—

" Flat Feet—Talipes Planus—with defective gait and posture;

The systematic taking of footprints is invaluable and is effected by a senior boy or girl deputed by the Head Master or

Mistress during School Medical Inspection—and does not occupy my time, since I merely keep a supervisory eye on proceedings.

One is able to detect early stages of the condition and prevent the defect developing (cf. Prof. Winifred Cullis " The Body and its Health ").."

(h) Heart Disease and Rheumatism.

Nine children were referred for treatment for organic heart disease and 16 were referred for observation: the corresponding figures for 1937 were 6 and 17. This only gives 0.9 and 1.6 per 1,000 children, as compared with 1.6 and 3.5 for England and Wales. Some of these defects were congenital, others being due to rheumatism.

(i) Tuberculosis.

Doubtful cases are referred to the Tuberculosis Officer for investigation. The cases known to the Tuberculosis Officer were—Boys 10, Girls 11.

FOLLOWING-UP.

Either a whole-time Health Visitor or a District Nurse attends the routine medical inspections at the schools and arrangements are made for a nurse to follow up to their homes children in need of treatment and, if necessary, to help in carrying out the treatment. Children excluded from schools by the Head Teachers are also followed up. The figures do not show all the work done by the Health Visitors and the District Nurses but the following are the figures available:—

	Whole-time Health Visitors.	District Nurses.	Total.
Number of children followed up	380	979	1,359
Number of visits paid	1,860	5,607	7,467
Number of Medical Inspections attended	127	525	652
Number of Inspections for Cleanliness	169	854	1,023
" Following-up " Tonsils and Adenoids	29	169	198

ARRANGEMENTS FOR TREATMENT.

Nutrition. The arrangements made for the provision of milk in schools have been continued. Milk is supplied in bottles containing one-third of a pint at a cost of a half-penny per bottle. Milk is provided free of charge for necessitous malnourished children and in special cases Cod Liver Oil is provided free. In a few specially selected cases free milk is provided for the afternoon session as well as the morning session.

At the end of the year 16,094 Elementary and 1,071 Secondary School children were receiving milk in school. Of the former number, 3,337 were receiving milk free of charge. Approximately 58% of children in average attendance were receiving milk. For England and Wales the figures for 1936 and 1937 were 49 and 53. Cod Liver Oil was provided for about 70 children.

The consumption of milk in schools does not seem to increase but remains at a fairly constant level and there are still a few schools where a suitable supply of milk is not available. As many children do not like cold milk, containers have been supplied for warming the milk when and where necessary.

As in previous years the School Medical Officers and the Head Teachers report that the Milk in Schools Scheme has most useful effects.

> Dr. Elizabeth Macleod reports:—"In children receiving a daily milk ration in school I find that the physical improvement, previously noted, has been well maintained.
>
> Also Teachers have affirmed to me that milk-taking children, particularly those who are dull, have shown noticeable mental advancement.
>
> I consider that it is a great disadvantage to many children that in a number of Rural Schools milk is not available.
>
> In some of the Town Schools milk arrives so late (usually after 10.30, and sometimes as late as 10.55), that it cannot be satisfactorily heated in time for the children to take it at playtime.
>
> Many children refuse to drink the milk cold in winter and find it sickly to take when it is given to them tepid."

Dr. J. A. Clark draws attention to the large number of changes in retailers supplying milk to schools, owing to the poor financial return and the work entailed in cleansing a large number of bottles. This defect has been considered by the Committee but cartons are still very expensive. Some better system than the present one is very desirable and no doubt further experience will suggest a remedy.

Dr. R. J. E. Hanson reports:-

"**Milk Meals.**

The fresh milk meals have certainly improved the jaws and teeth of the pupils concerned—apart from the general improvement in metabolism with sturdier growth. Teachers comment on the improved vigour and attention of these pupils in class.

Nutrition.

Thus improved, there are few cases in my Area of Inspection that show figures less than 10% of the Baldwin-Wood and other Nutrition Scales calculated for Age—Height and Weight.

One pupil, +47 lbs. above average, is, in a sense, malnourished."

The milk supply in the schools is usually Accredited Milk or of that standard. Some is Tuberculin Tested. Unfortunately even T.T. milk cannot be regarded as safe milk owing to the possibility of infection from cows and from milkers, etc. For safety, milk should be pasteurised, but it is desirable to see that only clean milk is pasteurised, as satisfactory results cannot be produced by the pasteurisation of dirty milk. The Ministry of Health reports some recent milk epidemics due to infected raw milk, including the Brighton and Hove outbreak of septic sore throat in 1929 affecting 1,000 families and causing 65 deaths; the Epping outbreak of paratyphoid B. fever in 1931 with over 260 cases; the Chelmsford outbreak of scarlet fever and sore throat in 1935 with 1,600 cases; and in 1936 the Bournemouth outbreak of typhoid fever with over 500 cases and 51 deaths, also the Doncaster outbreak of scarlet fever and sore throat comprising some 314 cases. In all the above outbreaks the milk supply, to which the infection had been directly traced, had passed routine bacteriological standards for cleanliness. Fortunately in the larger towns it is easy to arrange for a supply of pasteurised milk. In 1936 a mild epidemic of gastro-enteritis due to raw milk occurred in two

schools in Wilton: in one school 89 children had taken the infected milk and 75 were infected, in the other school 33 children drank the milk and 32 were infected.

The Board of Education have for some years emphasised the desirability of providing children with safe milk, and suggest that where a supply of pasteurised milk is available such milk should in all cases be provided. The Board are now more than ever convinced of the wisdom and necessity of their policy of ensuring that, in areas where a supply of efficiently pasteurised milk is available, such milk should be supplied to all schools participating in the Milk in Schools Scheme. In the phosphatase test there is a valuable means for ascertaining that the milk has been efficiently pasteurised.

It is not yet practicable to arrange for the supply of clean pasteurised milk on a large scale to the schools in the County. Evidence continues to accumulate that there is no significant difference in the nutritive value of raw and pasteurised milk.

Uncleanliness, Minor Ailments and Diseases of the Skin, External Eye Disease. Children suffering from such defects are followed-up to their homes by the nurses and assistance given in obtaining treatment. When considered necessary, parents are advised to consult their own doctors. It is proposed to open a few treatment centres as an experiment and if it is found desirable further centres could be established.

Visual Defects. These are all referred to the School Oculist for refraction and the prescription of glasses when necessary. The parents make their own arrangements with local opticians but in necessitous cases glasses are provided free by the Authority. Eye tickets are provided for a few cases requiring hospital treatment.

Refraction clinics are arranged at 14 centres, generally in large schools. Children for whom glasses have been prescribed are re-examined from time to time (usually every two years) so that the glasses may be changed when necessary.

The following table gives details of the work undertaken during the year (see also Table IV—Group II):—

Spectacles prescribed by School Oculist:		
Obtained by parents 433 + 12 on 1937 prescription	445	
Paid for by L.E.A. 283 + 11 on 1937 prescription ...	294	
Not obtained	77	
	——	816
New frames prescribed by School Oculist:		
Obtained by parents	69	
Obtained by L.E.A.	14	
Not obtained	4	
	——	87
Spectacles repaired by L.E.A.		12
"Continue present spectacles"		331
"No spectacles needed"		75
Children absent from Eye Clinics:		
Parents refuse examination	66	
Child had left school	24	
Child treated privately	29	
Child had left district	8	
	——	127

Nose and Throat Defects. Until a few years ago all cases were referred to the family doctors and no arrangements were made by the Authority for treatment. It being the duty of the Authority to provide such treatment, arrangements were made with 12 hospitals. It is the responsibility of the Authority to make the best available provision for treatment but it was not possible at the time for children to be referred for treatment to a special department in charge of an aural specialist, except for cases in the eastern part of the county for whom provision was made at the Plymouth and Tavistock Hospitals.

The following rules should, according to the Chief Medical Officer of the Board of Education, be invariably applied:—

"(1) General practitioners should not be approved if a specialist is available.

(2) If no specialist is available, medical practitioners holding the F.R.C.S. and having special experience of this work should be approved.

(3) Otherwise, general practitioners should be approved only as a temporary arrangement subject to a satisfactory report from the School Medical Officer of the area.

(4) A general rota of medical practitioners in an area should not be approved."

When the present scheme was started, it was understood that the appointments were temporary ones only and subject to reconsideration should a specialist be available.

A special department has now been established at the Royal Cornwall Infirmary, Truro, and Mr. M. R. Sheridan has been appointed Honorary Surgeon in charge of the department. When the extensions to the present buildings are completed it is proposed to provide Mr. Sheridan with more beds for ear, nose and throat cases, and when these are available in the special department it will be necessary to revise the Authority's present arrangements.

It was formerly suggested that 2% of the children in average attendance required operative treatment for tonsils and adenoids during the year, but during the last few years there has been a tendency to think that only about 1% require operative treatment.

It is always necessary to consider the possibility of a fatal result and only to recommend operation where it is really very desirable. It is usually considered now that the operation was too lightly undertaken in the past and the Chief Medical Officer of the Board of Education gives the following warning:—

"The enucleation of tonsils and removal of adenoids is a procedure in which all the precautions must be taken which govern the conduct of a major operation, and in which any faulty administrative or neglected medical or surgical detail may result in disastrous consequences. No child should be submitted to operation unless it is evident that non-surgical conservative methods would fail; the final selection of cases for operation should be made by a surgeon with special experience in diseases of the ear, nose and throat."

Arrangements are made for all children to be retained in hospital for at least one night after the operation.

The number of children treated is given in Table IV, Group III. Under the Authority's scheme 194 received operative treatment and 110 received treatment apart from the scheme—a total of 304. During the year 1.1% of the children in average attendance received operative treatment.

At this rate about 10% of children receive operative treatment during school life. In many Public Schools 70% have received this treatment, but recent investigation suggests that this is quite an unnecessary number of cases for operation. It was not found that those operated upon were appreciably less liable to colds, rheumatism and other infections. No doubt the operation should be reserved for those with special symptoms and should not be a routine treatment for ordinary enlarged tonsils.

The operation rate in Cornwall has always been low, and in some counties, where formerly 3 to 4% of children in average attendance were operated upon annually, the number has been reduced to 1.5% without any evidence of harm.

It is now possible to get some of the chronic ear cases treated and children are being referred to the Specialist for examination and suggested treatment. It is gratifying to find that most parents are eager to take advantage of the facilities offered.

Dental Defects. (See Table V). There are three School Dentists. All entrants are inspected and if found to require treatment such treatment is offered. Those children accepting treatment are then re-examined each year and treated if necessary, so that children in the County Scheme should have their teeth in good condition, and it is very noticeable to the School Medical Officers which children do and which do not come under dental treatment. Unfortunately all the children do not accept treatment—61.5% of those requiring treatment accepted during 1938. The figure for England and Wales for 1937 was 62.6%. For Counties only it was 61.9%. It is essential that the time between the dentists' visits should not exceed one year, otherwise the scheme is not likely to be useful. Starting with the 5, 6 and 7 year-old children in 1931, the age-groups for inspection and treatment have now increased until during the current year all children are being inspected and treated.

At the routine inspections 25,188 children were examined. In addition the Dentists saw 81 special cases.

making a total of 25,269. Of these 21,546 were found to require treatment and 13,259 accepted treatment.

For every 100 children treated there were—

	Cornwall. 1938.	England & Wales. 1937.
Fillings—		
Permanent teeth ...	27.9	76.9
Temporary teeth ...	0.6	6.8
Extractions—		
Permament teeth ...	20.3	35.3
Temporary teeth ...	97.1	153.2
Other forms of treatment—		
Permanent teeth ...	8.1	33.1
Temporary teeth ...	51.5	

During the year the dental work was continued in the holiday periods (Easter, Summer and Christmas). As a general rule this results in only half the usual percentage of children receiving treatment in the particular schools where the holiday work is carried out. In effect this means that, out of about 2,000 children inspected for treatment during the holidays, about 500 received treatment instead of about 1,000 who would have received treatment if offered it in school time.

Arrangements for treatment in schools are far from ideal and no doubt more satisfactory arrangements could be made for the actual treatment in well equipped centres apart from the schools. Unfortunately in Cornwall it would be difficult in the more rural areas to get the children to such centres for treatment. Eventually no doubt dental treatment will become available in some general scheme.

Mr. W. H. Ellam reports:—" The year has been one of routine work without untoward occurrences.

We have now completed the 8th ' round,' which means that all children in the elementary schools have had the opportunity of treatment.

A solid block of children accept treatment regularly and their mouths are in great contradistinction to those children who have persistently refused treatment and are not treated at all.

Unfortunately it is not generally realised that regular inspection (and treatment if needed) is vital to the satisfactory treatment of the child and many parents sign the ' consent forms ' only

when they themselves think treatment is necessary. Thereby, many minor and easily remedied defects are allowed to become major and irredemiable defects. Furthermore there is a sufficiently large proportion of parents who throw the onus of accepting or refusing treatment on the children themselves. This is manifestly unwise as well as unfair.

Teachers state that there is a very marked improvement in the Dental condition of the children and that toothache is rare.

Parents as well as children have become 'tooth-conscious.'

The behaviour of the children is beyond praise, especially the Infants and the Seniors; what little trouble there may be in handling them being at about the age of nine or ten.

Only three or four children in the course of a year are refractory and untreatable in consequence.

I am strongly of the opinion that an intensive propaganda would increase the acceptance rate, but this would mean another increase in personnel to deal with the increased numbers."

Mr. F. R. Taylor reports:—" One can see a big improvement on those children receiving regular treatment. I am afraid the work done during the holiday periods does not improve the scheme, so many children do not present themselves, then they are not seen for two years during which time the state of their mouths can become very bad."

Orthopaedic and Postural Defects. (See Table IV, Group IV).

There are now ten orthopaedic clinics maintained by the County Council at—

Penzance.	Falmouth.	Bodmin.
St. Just.	Truro.	Wadebridge.
Helston.	St. Austell.	Liskeard.
Tuckingmill.		

The Penzance and Falmouth Clinics are provided in conjunction with the Penzance and Falmouth Local Education Authorities. The Falmouth Clinic opened in May, 1938.

There are also clinics at—

Launceston—maintained by the Devonian Association.

Mount Gold, Plymouth—maintained by the Plymouth Borough Council.

Hospitals. Beds are available at the following hospitals:—

The Royal Cornwall Infirmary, Truro (14 beds in 1938), (42 beds in 1939).

The Princess Elizabeth Orthopaedic Hospital, Exeter, in connection with the Launceston Clinic.

The Mount Gold Orthopaedic Hospital, Plymouth, in connection with the Mount Gold Clinic.

These clinics and beds have been available for children of school age for the Local Education Authority and for children under school age for the Public Health Committee. The number of beds at the Royal Cornwall Infirmary is now increased to 42 and with the Council's clinics will be available for non-pulmonary cases of tuberculosis, chiefly bones and joints.

Postural Defects. These defects account for a large number of attendances at the clinics. The numbers attending the clinics during one month were:—

School children	411
Under school age	75
Tuberculosis cases	28
Adults (other than tuberculous) ...	103
Total ...	617

Of the 411 school children, 250 were attending for postural defects, including flat foot: 224 were noted as suffering from flat foot.

The cause of these minor orthopaedic deformities and postural defects is set out in the Annual Report of the Chief Medical Officer of the Board of Education for the year 1937, pages 121—128. There seems to be a large number of defects in Cornwall, due probably to the relaxing climate to some extent, good posture being more difficult to maintain than in a more bracing climate. Prevention

must largely be in the hands of the teachers and good results have been obtained in Somerset by classes for teachers.

In his annual report for 1936 the Chief Medical Officer of the Board of Education writes:—" It is to be hoped that the next advance will take the form of increased co-operation between those responsible for organising physical training in the schools and the orthopaedic service; there are indications that the desirability of this co-operation is being recognised in certain areas, for at least one Local Education Authority has appointed a whole-time teacher to conduct corrective classes in the schools."

The following is a summary of the work done at the clinics and hospitals in 1937 and 1938:—

	Under School Age.		School Age.		Total.	
	1937.	1938.	1937.	1938.	1937.	1938.
New Cases seen at the Clinics	126	118	267	251	393	369
Total attendance of cases on Doctors' days	903	1063	4240	4662	5143	5725
Cases recommended for admission to Hospital	26	25	46	63	72	88
Number admitted during the year	14	17	39	62	53	79

The Orthopaedic Surgeon attends each clinic once a month and the Orthopaedic Sister once a week to carry out the necessary treatment. The attendances on the doctor's days at some of the clinics are very large and the provision of further clinics is under consideration.

Heart Disease and Rheumatism. Cases seen are referred to private practitioners.

Tuberculosis. Cases suffering or suspected to be suffering from Tuberculosis are referred to the County Tuberculosis Officer and arrangements made for supervision and treatment when necessary.

The notifications received for children between the ages of 5 and 15 were:—

	1937.	1938.
Pulmonary	10	4
Non-pulmonary	12	17
Patients admitted to Tehidy Sanatorium—		
Pulmonary	5	2
Non-pulmonary	6	5
Patients discharged from Tehidy Sanatorium—		
Pulmonary	1	5
Non-pulmonary	6	4
Patients admitted to Orthopaedic Hospitals	5	non-pulmonary.
Patients discharged from Orthopaedic Hospitals	2	non-pulmonary.

On the 31st December, 1938, there were at Tehidy 3 pulmonary and 10 non-pulmonary cases between the ages of 5 and 15 years.

The notifications are not always confirmed after investigation by the Tuberculosis Officer.

Infectious Disease. Full directions are given to the teachers in the Green Handbook. Cases of infectious disease are reported to the County and the District Medical Officer of Health.

Exclusions from school during the year are analysed below:—

	S.M.O's.	Head Teachers.
Impetigo ...	13	40
Scabies ...	13	6
Ringworm—		
Body ...	5	25
Scalp ...	3	1
Other Skin Diseases ...	2	2
Verminous Condition ...	19	2
Infectious Diseases ...	7	3
Miscellaneous ...	9	1
Totals ...	71	80

Diphtheria. Immunisation remains the only certain method of preventing diphtheria in susceptible subjects, such as most young children are. There has been very little demand for this during the year apart from that undertaken

by private medical practitioners. It is only when an epidemic is present that any real interest is taken in this subject.

Open Air Education. There is nothing new to report on this subject. Consideration is given to the arrangement of classrooms, etc., in new school buildings.

Physical Training. A separate report is prepared by the County Organisers.

Provision of Meals. Apart from the provision of milk and cod liver oil for necessitous undernourished children (see page 8), no free meals have been provided in the schools, except mid-day meals on school days for one special case.

Co-operation of Parents, Teachers, School Attendance Officers and Voluntary Bodies.

Parents. The parents are notified when children are due for examination. Parents were present during the examination of 5,738 children (2,860 boys and 2,878 girls) or 49.8% of the children presented for examination.

Teachers. A considerable amount of clerical work falls on the teachers, especially in the preparation of schedules, sending out of notices to parents, etc. The teachers have great influence in persuading parents to obtain treatment when necessary.

School Attendance Officers. The attendance officers endeavour to get absent children brought to the routine inspections when there is some doubt as to their fitness for school.

Voluntary Bodies. The County Nursing Association co-operates in the School Work and the Maternity and Child Welfare Work by arranging with the County Council for the appointment of suitable persons as Assistant Superintendents of the County Nursing Association, who are also Assistant Inspectors of Midwives and Health Visitors for maternity and child welfare, school services, and tuberculosis.

The District Nursing Associations co-operate in allowing their nurses to act as school nurses and health visitors.

The Cornwall County Association for the Blind arranges for its visitors to visit the homes and keep blind children (also any doubtful cases) under observation.

The County of Cornwall Association for the Deaf and Dumb undertakes similar work for deaf children.

The Cornwall Committee for the Care of Cripples. The aim of this Committee is to develop, assist and expand the orthopaedic work in the County. It deals as far as possible with treatment, travelling expenses and training for all patients over school age and renders great assistance in helping with the arrangements made for child patients of school age and under. Voluntary helpers attend at all the clinics and undertake much of the work in connection with those clinics.

N.S.P.C.C. A grant of £5 per annum is made to the Society by the Authority. The assistance of the Society's officers is very useful in obtaining improvement of unsatisfactory conditions and in persuading parents to take advantage of the treatment which is available for their children. The inspectors receive reports not only from the school but also from any of the Authority's Officers who find unsatisfactory conditions existing.

The following work was done during the year 1937—38 as a result of reports made by the Authority's Officers:—

Visited 95 children in 37 families. Neglected or ill-treated.
175 visits were made to the homes.

Results—35 families—result satisfactory.
2 families—improving.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Teachers and Attendance Officers report to the District Clerk particulars of children alleged to be unable or unfit to attend an elementary school owing to permanent defect, and arrangements are made for the medical examination

of such children if possible. If they are attending school the teachers present them for medical examination as "Specials."

Blind and deaf children are sent to special residential or day schools if the parents are willing. Further provision has been made for crippled children in hospital schools while under treatment. Early treatment will diminish the number requiring education in Residential Cripple Schools.

The numbers of defective children are given in Table III. It will be seen that most of the feeble-minded children are retained in public elementary schools. There are no Special Schools to which all these children could be sent, and only a few special cases are sent to the Royal Western Counties Institution, Starcross.

A "defective" child is defined as one who is unfit for education in an elementary school but not unfit for education in a special school or class. The numbers given are only those ascertained to be defective by the School Medical Officers and do not include children not examined by them. It is not possible to examine all children alleged to be defective. The School Medical Officers report very few children as specially needing education in open air schools, as in Cornwall the conditions are very different from those found in the slums of large towns, and often a supply of milk in school effects considerable improvement, which is more likely to be permanent than education in a Special School, as experience shows a tendency for children when discharged from Special Schools to relapse.

There are no Special Schools maintained by the Education Authority, and there is no register showing the after-careers of children who have been maintained in Special Schools. Local Councillors are asked to keep such children under observation and if possible assist them in obtaining suitable employment.

Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Children. Suitable blind students are sent by the Authority for training at the South Devon and Cornwall Institution for the Blind, Plymouth,

after leaving the Special School at Exeter. A few are also trained at the Exeter Institution for the Blind. Older students are occasionally recommended for training by the Cornwall County Association for the Blind, each case being considered on its merits.

During the year one boy and one girl received training at the Plymouth Institution.

Arrangements can be made for suitable cripples to receive training. Unfortunately many parents are averse to sending their children a long distance but now that a new centre is being established at Exeter (The St. Loyes Training Centre for Cripples) it is possible that parents may be more willing to send their children for training.

NURSERY SCHOOLS. There are no Nursery Schools provided by the Authority.

SECONDARY SCHOOLS.

There are 21 Secondary Schools maintained by the Authority.

Pupils are submitted to a full medical inspection on admission, and during the years in which they reach the ages of 12 and 15 years; also to a general survey in the intervening years.

All pupils attending the schools are inspected.

Medical Treatment. Parents are advised of defects requiring treatment, and pupils are re-inspected in the following term to ascertain the result. There is no " following-up " to the homes by School Nurses, except occasionally for special reasons.

Treatment is not generally provided under arrangements made by the Authority. Occasionally, however, pupils suffering from defective vision are examined by the School Oculist, and glasses are prescribed. In a few cases the Higher Education Committee recommend the provision of free glasses by the Authority. Occasionally orthopaedic treatment is provided at the Council's clinics. Each case is considered on its merits and the parents are asked to

contribute to the cost according to their means. Tonsils and adenoids operative treatment and dental treatment can be authorised for special necessitous cases.

The type of pupil for whom treatment is sometimes provided is the " special place " pupil.

Tables I and II (Secondary Schools) at the end of the report give the numbers of pupils examined and the results. It will be noted that 3,364 pupils were inspected and, apart from uncleanliness and dental defects, treatment was required for 495 pupils—14.7%. Of this number 169 were boys and 326 were girls. Apart from defective teeth, defective vision was by far the most common defect found. The attendances of parents at the inspections were—with boys 328, with girls 654.

The general health of the Secondary School pupils compares favourably with that of the Elementary School, especially in the case of the boys. Girls tend to develop defects, especially postural defects, more easily than boys when much time is given to school work. The Secondary School pupils are usually the pick of the Elementary Schools and many of them have received any treatment necessary before coming to the Secondary Schools.

Of the 31 cases of spinal curvature referred for treatment, all were in girls, and of the 78 cases of flat-foot, 29 were in boys and 49 in girls.

PARENTS' PAYMENTS.

Arrangements for recovering the cost of treatment from parents are as follows:—

(a) Children attending Public Elementary Schools.

DENTAL TREATMENT. Treatment is free where the income of the parents falls below the limit fixed by the Committee. Where the income is above this limit, the child brings one shilling to school.

TONSILS AND ADENOIDS, ORTHOPAEDIC TREATMENT. Where the income exceeds the limit fixed by the Committee, the County Treasurer makes a claim approved by the Chairman or Vice-Chairman of the Committee.

SPECTACLES. Parents usually pay the optician direct. In necessitous cases an order for free glasses is issued by the Authority on the recommendation of the school managers.

(b) **Pupils in Secondary Schools.** Treatment is not usually provided by the Authority, but when special cases are authorised to receive treatment under the schemes for Elementary School children the parents contribute to the cost according to their means.

MISCELLANEOUS WORK.

Medical Examinations of Teachers	...	...	23
Examinations of Hair for Ringworm	.	...	5

STATISTICAL TABLES.

MEDICAL INSPECTION AND TREATMENT OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

YEAR ENDED 31st DECEMBER, 1938.

TABLE I.

A. ROUTINE MEDICAL INSPECTIONS.

No of Inspections in the prescribed Groups—	
Entrants	3,364
Second Age Group	3,663
Third Age Group	2,970
Total	9,997

B. OTHER INSPECTIONS.

Number of Special Inspections	1,527
Number of Re-inspections	7,199
Total	8,726

C. NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DEFECTS OF NUTRITION, UNCLEANLINESS AND DENTAL DISEASES).

Prescribed Groups.	For defective vision (excluding squint).	For all other conditions recorded in Table IIA.	Total.
Entrants	12	674	681
Second Age Group	236	514	715
Third Age Group	170	348	491
Grand Total	418	1,536	1,887

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1938.

Disease or Defect.	Routine Inspections.		Special Inspections.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Skin—				
Ringworm :				
Scalp	1	—	—	—
Body	9	1	10	—
Scabies	15	2	19	—
Impetigo	43	—	42	4
Other Diseases (non-tuberculous) ...	54	7	25	2
Eye—				
Blepharitis	25	1	6	—
Conjunctivitis	5	2	3	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Other Conditions (excluding Defective Vision and Squint) ...	11	6	—	—
Defective Vision (excluding Squint)	418	94	177	16
Squint	102	27	34	1
Ear—				
Defective Hearing	50	28	22	5
Otitis Media	27	14	13	1
Other Ear Diseases	—	—	1	1
Nose and Throat—				
Chronic Tonsillitis only	82	113	13	2
Adenoids only	22	14	2	—
Chronic Tonsillitis and Adenoids ...	533	131	53	3
Other Conditions	45	6	11	2
Enlarged Cervical Glands (Non-Tuberculous)	7	19	2	—
Defective Speech	3	10	—	—
Heart and Circulation—				
Heart Disease :				
Organic	9	16	—	1
Functional	1	22	—	1
Anaemia	42	5	28	—
Lungs—				
Bronchitis	20	6	3	—
Other Non-Tuberculous Diseases ...	38	68	6	5
Tuberculous—				
Pulmonary :				
Definite	—	—	—	—
Suspected	3	5	—	—
Non Pulmonary :				
Glands	—	—	2	1
Bones and Joints	—	2	—	1
Skin	—	—	—	—
Other Forms	—	—	—	—
Nervous System—				
Epilepsy	—	4	—	—
Chorea	2	3	2	—
Other Conditions	14	7	2	—
Deformities :				
Rickets	2	1	—	—
Spinal Curvature	76	5	6	1
Other Forms	171	71	23	1
Other Defects and Diseases ... ... (excluding defects of nutrition, uncleanliness and dental diseases)	129	50	54	8
Totals	1,959	740	559	62

B. CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups	No. of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	3364	879	26·1	2211	65·7	259	7·7	15	0·4
2nd Age Group ...	3663	886	24·2	2382	65·0	363	9·9	32	0·9
3rd Age Group ...	2970	661	22·3	2052	69·1	230	7·7	27	0·9
Total	9997	2426	24·3	6645	66·5	852	8·5	74	0·7

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1938.

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	—	—	1	7

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	5	—	1	8

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools	At other Institutions.	At no School or Institution.	Total.
17	1	1	1	20

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf and Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	13	—	2	16

MENTALLY DEFECTIVE CHILDREN.

Feeble-Minded Children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	91	5	31	133

	Boys.	Girls.	Total.
Children 'notified' to the Mental Deficiency Committee during the year	3	4	7

EPILEPTIC CHILDREN.

Children suffering from severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	1	2	8	13

PHYSICALLY DEFECTIVE CHILDREN.

A. Tuberculous Children.

I. Children suffering from Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	3	—	3

II. Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	2	12	1	19

B. Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	19	1	21	41

C. Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	23	3	17	45

D. Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	9	1	11	21

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Children suffering from any combination of the following defects:— Total Blindness, Total Deafness, Mental Defect, Severe Epilepsy, Active Tuberculosis, Crippling, Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	1	1	6	8

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1938.

Group I. Minor Ailments (excluding Uncleanliness).

Disease or Defect.	Number of Defects treated, or under treatment, during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm—Scalp—			
X-Ray Treatment	—	—	—
Other Treatment	6	1	7
Ringworm—Body	101	2	103
Scabies	31	4	35
Impetigo	234	5	239
Other skin disease	5	16	21
Minor Eye Defects ... ... (Excluding cases in Group II)	6	4	10
Minor Ear Defects	23	—	23
Miscellaneous (Minor injuries, bruises, sores, etc.)	48	12	60
Total	454	44	498

Group II. Defective Vision and Squint.

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint)	1,286	30	1,316
Other defect or disease of the eyes (excluding cases in Group I) ...	—	—	—
Total	1,286	30	1,316
No. of Children for whom spectacles were—			
(a) Prescribed	793	—	793
(b) Obtained	739	—	739

Group III. Treatment of Defects of Nose and Throat.

Number of Defects													
Received Operative Treatment												Received other forms of Treatment	Total Number Treated
Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital apart from the Authority's Scheme				Total					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
9	2	183	—	2	3	105	—	11	5	288	—	47	351

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
(iv) Other defects of nose and throat

Group IV. Orthopaedic and Postural Defects.

	Under the Authority's Scheme			Otherwise			Total Number Treated
	Residential Treatment with Education	Residential Treatment without Education	Non-Residential Treatment at an Orthopædic Clinic	Residential Treatment with Education	Residential Treatment without Education	Non-Residential Treatment at an Orthopædic Clinic	
Number of children treated	65	--	917	Not known— probably none			918

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of Children inspected by the Dentists—

Routine Age Groups :

Aged 5	...	2,293
,, 6	...	3,064
,, 7	...	3,439
,, 8	...	3,082
,, 9	...	2,833
,, 10	...	2,679
,, 11	...	2,470
,, 12	...	2,069
,, 13	...	1,931
,, 14	...	1,311
,, 15	...	17
Total	...	25,188
Specials	...	81
Grand Total	...	25,269

(2) Number found to require treatment 21,546

(3) Number actually treated .. 13,259

(4) Attendances made by children for treatment ... 13,259

(5) Half-days devoted to :—

Inspection only	...	24
Inspection and Treatment		1,319
Total	...	1,343

(6) Fillings :—

Permanent Teeth	...	3,705
Temporary Teeth	...	89
		3,794

(7) Extractions :—

Permanent Teeth	...	2,688
Temporary Teeth	...	12,878
		15,566

(8) Administrations of general anaesthetics for extractions Nil.

(9) Other Operations :—

Permanent Teeth	...	1,078
Temporary Teeth	...	6,825
		7,903

TABLE VI.

UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of visits per school made during the year by the School Nurses	2.95
(2) Total number of examinations of children in the Schools by School Nurses	82,879
(3) Number of individual children found unclean ...	3,077
(4) Number of children cleansed under arrangements made by the Authority	Nil.
(5) Number of cases in which legal proceedings were taken ...	Nil.

SECONDARY SCHOOLS.

TABLE I. MEDICAL INSPECTION OF PUPILS FOR THE YEAR ENDED 31st DECEMBER, 1938.

Routine Examinations.	
Entrants	772
Twelve-year-olds	442
Fifteen-year-olds	472
Other ages	1,678
Total	3,364
Re-examinations.	
Boys	738
Girls	533
Total	1,271
Number of Individual Children examined	3,364
Number of Children requiring Treatment (Excluding uncleanliness and dental diseases).	495
Percentage requiring Treatment	14.71
Number of Parents or Guardians present at Examinations:—	
With Boys	328
With Girls	654

TABLE II. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1938.

Disease or Defect	Routine Inspections.		Treated.
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	
Malnutrition	3	1	2
Clothing	—	—	—
Skin Disease	42	1	33
Hair	5	—	—
Defective Vision	183	54	189
Squint	4	11	5
Eye Disease	—	—	1
External Eye Disease	13	4	5
Defective Hearing	3	5	2
Ear Disease	3	1	4
Nose and Throat	58	12	42
Enlarged Cervical Glands	1	—	1
Defective Speech	1	3	1
Heart Disease—Organic	3	—	2
Functional	—	5	—
Anaemia	18	—	11
Tuberculosis (Pulmonary)—Definite	—	—	—
Suspected	—	1	—
,, (Non-Pulm.)	—	—	—
Nervous System (conditions other than Epilepsy or Chorea)	5	—	—
Epilepsy	—	—	—
Chorea	—	—	—
Overstrain	6	—	3
Spinal Curvature	31	6	27
Flat Foot	78	49	63
Other Deformities	5	1	5
Dental Defects	536	1	420
Other Defects and Diseases	90	25	73
Totals	1,088	180	894