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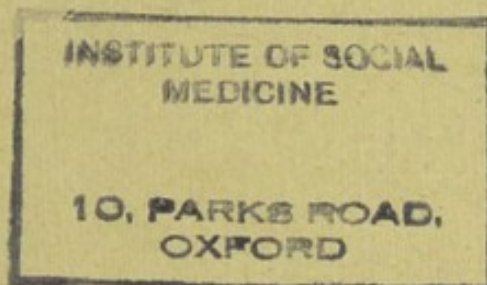
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CORNWALL COUNTY COUNCIL
(EDUCATION COMMITTEE)



Annual Report

OF THE

SCHOOL MEDICAL OFFICER

1949

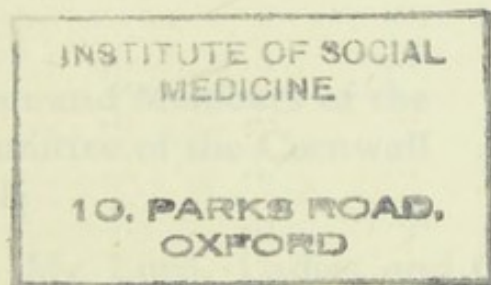
R. N. CURNOW, M.B., B.S., D.P.H.

TRURO

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CORNWALL COUNTY COUNCIL
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R. N. CURNOW, M.B., B.S., D.P.H.

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REPORT OF THE SCHOOL MEDICAL OFFICER, FOR THE YEAR 1949.

HEALTH DEPARTMENT,
COUNTY HALL,
TRURO.

July, 1950.

**To the Chairman and Members of the
Education Committee of the Cornwall
County Council:**

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present a report dealing with the School Health Service for the year 1949.

On 5th July, 1948, the introduction of the arrangements under the National Health Service Act, abruptly terminated the arrangements for the interchange of information between the County School Health Service and the Hospitals. It was not possible for a very long time to restore this valuable means of information, but towards the end of the year 1949, an approach was made to the Hospitals concerned, which has already been partly successful. The major Hospitals in the area of the West Cornwall Hospital Management Committee, and those under the control of the Plymouth Special Hospital Management Committee, are notifying us of the discharge of inpatients and giving us information which is of value in following up the children at school afterwards. Unfortunately it has not been possible yet to come to a similar arrangement with the Plymouth, South Devon and East Cornwall General Hospital Management Committee, but attempts are still being made to persuade those Hospitals of the value of such a scheme. We also receive notifications and recommendations of Specialists concerning children attending certain special departments of the Hospitals, and have asked for arrangements to be made for the notification to be extended to all children attending Out-Patient Departments, but owing to the shortage of House Surgeons and House Physicians, the Hospitals will certainly find this very difficult to operate for the time being.

The Committee will be interested to see the section on Physical Education which is included for the first time in the School Health Report. For many years, large numbers of school children have had to attend regularly at Orthopaedic Clinics in order to receive remedial exercises for minor postural defects. They have consequently suffered severe interruption to their scholastic career, and therefore attempts have been made for some considerable time to introduce simple remedial exercises as part of the Physical Training available

at ordinary schools. At last, during the year 1949, agreement was reached on this matter between all concerned, and it was hoped that with little expenditure, it would be possible to introduce this system gradually, by making it available in one Education District each year. At the end of a few years, it would then have been available everywhere in Cornwall, and the heavy pressure on the Orthopaedic Clinics and all the Ancillary Services would have been greatly eased. Unfortunately, even this modest proposal suffered as a result of the imperative need for economy, and it has only been possible during the year to make a very small start in a scheme which ultimately will save considerable sums of money and benefit the education of the children concerned.

One of the greatest needs at the present time is the provision of Special Residential School accommodation for those children who, for one reason or another, are unable to benefit from the education provided in the ordinary schools. Some provision is now being made for a small but important group of children suffering from a condition known as spastic diplegia, and we have been fortunate in securing the admission of a few of these children to the Special School at Ivybridge in Devon. No residential accommodation in this County is yet available for educationally sub-normal children, of whom a large number are in dire need of it. It is to be hoped that the accommodation to be provided at Pencalenick will be made available in the reasonably near future.

At the end of September, Dr. J. A. Clark retired from the post of Senior Assistant School Medical Officer, after having been on the staff for 23 years. For many of those years, he was an Assistant School Medical Officer carrying out routine duties, but for the latter part of his time, he was concerned largely with the administration of the School Health Service, in which his help during these changing times has been invaluable. We were fortunate to have on the staff Dr. C. C. Elliott, with many years administrative experience behind him. He has been promoted to the post of Senior Assistant School Medical Officer, and already has a firm grasp of the Services under his control.

Finally, I feel bound to express my appreciation of the support I have received from the Chairman and Members of the Committee, the Secretary for Education and his staff, the Teachers, and the various Voluntary Bodies associated with the School Health Service. I also value very highly the loyalty and consistent hard work of the whole staff of the School Health Department.

I am,

Your obedient Servant,

R. N. CURNOW,

School Medical Officer.

STAFF.**School Medical Officer:**

R. N. CURNOW, M.B., B.S., D.P.H.

Deputy School Medical Officer:

E. R. HARGREAVES, M.A., M.D., B.Ch., D.P.H.

Senior Assistant School Medical Officer:

J. A. CLARK, M.B.E., M.B., B.S. (retired 30.9.49).

C. C. ELLIOTT, D.S.C., V.R.D., M.D., K.H.P. (commenced 1.10.49).

School Psychiatrist:

S. W. DAVIES, M.R.C.S., L.R.C.P., D.P.M.

Assistant School Medical Officers:

MARGARET CASTLE, M.A., M.B., Ch.B. (resigned 31.12.49).

DOROTHY A. CHOWN, M.R.C.S., L.R.C.P.

C. C. ELLIOTT, D.S.C., V.R.D., M.D., K.H.P. (Appointed Senior Assistant School Medical Officer, 1.10.49).

MURIEL V. JOSCELYNE, M.B., Ch.B., D.P.H.

JEAN D. MCKELLAR, M.B., B.S.

J. D. MCMILLAN, B.Sc., M.B., Ch.B.

G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H. (commenced 1.12.49).

*J. REED, M.B., Ch.B., B.Sc., D.P.H.

*L. RICH, M.B., Ch.B., D.P.H., M.R.C.O.G.

B. ROBERTS, M.R.C.S., L.R.C.P. (commenced 1.12.49).

WINIFRED M. RYAN, M.R.C.S., L.R.C.P.

*Also Assistant County Medical Officer.

Senior Dental Surgeon:

K. BATTEN, L.D.S.

Assistant Dental Surgeons:

W. K. BATTEN, L.D.S.

H. J. EAGLESON, L.D.S. (resigned 11.6.49).

P. W. EDDY, L.D.S.

W. H. ELLAM, B.D.S.
 D. A. PATTERSON, L.D.S.
 F. H. STRANGER, L.D.S.
 F. R. TAYLOR, L.D.S.

Speech Therapist:

MISS J. ROWLEY-LEWIS, L.C.S.T. (commenced 1.3.49).

Social Worker:

MRS. J. M. STEPHENS, B.A. (Cantab.), Social Science Diploma
 (commenced 16.5.49).

Dental Attendants:

MRS. C. D. GOOD.
 MISS B. M. HAWKEY.
 MRS. J. HEATH (resigned 12.6.49).
 MISS E. M. KELLAWAY.
 MISS R. J. MCGREGOR.
 MRS. D. MCLEAN.
 MISS M. RAYMOND.
 MISS R. P. ROWE.
 MISS E. R. SHUTE.
 MISS B. WHITFORD.

STATISTICS.

Population, 1949 (Registrar General's estimate)	Civilian	330,247
	Total	339,077
School Population	...	40,708
No. of Schools:		
Primary	... ..	330 with 32,047 pupils
Secondary:		
Grammar	... ..	21 with 5,050 pupils
Modern	... ..	19 with 3,272 pupils
Technical	... ..	5 with 301 pupils (full time)
Nursery	... ..	1 with 38 pupils

The changes visualised in 1948 have taken place without undue disturbance.

The only Clinics to be transferred to the Hospital Management Committee in 1949 were the Ophthalmic Clinics which were taken over on July 1st, 1949. A certain amount of difficulty occurred as the new Ophthalmic Specialist appointed in June 1949 resigned in October 1949, thus leaving the greater part of the County without Ophthalmic Clinics. This matter is being actively pursued and with the good co-operation shown by the Hospital Management Committee it is expected that the situation will be in hand again early in 1950.

A serious defect in the Ophthalmic scheme is the delay in the supply of spectacles—this has been unavoidable owing to the unforeseen enormous demand in the country following the inception of the National Health Service Act, 1946. In May 1949 a priority scheme for school children was introduced so that urgent cases could be supplied with spectacles with the minimum of delay.

One great disadvantage in the transfer of the clinics to the Hospital Management Committee has been the lack of information regarding the result of Specialist examinations, but this matter has been put before the appropriate authorities and arrangements made for this very necessary information to be transmitted to the School Health Service.

It is encouraging to see the start of the building programme of new schools, for this is the only real solution to the serious defects in many of the present school buildings. However, defects have been remedied wherever possible, but there is still much which is absolutely necessary to be done to some of the existing schools to bring them up to even the lowest acceptable standards. The defect, which is bound to be detrimental to the promotion of good health and good habits, is the state of many of the sanitary offices—and it is hoped that this matter will have the priority it requires.

The increase in the number of Assistant School Medical Officers mentioned in 1948 has enabled medical inspections in all the schools

to be regularly and efficiently carried out, and in addition has made it possible to improve the supervision of handicapped pupils. The addition of Infant Welfare work has brought in further interests and has widened the scope of the Doctors enabling them to follow the health of the children from soon after birth to school leaving age.

A sanitary survey of all the schools in the county where the water supply is not obtained from public mains was carried out in 1948 by the County Sanitary Officer and thirty-four samples of water taken during this survey proved on examination to be unsatisfactory. During 1949 a re-inspection of these schools was made for the purpose of ascertaining the steps taken to improve the water supply, and further samples were taken where necessary.

The following is a summary of the conditions found, and of the sample results obtained:—

No. of further samples obtained	...	33
Satisfactory	...	12
Unsatisfactory	...	21
Alternative sources of supply being used	...	6
Alternative sources of supply being sought	...	2
Improvements to existing sources carried out	...	10
Schools connected to public supplies	...	2
Schemes being prepared for improving supply	...	1
Works in progress to improve supply	...	2
Nothing done to improve supply (water being boiled)		4
No water supply (other than stored rainwater)	...	1

All sanitary defects to which attention was drawn when schools were visited were reported to the Education Department for the necessary action to be taken.

THE MEDICAL SERVICE.

The general health of school children in Cornwall is still good and apart from outbreaks of Infantile Paralysis and Infective Jaundice there were no serious epidemics during the year. Diphtheria still shows a decline in numbers:—4 cases of all ages being reported with no deaths compared with 28 cases with no deaths in 1948 and 42 cases with 5 deaths in 1947.

(a) MEDICAL INSPECTIONS.

Under the Handicapped Pupils and School Health Service Regulations 1945, the three routine inspections are:—

- (a) every pupil who is admitted for the first time to a maintained school shall be inspected as soon as possible after the date of his admission;

- (b) every pupil attending a maintained Primary School shall be inspected during the last year of his attendance at such a school;
- (c) every pupil attending a maintained Secondary School shall be inspected during the last year of his attendance at such a school.

In addition, the Ministry of Education has approved the routine medical examination of two additional groups:—

- (1) at 8 years of age (vision test);
- (2) on entry to Secondary Grammar and Secondary Modern Schools. This examination is normally carried out within the first few weeks of entry, so that any defect can be reported to the Head Master or Headmistress and due consideration given to the change of environment, especially from a Primary to a Grammar School, (1950 will be the first year in which the second additional examination will include all the children in that group).

The number of medical inspections made during the year are:—

Routine Medical Inspections

Entrants	...	4,395
Second Age Group	...	3,375
Third Age Group	...	3,715
		<hr/>
		11,485

Additional Inspections

Vision at 8	...	3,115
Entrants to Secondary Schools	...	998

Total	...	<hr/> 15,598 <hr/>
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Other Inspections

Special Inspections	...	2,002
Re-inspections	...	4,325
		<hr/>
		6,327 <hr/>

(b) MILK IN SCHOOLS SCHEME AND SCHOOL CANTEENS.

(1) **Milk.** Under arrangements made by the Ministry of Food all children in schools are enabled to obtain free milk.

No schools were without a milk supply at the end of the year although 4 schools were being supplied with dried milk as a supply of fresh milk was unobtainable.

The supervision of the Milk in Schools Scheme was undertaken by the County Sanitary Officer on the 1st October, 1949.

During these three months, 52 schools were visited and the milk supplies investigated, together with the methods of serving the milk at schools and the steps taken to cleanse beakers and other utensils in which the milk is served.

During these visits 52 samples of milk were taken and submitted for examination with the following results:—

		Satisfactory	Unsatisfactory
Pasteurised milk in bottles	...	24	—
Pasteurised milk in bulk	...	3	—
T.T. milk in bottles	...	2	2
T.T. milk in bulk	...	3	2
Accredited milk in bottles	...	2	—
Accredited milk in bulk	...	2	—
Ordinary milk in bulk	...	9	3
		—	—
		45	7
		—	—

In the case of unsatisfactory samples where the milk is direct from the farm the Advisory Officer of the Cornwall Agricultural Executive Committee is asked to investigate. Other cases are investigated by the County Sanitary Officer.

Of the 7 cases mentioned above, 6 farm premises have been visited by the Advisory Officer, methods of production investigated and reports furnished.

Most of the milk is supplied in one-third pint bottles and straws are provided. Where the milk is supplied in bulk and beakers used for drinking, it is suggested that these should be cleansed in the school canteen where these have been established.

The school milks are regularly sampled by the Food and Drugs Department and the average analysis of 203 samples taken during the year showed fat 3.87% and solids not fat 8.71%.

Type of Milk	No. of Suppliers.	No. of Schools.	No. of children taking milk in Oct. 1949.
T.T.	24	47	2,995
Accredited	13	15	1,046
Boiled	39	39	1,551
Pasteurised	32	269	23,044
Total	108	370	28,636

Schools having dried milk ... 4 (1 commenced having pasteurised in January 1950).
 Schools without milk ... Nil.

(ii) **Canteens.** 12 new canteens and 10 serveries were opened during the year making a total of 152 canteens and 66 serveries in operation, providing 20,568 mid-day meals per day. The standard of cooking and cleanliness in these canteens remains excellent.

(c) **RESIDENTIAL BOARDING HOMES FOR MALADJUSTED CHILDREN.**

On the 22nd October, 1949, Headlands Home, St. Ives, one of the two homes which have been operating for some years was closed.

This home could take 21 girls and was of great value to the county.

The only remaining home for maladjusted children is Trevenson, Camborne, which admits maladjusted boys only.

It is hoped that a new Residential Boarding Home for girls will be opened in the near future, as it is impossible to obtain vacancies in any other part of the country for Cornish children.

(d) **SCHOOL CLINICS.**

These now consist of:—

(i) Minor Ailment Clinics	...	13
(ii) Child Guidance Clinics	...	5
(iii) Speech Therapy Clinics	...	6
(iv) Dental Clinics	...	18

Minor Ailment.

	Address.	Frequency
Calstock	Delaware Secondary Modern School	2 a week
Camborne	Community Centre	2 a week
Falmouth	Health Clinic	Daily
Hayle	Passmore Edwards Institute	3 a week
Mousehole	Mousehole C.P. School	1 a week
Penryn	Infant Welfare Centre	3 a week
Penzance	Health Clinic	3 a week
Redruth	Infant Welfare Centre	3 a week
St. Austell	Health Clinic	3 a week
St. Day	Community Centre	2 a week
St. Ives	Passmore Edwards Institute	2 a week
St. Just	Cape Cornwall School	2 a week
Wadebridge	St. John Ambulance H.Q.	2 a week

Child Guidance.

	Address	Frequency.
Camborne	Community Centre	2 a month
Falmouth	Health Clinic	4 a month
Penzance	Health Clinic	4 a month
St. Austell	Health Clinic	2 a month
Truro	County Hall	1 a month

Speech Therapy.

Camborne	Community Centre	1 a week
Falmouth	Health Clinic	1 a week
Liskeard	Infant Welfare Centre	1 a week
Penzance	Health Clinic	1 a week
St. Austell	Health Clinic	1 a week
Truro	County Hall	1 a week

In addition the Speech Therapist attends 1 half day a week at the Royal Cornwall Infirmary, Truro.

Dental.

Penzance	1, North Parade	Daily
Hayle	Passmore Edwards Institute	As required
Falmouth	Health Clinic	Daily
Penryn	Town Hall	As required
Truro	Fire Brigade H.Q.	As required
Camborne	Community Centre	As required
Bude	The Castle	As required
Launceston	The Guildhall	As required
Saltash	Church Hall	As required
Liskeard	Church Hall	As required
Bodmin	Robartes Road	As required
Wadebridge	St. John Ambulance H.Q.	As required
Newquay	St. John Ambulance H.Q.	As required
St. Austell	Health Clinic	As required
St. Agnes	Passmore Edwards Institute	As required
St. Keverne	Church Hall	As required
Helston	The Institute	As required
Redruth	St. John Ambulance H.Q.	As required

Minor Ailment Clinics.

The expected drop in numbers due to the fact that children can now be treated free of charge by their own doctors is now evident, but only one clinic—Launceston, has been closed. However, there are a number of these clinics that are not well attended but the position is being watched very closely, as any alteration in the National Health Service Regulations may increase the attendances.

Clinic	No. of individual children.	No. of attendances made during year.
St. Austell	30	44
Calstock	330	1,490
Camborne	20	70
St. Day	60	115
Falmouth	264	1,171
Hayle	16	46
St. Ives	38	125
Launceston	22	95 closed 29.10.49
Mousehole	47	434
Penryn	424	2,464
Penzance	289	837
Redruth	71	183
Wadebridge	14	431
St. Just	455	557
	<hr/> 2,080	<hr/> 8,063

Number of Sessions

... 1,256

	No. of new Cases
Ringworm: Scalp	8
Body	20
Scabies	14
Impetigo	66
Skin Diseases	48
Minor Eye	158
Minor Ear	58
Miscellaneous: Minor injuries, bruises, sores, chilblains, etc.	1,716
Total	<hr/> 2,088

Number of children cleansed

... 54

Child Guidance Clinics.

Dr. S. W. Davies, the School Psychiatrist, has continued to undertake the work of these clinics in Falmouth, Penzance, Camborne, St. Austell and Truro and he reports as follows:—

“During the year, Child Guidance Clinic Sessions continued to be held at Penzance, Falmouth, Camborne, St. Austell and Truro. So far as was possible, they were held at fortnightly intervals in each case.

Between 1.1.49 and 31.12.49, 79 new cases were seen and the treatment of the 65 still under active treatment on 31.12.48 continued

for varying periods, during the year. On 31.12.49 there were 62 still under active treatment.

When the National Association for Mental Health closed down their offices in Bristol on 30.4.49, we were very fortunate to secure the services of Mrs. J. M. Stephens as a Social Worker, and she commenced work here on 16th May, 1949. She very quickly adapted herself to what was, for her, a relatively new sphere. In my last Report, I stressed the imperative need for the provision of a full team consisting of Psychiatrist, Psychiatric Social Worker, and Educational Psychologist. The coming of Mrs. Stephens made it possible to make a much fuller investigation of all cases, and thereby to make more effective the treatment that could be carried out. I regret that it was not possible to obtain the necessary permission to appoint an Educational Psychologist during the year, and it is to be hoped that this omission will be remedied as soon as possible. The linking up of Child Guidance Clinics with the schools and with teachers, is not only desirable, but in every way it is necessary if the Clinics are to function with maximum efficiency.

No. of Sessions held:—

Falmouth	...	15
Penzance	...	19
St. Austell	...	20
Camborne	...	19
Truro	...	15
		<hr/>
		88
		<hr/>

No. of cases seen:—

Falmouth	...	24
Penzance	...	37
St. Austell	...	41
Camborne	...	29
Truro	...	13
		<hr/>
		144
		<hr/>

No. of attendances:—

Falmouth	...	48
Penzance	...	71
St. Austell	...	75
Camborne	...	66
Truro	...	22
		<hr/>
		282
		<hr/>

No. of cases continuing treatment at 31.12.49:—

Falmouth	...	11
Penzance	...	12
St. Austell	...	18
Camborne	...	17
Truro	...	4
		<hr/>
		62
		<hr/>

Conditions for which Advice was sought:—

1. Backwardness	...	41
2. Stealing	...	19
3. Nervous fears	...	18
4. Enuresis	...	8
5. Speech Disorders	...	5
6. Fits	...	3
7. Sex difficulty	...	3
8. Temper tantrums	...	5
9. Uncontrollable	...	6
10. Lying	...	3
11. Asthma	...	2
12. Multiple conditions	...	31
		<hr/>
		144
		<hr/>

Sources from which cases were referred:—

Parents	...	13
General Practitioners	...	34
Speech Therapist	...	4
Children's Officer	...	6
Juvenile Courts	...	2
Probation Officers	...	6
Education Authority (Teachers, A.S.M.O.s, etc.)	...	65
Various (N.S.P.C.C., Health Visitors, Welfare Workers, etc.)	...	14
		<hr/>
		144
		<hr/>

Children referred but not yet seen at 31.12.49:—

Falmouth	...	nil
Penzance	...	7
St. Austell	...	16
Camborne	...	3
Truro	...	13
		<hr/>
		39
		<hr/>

The increase in the number of cases referred by General Practitioners is very gratifying, because it clearly shows that the clinics are appreciated and recognised as a branch of the Health Service. To the various Assistant School Medical Officers throughout the County, I would like to extend my most grateful thanks for the consideration they have shown in the selection of cases, and for the preliminary work which they have so often carried out, particularly in the provision of Intelligence Tests, thereby rendering much easier the work that remained to be done at the clinics.

The number of cases referred by teachers either directly or through an Assistant School Medical Officer, or other officials of the Education Authority, has also increased. If an Educational Psychologist were available as one of the team to investigate and treat these cases, much more could be done, both to secure a better adjustment for many of the cases, and to improve relations between teachers and Clinic staff.

The maladjusted pupil of high intelligence presents a problem that should receive early recognition, but only too often the very fact that he or she is of high intelligence, leads to the belief that in time some measure of adjustment will be secured, whatever happens. The 'handicap of high intelligence' is a very real one, and recent social, economic and educational trends lead one to believe that in the near future, much more serious study of it will have to be afforded.

Much could be done during the school life of the child to prevent and remedy troubles which, only too often, emerge later in a variety of spheres, and result in chronic unhappiness and inefficiency, and even more serious problems.

In the planning of Child Guidance services for a County such as Cornwall, great difficulty is naturally experienced because of the Geographical difficulties that are presented. In the case of South-East Cornwall, negotiations have been taking place for some considerable time, with a view to making it possible for children to be treated at the Child Guidance Clinic in Plymouth. Unfortunately,

however, no progress has been made, and further negotiations with the Regional Hospital Board and the Plymouth Local Education Authority are still under consideration. The number of sessions held during the year at Falmouth, Penzance, St. Austell, Camborne and Truro has shown some fluctuation, and some difference upwards and downwards compared with the previous year. In the case of Falmouth, for instance, fewer sessions were held during 1949, partly because there were fewer urgent cases to be seen in that area, and also because the pressure of new cases became more urgent in the St. Austell and Camborne areas.

More and more does it become obvious that a central clinic with proper premises and a full team, in Truro, is the only satisfactory solution, and will alone permit of a properly functioning clinic. Even when clinics are held in five towns, as at present, considerable transport difficulties have to be overcome, and the relatively slight increase in these difficulties would be more than compensated by the advantages that would attach to a clinic more centrally situated and more properly housed and staffed.

Whilst more cases were seen during the year, the number of attendances shows what appears to be at first sight a remarkable drop. As more new cases were being seen, more time had to be devoted to each individual case. More cases, also, had to be seen in their own homes, and particulars of these are not included in the clinic figures given above. The number of cases accepted for intensive psychotherapy also had to be lower because there was not the time available.

Educationally sub-normal pupils.

The extreme urgency of the problem of the provision of suitable educational facilities for these pupils, has been almost everywhere stressed. It is to be hoped that arrangements will shortly be made for the Boarding school at Pencalenick to be opened. Parents of children who would be most suitable for admission there, have for long been asking when the school will open, and are feeling very frustrated that their hopes, so long ago raised, have not yet been fulfilled.

Maladjusted Pupils.

In my last report I deplored the fact that throughout the year the number of girls in Headlands Hostel had had to be very severely restricted as a result of difficulties in obtaining staff. In October, 1949, the Hostel closed. In spite of many difficulties, a vast amount of good work had been done there, and it is to be hoped that at no distant date, suitable premises and staff will be secured, so that those maladjusted girls who require Hostel training and care will not have

to be left, as is the case now, in unsuitable homes, or else cared for in Homes for deprived children, where they cannot readily adjust, and where they are frequently a source of trouble to the staff and to the other better-adjusted children.

Trevenson Hostel for maladjusted boys has remained full throughout the year, and the progress made by even the most difficult boys, and the happy, homely atmosphere conveyed to the visitor, reflect high credit on the staff employed there.

Delinquency.

Once again I should like to express my most grateful thanks to the Probation Officers in all parts of the County for the very great interest that they have shown in the facilities that we offer them, both for reports to Court and for treatment of suitable cases at the clinics. In every way they have been most co-operative, and the provision of the very full reports they make on the home circumstances in each case, is most valuable.

During the year, a Conference was called at Truro, at the instigation of the Home Secretary and the Minister of Education, of all those interested in the problem of Juvenile Delinquency. A variety of views was naturally expressed as to the casual factors that operate in the production of Juvenile Delinquency. In at least one Petty Sessional Division of the County, a Committee has been established to survey the position in its area, and I have attended meetings and contributed to the very stimulating discussions that have taken place.

Mental Deficiency.

The Assistant School Medical Officers expressed, at one of their Conferences, their concern at the number of children in the County notified as ineducable to the Local Health Authority, who should be in Institutions for Mental Defectives. Unfortunately, the position with regard to accommodation for Mental Defectives, particularly in the case of children, has improved very little, if at all, during the year. It is only natural that the Assistant School Medical Officers, ascertaining and reporting these cases, should view with gloom and very great concern, the mounting up of these children who are excluded from school, and who are a very great problem, particularly in homes where there are other children. Nevertheless, it is of paramount importance that as full an ascertainment as possible of these cases should be made, because it is only by the provision of actual figures to the Regional Hospital Board that we can press our case for much better provision in the way of Institutional accommodation.

General.

In addition to children seen at clinics, schools, private homes, hospitals, Remand homes, and elsewhere, all referred from a variety of sources and for a variety of reasons, the number of children in Children's Homes referred for reports, continues to increase, and it is very gratifying to know that in the department of the Children's Officer, the advice and recommendations which we give, are so much appreciated. It is unfortunately true that a considerable number of the children at present in Homes that come under the Children's Officer, should really be in Hostels for Maladjusted children or in Boarding-schools for Educationally Sub-normal children. Until satisfactory provision is made for the proper treatment of these children, it is very difficult to suggest what can be done to relieve the staffs of the Homes of what I know only too well is a very great worry and responsibility."

(e) CLEANLINESS.

At the monthly inspections of children's heads by the nurses, 281,914 inspections were made and 1,951 children were found to be unclean, which is 309 less than last year. The number requiring compulsory cleansing (on the instructions of the School Medical Officer) was 13—this is 17 less than in 1948.

(f) INFECTIOUS DISEASES.

The incidence of diphtheria continues to fall, 4 cases being notified as against 28 in 1948, 42 in 1947 and 155 in 1946.

105 cases of Anterior Poliomyelitis (Infantile Paralysis) occurred in Cornwall, 35 of these cases being school children.

The number of cases of measles was 3,569 compared with 2,238 in 1948 and 2,401 in 1947.

There were 641 cases of whooping cough compared with 1,372 in 1948.

NURSING SERVICE.

A very important part of the work of the School Health Service is carried out by the School Nurses who attend inspections in schools, and follow up cases recommended by the School Doctors.

Especially valuable work is done by visits to the homes to advise and encourage parents to obtain proper attention for their children. The satisfactory level of immunisation against diphtheria is largely due to the personal efforts of the School Nurses in persuading parents who would otherwise be indifferent to, or careless of, the welfare of their children.

HANDICAPPED PUPILS.

The ascertainment of handicapped pupils has been continued as in 1948; the various categories have not been changed and were fully described in my annual report for that year.

A special table has been prepared giving the distribution of handicapped pupils in the Special Residential Schools and is shown on pages 22 and 23.

Handicapped children are brought to the notice of the School Health Service in various ways; by the routine medical inspections, or through the School Teachers, School Attendance Officers, or the School Nurses. On receipt of information regarding one of these children, arrangements are made for the child to be visited and medically examined by the Assistant School Medical Officer either at school or at the child's home. A report of the findings is sent to the Chief School Medical Officer.

Handicapped pupils requiring special educational treatment are recommended for either admission to a Residential School, or for the special care required, if remaining in an ordinary school.

There are as yet no special schools in this County but with the opening of Pencalenick at some future date the most urgent cases of educationally subnormal children will be able to receive special education.

The Dame Hannah Rogers School at Ivybridge, Devon, for spastic cases, was opened in October, 1949, and 4 cases have been admitted from Cornwall up to 31st December, 1949. Although there are 18 spastic cases in the county requiring education at a Special Residential School they cannot all be admitted to the Special School at Ivybridge as the age group for that school is from 5 to 9 years only, and the cases are admitted only after special examination by a Medical Board at the School.

The whole question of the accommodation of handicapped pupils requiring Special Residential Schools is most unsatisfactory, and as no opportunity of obtaining accommodation is neglected, the necessary work involved in this connection is out of all proportion to the results obtained.

HANDICAPPED PUPILS.

TABLE A.

Category.	Ascertained to require Special Residential School.	Ascertained to require special educational treatment in ordinary school.	TOTAL	POSITION AT END OF YEAR 1949.				TOTAL
				Now in Special School	Now in Ordinary School	Now in Independent School	Not in any School	
Blind	4	—	4	4	—	—	—	4
Partially-sighted	17	4	21	9	11	1	—	21
Deaf	19	1	20	15	3	—	2	20
Partially deaf	6	4	10	2	8	—	—	10
Delicate	13	412	425	3	397	4	21	425
Diabetic	—	—	—	—	—	—	—	—
Educationally sub-normal	189	152	341	13	319	2	7	341
Epileptic	9	—	9	5	—	—	4	9
Maladjusted	4	62	66	1	65	—	—	66
Physically handicapped	36	—	36	7	11	1	17	36
Speech defect	—	83	83	—	83	—	—	83
Multiple Defects	3	3	6	—	3	—	3	6
TOTAL	300	721	1,021	59	900	8	54	1,021

TABLE B.

Category		Recommended for Special School in 1949.	Admitted to Special School in 1949.
Blind	...	—	—
Partially Sighted	...	—	—
Deaf	...	1	5
Partially Deaf	...	—	1
Educationally Sub-normal	...	18	1
Epileptic	...	1	1
Physically Handicapped	...	3	5
Maladjusted	...	4	2
Delicate	...	1	3
		<hr/>	<hr/>
TOTAL	...	28	18
		<hr/>	<hr/>

TABLE C.

Number of children notified in 1949 to the Mental Health Sub-Committee as ineducable and therefore excluded from School (Education Act, 1944, Sect. 57 (3))	...	8
Number of children notified in 1949 to the Mental Health Sub-Committee as being inexpedient that they should be educated in association with other children (Education Act, 1944, Sec. 57 (4))	...	0
Number of children notified in 1949 to the Mental Health Sub-Committee as requiring supervision on leaving School, or Special School (Education Act, 1944, Sec. 57 (5))	...	15

TABLE D.

Number of Children in Special Residential Schools on
31st December, 1949.

		Of School Age	Over-School Age (15-16 yrs.)
Blind and Partially Sighted:			
Royal School of Industry for the Blind, Bristol ...		3	1
Royal Normal College for the Blind, Shrewsbury		2	1
Royal School for the Blind, Leatherhead, Surrey		0	1
Worcester College for the Blind	...	1	0
Conover Hall School, Shrewsbury	...	1	0
West of England Residential School for the Partially-Sighted, Exeter	...	6	0
		<hr/>	<hr/>
Totals	...	13	3
		<hr/>	<hr/>

Deaf and Partially Deaf:

Royal West of England Residential School for the Deaf, Exeter	...	10	0
North Staffordshire Deaf School, Stoke on Trent		4	0
Lawns House School, Farnley, Leeds	...	2	0
Northern Counties Institution for the Deaf and Dumb, Newcastle-upon-Tyne	...	1	0
		—	—
Totals	...	17	0
		—	—

Delicate

St. Patrick's Open Air School, Hayling Island	...	1	0
St. Dominic's Roman Catholic Residential Open Air School, Hambledon	...	1	0
St. Catherine's Open Air School, Ventnor, I.O.W.		1	0
		—	—
Totals	...	3	0
		—	—

Epileptic:

Lingfield Epileptic Colony, Lingfield, Surrey	...	2	1
Chalfont Epileptic Colony, Chalfont St. Giles, Bucks		3	0
		—	—
Totals	...	5	1
		—	—

Educationally Sub-Normal:

Courtenay Residential School, Starcross Devon	...	9	0
Withycombe House Special School, Nr. Exmouth, Devon	...	3	0
Royal Eastern Counties Special School, Colchester		1	0
		—	—
Totals	...	13	0
		—	—

Maladjusted:

Red Hill School, Maidstone	...	1	0
		—	—

Physically Handicapped:

The Victoria Home, Bournemouth	...	2	0
Hurst Lea, Weald Road, Sevenoaks, Kent	...	1	0
Dame Hannah Rogers School for Spastic Children, Ivybridge, Devon	...	3	0
St. Loyes College, Exeter	...	0	1
Derwen Cripples Training College, Oswestry	...	0	1
Canadian Red Cross Memorial Hospital School Taplow	...	1	0
		—	—
Totals	...	7	2
		—	—

SPEECH THERAPY.

Miss Rowley-Lewis, the Speech Therapist, reports as follows:—

"Speech Therapy Clinics were resumed in March 1949 and were held at Falmouth, Camborne, Liskeard, St. Austell, Penzance and Truro; in addition one session per week was held at the Royal Cornwall Infirmary. Unfortunately it was considered impracticable to hold clinics at Launceston and a small percentage of these children were brought to Liskeard. However, it is hoped that in 1950 some more satisfactory arrangement for the treatment of these children can be made.

There has been a great demand for the Speech Therapy service during 1949, so much so that there is now an extensive waiting list for all centres. This is particularly noticeable in the East Cornwall area where the services of an additional therapist would be of great value, and as a result more time could be devoted to the educationally sub-normal child, and the more severe cases, also to home and school visiting so essential in a successful therapeutic service.

The majority of cases referred for Speech Therapy during 1949 have been for stammering and dyslalia although there have been a surprising number of cleft palate children, also the number of children suffering from the habitual type of dysphonia in this county deserves special mention.

Most of the children have been treated individually, but after careful consideration group treatment has been introduced in several clinics, thus enabling a greater number of children to be treated in the time allotted. Group treatment has been undertaken for stammerers, asthmatics and dyslalics in certain age groups, each consisting of 3 or 4 children. This method of treatment has been invaluable in contributing towards the adjustment of the child and in providing an incentive, particularly beneficial to stammerers. It has also satisfied the demands for socialisation so often denied to the dyslalic child between the ages of 4 and 6 years.

The standard of intelligence among the children attending for Speech Therapy is good, especially that of the stammerer, which is frequently well above average, although the intelligence of the dyslalic child tends to be rather below average than above.

Co-operation received from children, parents and teachers has been excellent throughout the county. Attendances have been regular and the good results already achieved encourage the hope of greater development for Speech Therapy in all parts of Cornwall."

RECORD OF WORK DONE AND RESULTS.

	Launceston	Falmouth	Liskeard	Penzance	St. Austell	Camborne	Truro	Whole County
I. Cases in attendance at beginning of year ...	5	15	17	19	11	11	5	83
II. New cases admitted during the year ...	2	6	3	8	2	12	9	42
III. Cases awaiting treatment ...	11	12	7	7	25	1	4	67
IV. Cases showing marked improvement ...	—	8	7	5	4	6	4	34
V. Cases permanently discharged cured ...	—	6	4	10	2	6	3	31
VI. Cases provisionally discharged (3 months) prior to permanent discharge ...	—	2	2	3	1	2	1	11
VII. Cases ceased to attend ...	—	1	4	2	1	2	1	11
VIII. Cases still in weekly attendance ...	7	14	12	15	10	15	10	83
IX. Total Number of Attendances	7	340	376	348	314	256	191	1,832

CLINICAL ANALYSIS OF SPEECH DEFECTS.

Number of Cases suffering from:—	Launceston	Falmouth	Liskeard	Penzance	St. Austell	Camborne	Truro	Whole County
I. Physiological or psychological Defects:—								
(a) Stammer	8	11	13	14	20	9	9	84
(b) Clutter	—	—	—	1	—	—	—	1
(c) Asthma	—	2	—	5	—	—	—	7
II. Voice Defects:—								
(a) Aphonia (complete or intermittent total loss of voice)	—	—	—	—	—	1	—	1
(b) Dysphonia (complete or intermittent partial loss of voice)	—	—	—	1	2	—	2	5
(c) Rhinophonia (Nasality of speech)	1	3	1	3	2	—	2	12
(i) Hyperrhinophonia (including cleft palate)	—	—	—	—	—	1	—	1
(ii) Hyporhinophonia	—	—	—	—	—	—	—	—
III. Defects of Articulation:—								
(a) Dysarthria (Neuro-muscular inco-ordination)	—	1	—	1	—	—	—	2
(b) Dyslalia (Defective sounding of consonants)								
(i) Simple	3	6	5	3	2	1	1	21
(ii) Multiple	6	8	8	3	10	8	2	45

Number of Cases suffering from:—	Launceston	Falmouth	Liskeard	Penzance	St. Austell	Camborne	Truro	Whole County
IV. Language Defects:—								
(a) Idioglossia (own language)	—	1	—	—	—	1	—	2
(b) Delayed speech	—	—	—	—	—	1	—	1
V. Aphasia:—								
(a) Congenital word deafness ...	—	—	—	—	—	—	—	—
(b) Congenital word blindness ...	—	—	—	—	—	—	—	—
(c) Other ...	—	—	—	—	—	—	—	—
VI. Defects due to Abnormality of Special Senses:—								
(a) Deafness ...	—	—	—	—	1	1	—	2
(b) Blindness ...	—	—	—	—	—	—	—	—
(c) Other ...	—	—	—	—	—	—	—	—
VII. Probable Mental Deficiency:—	—	1	—	—	—	1	1	3
VIII. Multiple types of Speech Defect:—	—	—	—	—	—	—	—	—
Total:—	18	33	27	31	37	24	17	187

HOSPITAL SCHOOLS.

Number of "long stay" cases who have received tuition while under treatment in Hospitals:—

At Tehidy Sanatorium	...	17
At the Royal Cornwall Infirmary	...	90

OTHER WORK OF THE ASSISTANT SCHOOL MEDICAL OFFICERS.

In addition to the routine medical inspection of children in schools, the Assistant School Medical Officers performed the following duties during the year:—

Examinations of children for admission to Disabled Persons (Employment) Register	...	7
Examinations of children for part-time employment	...	22
Examinations for superannuation purposes	...	146
Examinations of blind persons	...	139
Examinations of Boarded Out children	...	1,138
Examinations of Child Life Protection cases	...	16
Number of sessions at Infant Welfare Centres	...	780

REPORTS BY ASSISTANT SCHOOL MEDICAL OFFICERS.

The following notes on the Service in general are extracted from the Reports of the Assistant School Medical Officers:—

Dr. M. Castle: Camborne-Redruth Area.

"**Cervical Adenitis.** There was prevalent amongst school children and adults a haemolyptic streptococcal infection of the naso-pharynx—Group A. The sequelae of this infection were (a) general malaise and anaemia (b) a marked unilateral and bilateral cervical adenitis painful and slow to resolve.

If proof were needed that a long summer vacation and sunshine such as we had last summer are pre-eminently healing factors then it was forthcoming in the autumn examination of these children. The cervical adenitis following the streptococcal throats had entirely cleared and the children were no longer lethargic and apathetic.

Immense benefit has accrued from the institution of the Heart Clinic run by Dr. Andrews. Many school children who had been excused P.T., folk dancing, participation in the ordinary school games, etc., and had thus been singled out from their fellows—whilst taking

part in potato picking, and usually playing a leading part in out of school sports—have been brought into line. Their parents have been assured that the cardiac murmur is not pathological, and the teacher has been relieved of responsibility.

'The general health of the school children is good.'

Dr. D. Chown: Penzance Area.

"Once more the general state of health and nutrition has been well maintained.

During the summer months cases of Infantile Paralysis occurred but the schools were not greatly affected. There were two cases from Newlyn Infant School and one from Newlyn County Primary Girls' School. One four year old boy at Gulval County Primary School developed Poliomyelitis after less than a week at School. All the other cases in the district were under or over school age, or were visitors. Owing to the risk of infection all operations for removal of tonsils and adenoids were suspended as were also all tooth extractions by the school dentist.

Since the inception of the National Health Act, attendances at school clinics have considerably diminished. It is noticeable too at school medical inspections that the children are now being attended by their own doctors for anything that may be wrong. Another reason for fewer attendances at Minor Ailment Clinics is that there are now fewer minor skin complaints.

There is still great delay in obtaining spectacles, some types of lenses being more difficult to obtain than others. One child waited fourteen months for her spectacles by which time she was almost due to be re-tested for another pair. The opticians have done their best to give priority when asked by School Medical Officers, but the delay is with the manufacturers. They now have a system of priority labels and only issue a certain number of them each month.

Chits are now received from hospital almoners when children are discharged from hospital, stating what the child has suffered from.

During the past year two children from this area have been to Bristol for thoracic surgery. One child has been admitted to a heart hospital school and two children have been admitted to the special school for cerebral palsy at Ivybridge.

The need for a special school for educationally subnormal children remains, and for some troublesome cases the need is really urgent."

Dr. C. C. Elliott: Truro and Falmouth Area.

"Nutrition. The state of nutrition of the children in this area has been well maintained and there has been no serious epidemic apart from a few cases of acute poliomyelitis during the autumn.

School Buildings. There has been some improvement of minor character in many of the schools but there is much to be done to raise the standard to anything approaching modern requirements.

Canteens. An encouraging increase in the number of canteens in this area during the year has been provided, and it is hoped that the number will increase until all schools are able to provide a satisfactory midday meal.

Medical Examinations. There has been a good attendance of parents at the medical inspections. The general condition of the children appears to be improving—this is to some extent due to the treatment of disease in the early stages owing to the availability of the Family Doctor through the National Health Service.

The arrangements for medical inspections at the Schools are usually most efficient and work smoothly thus preventing parents having to wait for long periods. This efficiency is due to a great extent to the care and attention the head teachers give to the health side of their work. The arrangements for medical inspections at some of the grammar schools are inadequate. This is to a great extent unavoidable owing to the gross over-crowding, but it tends to make the inspections inefficient and gives the parents a very poor impression of the school and the authorities.

Clinics. Since the inception of the National Health Service, there are now no clinics held by the School Health Service except the Child Guidance, and Speech Clinics, the Hospital Management Committees being responsible for all other clinics. The general arrangements for school clinics in the area are working smoothly and doing very good work. The one real difficulty is caused by a delay in obtaining spectacles for children, and in some cases this delay is a matter of 12 months, and so far as can be seen will continue until the present unforeseen demand for glasses has been met. The priority scheme for school children has been started but as yet it has not made any great improvement.

Educationally Subnormal Children. The waiting list for educationally subnormal children who require a special school has not altered a great deal, apart from the removal of children of school leaving age, who unfortunately for themselves and the community at large have not

received the benefits of special school education during their school life. It will be a great relief to the teachers, parents and children when a special school is opened in Cornwall.

Physical Training. A scheme is on foot to modify the physical training in the schools so that emphasis is placed on prevention of orthopaedic defects and on remedial treatment of mild defects so that school time will not be taken up by long and frequent attendances at the Hospital Orthopaedic Clinics. At one school, where the scheme was started in the autumn term, there is already a great improvement in the posture and general bearing of the children. I am sure that an extension of this scheme will be very beneficial to the health and wellbeing of the children of Cornwall."

Dr. M. V. Joscelyne: Helston Area.

"General Condition. There are few very serious ailments to be found at School Medical Inspections in this area; but the number of absentees from school for trifling complaints is higher than is necessary. Possibly there may be a growing tendency, on the part of parents, towards coddling the children; they certainly do not appear to be able to walk as far as formerly, transport is now very frequently applied for. This may be due to fatigue caused by late hours at home.

The behaviour of small children at School Medical Inspections is improving, any troublesome ones are usually better when unaccompanied by their mothers.

Vision. It is rare to find any serious un-treated cases of defective vision.

There are a considerable number of children with mild errors of refraction, most of whom are not urgently in need of glasses. There are the children who, when supplied with glasses, frequently leave them at home, forget to put them on in school, complain that the glasses do not fit well or even "accidentally" smash them.

Tonsils. Many enlarged tonsils are found to decrease in size and inflammation without operation.

Immunisation. There has been a good response from parents towards this.

The children, with very few exceptions, appear to take immunisation as a matter of course.

Infant Welfare Clinic. The mothers are now beginning to take advantage of the Helston clinic, which is the only one we have in this area. Breast-feeding is still markedly un-popular with the mothers

especially with women from or near farms where cows' milk is so readily obtainable.

Sanitation. In spite of the difficulties in obtaining adequate water supplies, it is encouraging to find so much good work has been done in equipping schools with flush lavatories; but the lavatories in many of the schools are still seriously in need of attention.

Canteens. There are as yet few of these in the rural areas; but those that we have are well run and beautifully appointed.

Blind Persons. I hear much enthusiastic praise of the sympathy and excellent work done by the Home teachers; but never an adverse criticism of them."

Dr. J. D. McKellar: Newquay Area.

"General Health. I have now completed a full year with the School Health Service in Cornwall and can compare it with a highly populated and industrial area where I was previously. The general health and nutrition of the children is very good. There are very few children of "C" category and these are usually from problem homes.

It is noticeable that the Entrant Group are on the whole of better physique and nutrition than the 2nd age group and the leavers. In some areas I have been disappointed with the poor physique and bad posture in the leavers, much of which I attribute to the effects of the war years during their early childhood. Today's entrants however are a fine sturdy lot of youngsters, and nearly always accompanied by parents at medical inspections.

School Buildings. These are variable in my area, and in quite a number of schools the children are overcrowded, which perhaps accounts for the excessive number of coughs and colds noticed this winter; often classes are held in adjoining buildings many of which are unsuitable. The standard of cleanliness is good, but heating and lighting leaves much to be desired. There are still a number of schools without artificial lighting with the resultant dark rooms in winter afternoons. Sanitary and washing arrangements in the rural schools are still primitive.

Canteens. Several new canteens have been opened in my area and with those already in existence 66% of my schools now serve a midday meal. These meals are of especial benefit to those children coming from unsatisfactory homes. The standard of cooking is good, although some of the meals served from central kitchens are not so palatable. There are quite a number of schools where meals are

served in classrooms. This is most unsatisfactory especially on wet days when the rooms are unable to be properly aired all day.

Special Eye Clinics. There is a long wait for glasses which in some cases is up to 9 months; this long wait is especially bad for the prospective scholarship child. However it is now improving and I understand there is a priority for urgent cases. I have had only an odd refusal of treatment.

Ear, Nose and Throat. There appears to have been quite a number of cases of tonsils and adenoids postponed due to the outbreak of anterior poliomyelitis, some of them urgent. It is a pity we do not get reports of these cases referred to this department since being taken over by the Regional Hospital Board.

Orthopaedic. In those schools where remedial exercises for post-war defects and flat feet have been done under the Supervision of the County P.T. Instructor the results have been most gratifying, and I hope the Scheme will be extended, as it will be a great saving of school time and must surely lighten the work of the Orthopaedic department.

Spastics. It seems a pity that so few of the parents of these children take advantage of the special places offered to them at Ivy-bridge School for Spastics.

Educationally Subnormal Children. There appears to be an unusually large number of educationally subnormal children in this area, and the promised opening of a special school becomes more urgent each day. These children are a great handicap both to teachers and to pupils.

The teaching and nursing staff have been most helpful and co-operative in all matters and their knowledge of the children's home conditions is of great assistance."

Dr. J. D. McMillan: Liskeard Area.

"Health of School Children. The general standard of health has remained good in this area during the past year.

I am much impressed with the marked improvement in the nutrition and general development of school entrants. The five year old in many cases would pass for seven. Nutrition "C" children are rare.

Post^{ural} defects are very numerous, but these are not severe enough to warrant reference to an orthopaedic clinic. Marked benefit would be obtained if there was more organisation and interest in

physical training in the schools and the children learned to take a pride in physical wellbeing.

There have been no major outbreaks of infectious disease.

School Buildings. Many schools now look fresher as they have been redecorated and a change from the drab colours used previously has had a good psychological effect on the teachers and children. Too many schools still have inadequate sanitation and facilities for washing. There is insufficient cloakroom space in some of the small schools.

Many schools have no means of artificial lighting. On many winter days these classrooms are too dark to work in and it also prevents adequate cleaning after school by caretakers.

Canteens. Only two very small schools are without canteens in this area. The school meal service continues to be appreciated and in many schools attendance is 100%. The general standard is very satisfactory.

It is a pity that all schools have not got a separate dining room.

Educationally Subnormal Children. There are a large number of these children in this area. There is an urgent need for special provision for these cases especially at the junior school stage. It is hoped that the Special School for Seniors will assist the Secondary School problem, though there are special classes in the Secondary Modern Schools.

Special Clinics:

Eye Clinics: These were taken over by the Regional Hospital Board in September, 1949. The great difficulty now is that very few reports have been received from these clinics. Children are now waiting a very long time for spectacles, six or seven months, and in some cases have outgrown the frames by the time delivery is effected.

Ear, Nose and Throat Clinics The number requiring treatment has fallen.

Speech Therapy: Very few new cases have been seen this year.

Orthopaedic Clinics. It seems unfortunate that this clinic is now held on a weekday as children attending miss half a day and in some cases, the whole day from school. The benefit derived does not seem to warrant this regular absence. Too many children are still seen who have attended for years. This applies particularly to "flat feet" cases. It seems a pity that these cases are not discharged earlier as they mostly have very mobile feet. The majority of these long attenders have been referred by their own doctors before starting school.

Infant Welfare Clinics. These clinics continue to be well attended. It is of great benefit to see children in the Pre-school stage and improves the co-operation with parents.

Diphtheria Immunisation. Steps have been taken to improve the figures for Diphtheria immunisation by arranging special sessions at the schools in this area. The response has been good but there was insufficient time to cover all the schools.

In conclusion my general impression is that the health of the school children is improving."

Dr. J. Reed: Wadebridge and Bodmin Area:

"The impressions gained in my first visits to the schools in my Area have been generally confirmed by subsequent visits during 1949.

(a) **Premises.**

My observations on school buildings still hold and the majority still remain in the condition in which they were in 1948. Various items were reported on the Sanitary reports, some of which have been remedied, and some still remain. Overcrowding to a marked extent is still evident in urban areas. Provision for routine examination is generally unsatisfactory.

(b) **Routine Inspections.**

(1) **Nutrition.** Of 870 children examined 391 were placed in Group A, 463 in Group B and only 16 in Group C. The incidence of unsatisfactory state of nutrition is small.

(2) **Cleanliness.** Comparatively few problems arise under this heading. The majority of children requiring attention are those of persistently unclean families with irresponsible parents. Some further help could be given if better facilities were provided in schools. The present provisions are virtually absent or sub-standard.

(3) **Defects.** The majority of defects requiring opinion or treatment were Visual, Aural and Nose and Throat conditions. 48 Visual, 10 Nose and Throat and 8 Aural conditions were recorded. 107 new minor defects required to be kept under observation of which 29 were for Tonsils and Adenoids and 23 for Vision.

(c) **Canteens.**

A few schools were still without school meal provision, and some with meal facilities have no suitable premises for use as canteen, the meals being consumed in the class rooms.

(d) **Milk.**

Two schools were using National Dried Milk as school milk supply; 9 were using milk supplied locally, presumed boiled, and the remainder were supplied with pasteurised milk.

(e) **E.S.N. Pupils.**

The retention of these children in primary schools continues to give rise to many difficulties from all aspects.

Diphtheria Immunisation. An effort was made in the last term to bring up to date the immunisation of all primary schools. The response of parents as to their willingness for inoculations to be given was good. In all, 1,300 children were inoculated of which 326 were for the first time. It is hoped to maintain protection by immunising those requiring inoculation each year."

Dr. L. Rich: Launceston and Bude Area:

"Health of School Children. The general level of health and the state of nutrition amongst school children in this area has remained satisfactory during 1949.

There is no doubt that the health and the state of nutrition of the school child today, is much higher than that of the school child of 20 years ago.

School Buildings and School Sanitation. No alterations have taken place, nor any improvements made in the state of affairs described in my last Report. It is pointed out that it is a matter of extreme urgency to improve the sanitation and cleanliness in our schools. From now on we are going to receive in the schools, the increase in the population which took place in the year 1945 and this increase is only now beginning to slacken off. This means for several years to come our schools will be overcrowded. As pointed out in my previous Report, if health education is to be at all realistic, then the schools must be models on which to base our teaching.

Canteens. During the year, the Canteen at Boyton was opened and this is now working satisfactorily. There is one school in my area which is in great need of Canteen facilities and this is the school at Whitstone. Equipment to begin the Canteen has been lying about in the school for the past two years, but no building is yet available. This school is receiving children from North Tamerton as well as Whitstone and it is more than ever necessary that Canteen facilities be laid on at this school at a very early date.

Nurses Visits. As a result of regular visits by the Nurses, an improved state of cleanliness amongst school children is beginning to

take place. When one considers the difficult conditions which exists in the homes of some of the children attending our country schools, it is very creditable to find such a high state of cleanliness and absence of infestation.

Infectious Diseases. Whooping Cough, Mumps and Chicken Pox have again been the most prevalent of the infectious diseases and have accounted for most of the absenteeism. There have, however, been several cases of Scarlet Fever scattered over the area, and an unreported number of sore throats.

Poliomyelitis. During the year in Area No. 6, there were eight diagnosed cases of Poliomyelitis, four of which occurred amongst school children. Two of these cases were diagnosed at an Orthopaedic Clinic. There must have been a considerable number of contacts between these cases and the remaining children at the two schools concerned. Whenever there is a suspicion of a case of Poliomyelitis in this area, a large proportion of the parents keep their children away from school.

Orthopaedic Clinics. There is nothing further to report on the practice as outlined in the Report of last year. Only serious cases of postural defects are referred to the Orthopaedic Clinics. Particular attention is paid to feet during the routine medical examinations, and much advice is given on the correct footwear for the child.

Eye Examinations. Regular routine eye examinations of all children are carried out at the schools and eye defects are referred to the Eye Specialist.

Educationally Sub-Normal Children. The position as outlined in my 1948 Report is still substantially unchanged. There is still no Special School available, nor are there Special Classes for the backward child.

Dental Service. This area has had no regular School Dentist for nearly two years. The Senior Dental Officer has visited this area on numerous occasions to deal with urgent work and Orthodontic cases, but no regular inspections of school children have been carried out during the whole of this period. It is true that the school children have had the facilities of visiting the private dentists free of charge, but this, in my view, is not satisfactory, as there are several dentists in my area who refuse to see children."

Dr. W. M. Ryan: St. Austell Area:

"I find I have very little fresh to add to my comments of last year. Many of the same problems exist still, unfortunately, but there have been some hopeful events too.

General Health, Nutrition, Cleanliness, etc. The general state of nutrition is satisfactory, and very few children, except those of the problem families, appear to be under-nourished and these were mostly cases of chronic ill health, such as asthma and bronchitis, etc.

But in spite of the satisfactory state of nutrition, we notice that quite a number of children are pale and tired looking. Many go to bed too late, and evening entertainments account for a lot of this. I am inclined to think that parents tend to be somewhat lax in this respect.

I notice that Dr. Elliott, last year, called attention to this listlessness, etc., in his area and also to the prevalence of Urticaria. I noted this in my area also, particularly in the summer months and thought it was probably due to changes in the diet in summer time but it is possible that lack of calcium or other minerals might perhaps be a factor, as he suggests. I will investigate cases of Urticaria more fully next year.

Almost all children are well dressed now. It is quite exceptional to see poorly clad children and I think the standard of cleanliness has also improved greatly. One sees very few cases now of infestation. Scabies is seen occasionally, also Ringworms and Impetigo but there appears to be less work for the Minor Ailment Clinics nowadays.

Infantile Paralysis. It is gratifying to find that in the recent outbreak of Poliomyelitis very few school children were affected. In my area there were only two cases occurring among school children. These were at Fowey.

Operative work connected with the Ear Nose and Throat Clinic was postponed as a result of the outbreak, consequently a number of children are still awaiting treatment for enlarged tonsils, adenoids, etc.

Remedial Exercises in Schools. It is good to know that work has begun in this direction. I hope very much that it will be extended to cover the whole of Cornwall in time. Mild postural defects are common in my area and I hope that very soon we shall start Remedial Exercises here. I think it would be helpful to give demonstrations to which parents could attend from time to time to see and appreciate the scope of this work; I feel that this would ensure their whole-hearted co-operation, which will be necessary for the success of the scheme, as many parents will try to oppose changing of clothes or partial disrobing.

Eye Clinics. There is still a very long gap often of many months' duration between the attendance at the Eye Clinic, and the delivery of spectacles. In the case of myopes this is particularly

unfortunate. Perhaps the more urgent cases should receive priority from the Opticians.

Educationally Sub-Normal Children. We are still anxiously awaiting the opening of our special school for Educationally Sub-normal Children. Meanwhile the children awaiting admission continue to trouble us in the ordinary schools.

During the Michaelmas term, I was able to devote more time and attention to the ascertainment of Educationally Subnormal children who were brought forward by Head Teachers. A number of them were not sufficiently retarded to warrant their inclusion in the category Education Subnormal but they would certainly benefit by attending special classes for retarded children, but with the present shortage of teachers this addition seems rather remote.

Transport. Requests for transport are getting more frequent and often without adequate justification. It is sometimes very difficult for us to deal with these cases especially when the private Doctor has been approached by the parents to recommend transport to school.

Canteens. Only a few schools are left without a canteen or servery now, and where there is no provision for school meals it is most noticeable that parents try to move their children to other schools where such provision exists and frequently demand transport to achieve this.

School Buildings. Many schools are still in need of repairs of various kinds—repairs to floors and playgrounds are in some cases urgent as they are a source of danger to children who readily trip on uneven surfaces.

Bad sanitation and inadequate washing facilities, unsatisfactory heating and lighting still call for attention in many schools.

I still find some class-rooms quite inadequately but wastefully heated by an old fashioned Cornish range as the only heating appliance. It ought to be possible to instal a modern heating stove without too great expense. A great deal would be saved in fuel costs if these antiquated methods of heating were scrapped.

Lavatory accommodation is inadequate in many schools and the sanitation is an offence to public health. It is difficult to educate children to a sense of hygiene while such conditions are tolerated in the schools.

A great deal has been done to improve the appearance of buildings and classrooms by redecorations and many necessary repairs have been carried out and also many improvements have been introduced, but one can still find schools with no provision for

artificial lighting when required, and even in some schools where electricity has been installed for canteen use, there is no extension of electricity for lighting in convenient, near-by classrooms—sometimes not even in the canteen kitchen.

Infant Welfare Clinics

The inclusion of this work has added considerable interest and scope to the work of the Assistant School Medical Officer, as many of the babies we get to know at the Clinic we shall meet again in the schools later.

A new Clinic at Par was opened towards the end of the year which, after a somewhat poor beginning, is now going ahead quite well."

PHYSICAL EDUCATION.

The Senior Organisers of Physical Education, Miss V. M. Jeans and Mr. M. A. Broadbridge, report as follows:—

" Introduction

Much has to be done to bring the standard of physical education in Cornwall up to the requirements of the 1944 Education Act, and until the problems of staffing, facilities and equipment can be overcome, only limited progress can be made.

Organising Staff

At the beginning of 1949 the Organising Staff was increased by three and theoretically stood at 2 men and 3 women. Unfortunately the second assistant woman did not take up her post and repeated attempts to replace her were unsuccessful.

The work of the Organisers, which covers every branch of physical activity both in the schools and amongst adolescents and adults, involves long and often difficult travelling and the shortage of staff made it necessary to review the whole position in order to achieve, in some measure, a standard without which the schools take only a perfunctory interest and feel no enthusiasm in what is a very important part of the education of every child.

As there has been a great change in the type of work and the method of presentation of physical education during the last ten years, the Organisers felt that the only way to introduce this work was by concentrating on one educational district a year, the County being divided into 8 districts. At about this time the County Medical Officer approached the Secretary for Education asking if some of the

remedial exercises now done in the orthopaedic clinics could be transferred to the schools.

After a Conference in July, 1949 attended by all the officers concerned, the Organisers put forward a scheme including a demonstration to the Conference personnel showing that this transfer could take place provided that sufficient money could be granted to provide certain facilities (e.g., playgrounds with satisfactory surfaces, individual mats and a small number of shoes for children unable to supply their own).

The scheme would involve the co-operation of all teachers and the organisation of training courses for teachers in each area in rotation; the inclusion of remedial exercises for all children as a preventive measure; the daily physical education lesson in every primary school whatever the weather and the introduction of climbing apparatus wherever possible. The scheme was adopted by the County and the training courses for teachers were arranged to begin in the Spring Term, 1950, the scheme proper to start in the Mid-Cornwall district in the summer term when clothing and shoes would not present the same problem as during the winter months. Unfortunately the amount of money required was cut by four-fifths and it was, therefore, arranged to start only in the Newquay area of Mid-Cornwall.

Facilities for Physical Education in Schools

Indoor accommodation

There is very little indoor accommodation in any type of school in the County and in most primary schools if the weather is unsuitable for outdoor work, the children have to work standing on their desks. Lack of suitable accommodation in most of the grammar and secondary modern schools has a very hampering effect on the type of work these age groups should be attempting.

Playgrounds

Few playgrounds are entirely satisfactory and the surface of many is dangerous for any form of physical activity. A report was submitted by the Organisers during the year.

Playing Fields

The pursuance of the Committee's policy to acquire or rent playing fields has continued steadily during the year but the actual handing over to schools of fields ready for immediate playing use was hampered by negotiations, or, in cases where County Council land was being returned to school use after ten years of control by the C.A.E.C., by "change of user" formalities.

Contract cutting of many existing fields in the western half of the County has greatly improved their playing conditions so that the Committee was justified in its decision to start direct labour cutting in 1950.

The Fowey field experiment—the upkeep and control shared jointly by the County Council, the Borough Council and the Borough clubs—has so far proved highly successful, but will not come to the final report stage until 1st April, 1950.

A great deal of playing field equipment (posts, nets, etc.), has been supplied to the schools.

Apparatus

The games grant, together with funds raised by the schools is increasing the supply of small apparatus (balls, ropes, hoops, etc) in the bigger primary schools and, where Teachers' Courses have been held, much home-made apparatus has been made.

The Committee continued to equip those Schools re-organised as Secondary Modern with a first instalment of portable gymnastic apparatus. Nearly two thirds of these schools have now been supplied.

Replacement of worn-out equipment in the Grammar schools has been continued but some additions still await the necessary capital allocation.

Clothing

A very great deal of missionary work amongst parents, teachers and children is necessary before suitable clothing and shoes are worn for physical training lessons and games in almost every school in the County. The exceptions are the majority of the Grammar Schools which have a tradition and more trained teachers who specialise in the subject.

Staffing

On the women's side there are only 5 trained gymnasts in the County and on the men's side only 1. No trained men or women were appointed in 1949. The work is at present being carried out mostly by the class teacher in the primary schools and in the Secondary Modern and Grammar School by teachers from the Normal or Emergency Training Colleges, some of whom have had extra training or have attended holiday courses.

Courses and Demonstrations for Schools

The following Courses and demonstrations have been held during the year:—

Women

Course	Place	Number attended
Infants:—	Falmouth	28
„	Newquay	14
„	St. Austell	41
Junior	Falmouth	27
Games	Pool	60 (mixed)

Men

Secondary P.E.	Falmouth	25
Schools Athletics	St. Austell	56
Use of Portable Apparatus	Ponsandane	15

Mixed

Swimming Styles & Class		
Methods	Launceston	10

Day Courses

Annual Reunion		
Sec. Mod. & Grammar Schools	St. Austell	79 (mixed)
Folk Dancing	St. Austell	70 (mixed)
Hockey Coaching (Women)	St. Austell (2)	90
	Liskeard	75
Lawn Tennis (Films)	St. Austell	200
	Penzance	600

Physical Training

Much has to be done to create an enthusiasm for the type of work required in the schools and to overcome the poor facilities.

Dancing

No school in the County has any training in 'educational dance' partly due to lack of facilities and teachers. The English Folk Dancing which is taught in many schools is not of a high standard and is unsuitable for the lower age group. Two Festivals for school children were organised by the English Folk Dance and Song Society in conjunction with a Teachers' Committee.

Games: Girls

Facilities are far too few for hockey and tennis in all girls and mixed schools.

Junior and Senior Netball Tournaments were held in various centres in the County and the Grammar Schools hockey tournament

at St. Austell. These tournaments are arranged annually by teachers responsible for the games in the schools, in rotation, and the difficult organisation is admirably carried out.

Boys

Association Football

Fifty teachers have now taken the Football Association's Coaching Course. The result of this showed in the success of (a) the five county competitions, covering most types of school and (b) both West Cornwall and East Cornwall in the English Schools' Competition.

Rugby Football

The Junior (under 15) and Senior (over 15) schemes of coaching and organisation of matches by Teacher Association Secretaries resulted in nine boys gaining schoolboy (Junior and Senior) A.T.C. or A.C.F. international caps.

Cricket

This continued to have mainly local appeal contrasted with the general appeal of football.

Swimming

Falmouth schools were able to include swimming instruction for boys and girls in the summer curriculum in addition to Penzance and Launceston. Several other schools arranged transport so as to give opportunity for class instruction at nearby beaches. An extension of this principle to other parts of the County should be possible.

Boxing

Several schools included boxing as a school Society. Two schools, in the English Schoolboys A.B.A. Competitions reached national finals and semi-finals.

Athletics

Most schools had a Sports Day during the Summer Term; many, in addition, took part in group or district meetings; a few ran an athletics team for a match programme throughout the whole of the term. Two schools competed in the Milocarian Trophy and secured high positions.

Much help to teachers and leaders was given, via a 'travelling school' during the Easter Vacation and by an evening course during the Summer Term.

Conclusion

In spite of the difficulties and pit-falls which undoubtedly lie ahead before physical education can come up to the standard required by the Education Act, the Organisers feel that they have the good will and interest of the Administrative, Teaching and Medical staff and much can be done by co-operation to over-come these real difficulties."

REPORT OF SENIOR DENTAL OFFICER.

"Because the dental inspections and treatment given to school children and to mothers and pre-school children is undertaken by the same dental staff, this report is submitted under two headings.

1. School Dental Service (Education Act 1944)
2. Mothers and Young Children's Dental Service (National Health Service Act, 1946)

School Dental Service

Whilst during this year under review the general conditions under which dental treatment of school children has been carried out have greatly improved in many dental districts, it is with regret that I report that regular routine inspections and treatment, the main object of a school dental service, have sadly deteriorated.

This state of affairs has been brought about by loss of staff and inability to attract new dental surgeons into the service, also because of an unusual amount of absence from duty on account of illness. Because employment in other spheres of the dental profession now offers considerably greater financial reward than is obtainable under Local Authorities, it is apparent that if this service is to maintain its efficiency, or even to survive, it will be necessary for consideration to be given to means whereby suitable candidates may be attracted.

Staffing

The complement of staff under the County's dental scheme is one Senior Dental Officer and 12 Assistant Dental Officers, 1 dental technician, 1 dental apprentice, 13 surgery attendants and 1 general clerk, the County being divided into 12 dental districts, each of which contains a school population of over 3,000 children, and will ultimately it is hoped, be under the care of one Assistant Dental Officer.

Owing to the resignation of Mr. Eagleson on the 11th June, 1949, there has been over a large part of this year, only 1 Senior Dental Officer and 6 Assistant Dental Officers to cope with all the

dental inspections and treatment necessary under the County's Dental Scheme, and I have found it necessary to give 250 half day sessions of my time to Administrative duties.

Dental Centres

The dental centres at Penzance and Falmouth have been newly equipped with modern dental units, equipment of a similar type has also been installed in a surgery at the new County Dental Service Headquarters in St. George's Road, Truro. Those Headquarters were officially opened by Mrs. M. F. Williams, the Chairman of the Health Committee, and the Mayor and Mayoress of Truro on the 18th October, 1949. Accommodation here comprises a dental surgery, waiting and recovery rooms, Senior Dental Officer's and General offices, store room and dental laboratories, the latter having been removed here from basement accommodation in Strangways Terrace.

Dental Centres, partially equipped because only temporarily housed, have been brought into use at Camborne, Newquay, St. Austell and Hayle, besides which treatment has also been given in several premises rented on a sessional basis. Use of these centres not only avoids working in already overcrowded schools and too frequently disorganising educational arrangements, but as water and electricity are available, equipment can be used that allows a better type of treatment to be given to the children.

Dental Centres are being equipped as accommodation is completed in premises already acquired or rented by the County Council and will shortly be opened for dental treatment at Launceston, Bude, Bodmin, Wadebridge, St. Austell, Liskeard, Penryn, Redruth, Saltash and Callington. In addition, plans for a prototype Health Clinic, providing excellent dental accommodation, have been prepared and will be placed on sites to be acquired at St. Ives, Fowey and Hayle. As equipment is already at hand the dental portion of these clinics will be quickly brought into operation. Premises in which to accommodate the two remaining primary and the subsidiary dental centres are still required in Helston, Newquay, Torpoint, Looe, Padstow and Camelford. In planning the larger main dental centres consideration should be given to the provision of a second surgery, not only to enable a neighbouring dental officer to treat his patients who could most conveniently attend there, but also to meet any future requirements for housing any new type of operating staff, viz dental hygienists etc. whose employment is now under review by the Ministry of Health.

Dental Inspection and Treatment.

The following remarks are in supplementation of the particulars of the work performed by the County's Dental Officers which are

tabulated in the statistical section at the end of this report. During this year 19,292 children received a Dental Inspection and it was found necessary to refer 14,182 for treatment, 9,842 children accepted treatment and of these 9,558 were treated, making 15,884 attendances at the various centres, a total of 7,062 children being rendered dentally fit. 1,786 appointments made for children to attend were not kept, entailing a considerable time wastage. (The outbreak of infantile paralysis was responsible for many broken appointments). Allowing for 269 Orthodontic cases where treatment has to be extended over one or more years, the difference between the number of children treated during this year, and those made dentally fit, demonstrates the large number of cases dealt with simply by giving casual treatment for the relief of pain. In addition, the fact that out of a school population of 39,375 it has only been possible to deal with 19,292 children during the year demonstrates how far short the service falls of a requirement to give every child in school at least one annual routine inspection, and, where found necessary, carry out or offer the appropriate treatment. It must also be realized that this lengthy period between routine re-inspections and re-treatment not only causes larger amounts of treatment to be necessary for each child, but too frequently results in loss of teeth on which much time has previously been spent in conservative treatment.

The acceptance rate for dental treatment has been 70% and is a decrease of 3% on last year—but the irregularity with which routine inspection and treatment has been possible and change of dentists will account for this. The rate for children referred for treatment remains fairly constant at 73.5%.

The average number of 76 children inspected at each session of half a day, is a considerable improvement on the average of last year, and although it is less than that obtainable in thickly populated industrial districts where most of the schools contain 1,000 or more children, is quite a fair average when the sparseness of the rural areas is considered, also the large number of schools containing only a few pupils, and the fact that distances between many of these schools is so great that it is impossible to inspect more than two schools in one day of rural school hours. The amount of treatment found necessary per 100 children was:—

Fillings		Extractions		Other Operations	
Perm. teeth	Temp. teeth	Perm. teeth	Temp. teeth	Perm. teeth	Temp. teeth
100	14	16	61	88	56

The amount of time spent in filling temporary teeth has been purposely limited because of staff shortage, these teeth having been treated with Ammoniated Silver Nitrate and Eugonal after rendering

cavities self cleansing, has caused an increase in amount of treatment shown under the heading "other operations — temporary teeth" Table (V).

The increased number of cases undergoing Orthodontic treatment causes a much larger number under the heading "other operations—permanent teeth." Under this heading also is recorded dressings to cavities and dentures, impressions, adjustment to orthodontic appliances, root treatment and fillings, pulp cappings, gum treatment and scaling, gingivectomy, fraenectomy, acrylic splints for fractured incisor teeth, jacket crowns, and teeth X-rayed.

Orthodontia.

The scheme for Orthodontic treatment has continued during the year the demand being far greater than could be met; because of the limited staff available to supply routine inspections and treatment, the amount of time devoted to Orthodontic defects had to be limited.

It has proved impracticable successfully to undertake work of this nature unless dental officers have established dental centres, to which all children can be called on special sessions, frequently on Saturday mornings; only officers working in such centres have been encouraged to engage in this work.

269 children have received Orthodontic treatment during the year, 183 of these being new cases and the remainder carried over from previous years. 324 removable and 12 fixed orthodontic appliances have been fitted, 46 cases were satisfactorily completed, 36 cases were discontinued mainly because of lack of co-operation on the part of patients and sometimes parents too. 109 Permanent teeth were extracted for Orthodontic reasons.

Dental Laboratory.

The work carried out has for the most part consisted of preparation of orthodontic appliances, of duplicate and progressive series of models of the mouths of children receiving this treatment, the latter work takes more time in a laboratory devoted to orthodontic work than in one where artificial dentures alone are made.

The work during the year consisted of:—

Orthodontic appliances 324; Repairs to same 18; Jacket crowns 3; Acrylic Splints 3; Duplicate and progressive models 431.

Partial dentures for children who lost front teeth by accident or neglect 34; Repairs to same 4.

The plaster room in the dental laboratory is adaptable as a dark room for developing X-ray films, this work being carried out either by the dental technician or surgery attendant.

General Anaesthetics.

Owing to staff shortage and lack of suitable accommodation this service has only been possible in the Falmouth, Penzance, Camborne and Truro districts, and during 43 half-day sessions general anaesthetics have been administered by myself to 430 children. As new dental centres are opened this very necessary service will be extended, but it will first be necessary to hold short practical postgraduate courses in modern methods of administration.

New type Walton gas and oxygen apparatus are installed at Penzance, Falmouth, and Truro, also at the latter centre is a Portanaest gas and oxygen apparatus which is used in a portable capacity.

The administration of general anaesthetics have been of a prolonged type given nasally—thus septic mouths can be cleaned up at one visit.

X-Ray.

This service, so essential for successful orthodontic and other clinical treatment, has been advanced during the year by the purchase of 2 apparatus of a transportable type which have been installed in the Truro and Falmouth dental centres, together with arrangements for developing films.

It is now hoped to purchase two more machines of a similar type and instal them, when premises have been completed, at two other main dental centres convenient for mobile dental officers to convey them to other main dental centres at which they are needed and operate them: each of these main centres will be supplied with supports on which the transportable head may be fitted. These centres will also be provided with dark rooms and so enable the dental officer to have his own films developed.

As a temporary measure the hospital authorities at Penzance and Redruth have been most helpful in taking X-Ray films for dental Officers operating in those dental districts, whilst the Royal Cornwall Infirmary at Truro have been most co-operative in taking any extra-oral films I have needed, the apparatus installed by the County being supplied mainly for skiagrams of an intra-oral nature.

190 school children have had X-ray films taken during this year.

Incidence of Caries.

At the request of the Ministry of Education, through Dr. Wynne one of their Medical Inspectors, the following report on the caries incidence among children five years old is shown in the table below:—

Dental Officer	Dental District	No. of children inspected	No. found totally sound	Teeth found to be			Type of District
				Decayed	Missing	Filled	
Mr. Patterson	Falmouth Penryn	263	88	757	19	20	Larger Cornish Town. Docks Agricultural.
Mr. Eddy	St. Austell	418	107	1443	318	85	Town. Country Clay workers.
Mr. W. K. Batten	St. Agnes Hayle Penzance	348	140	916	48	1	Town. Country agricultural Mining.
Mr. W. H. Ellam	Liskeard Saltash	348	114	644	19	20	Town. Country Agricultural.
Mr. E. Townend	Launceston Bude	50	3	205	41	2	Town. Country agricultural.
	Totals	1427	452	3965	445	128	

Extracts from reports received from Assistant Dental Officers.

All comment on the poor condition of the teeth of children entering school. One officer remarks that "on balance, there has been more to do, and, because of the longer intervals between visits treatment has been more extensive on individuals. Considering that I myself have an area that had two School Dental Surgeons some years ago and that the 'priority' system has doubled the number of prospective patients, it would be inaccurate to suggest that more than a proportion of the requisite treatment has been given." Another dental officer who has had his routine work interfered with least of any says "Dental conditions are steadily improving amongst the older children although there is a considerable amount of work among the new entrants, consequently preference is being given to infant schools. Now that the children are getting more regular treatment I am going round the schools more quickly and it is hoped to complete the area within two years." Another officer with a very large area to look after says "An average of four fillings a session might be considered rather low. This has no doubt been caused by shortage of staff, which has necessitated attendance at numerous clinics covering a large area, doing work chiefly of a casualty nature. This interferes with routine work and causes lack of interest on the part of the operator, and the school staffs, not to mention the patients."

Another dental officer remarks "Of the children entering school at the age of 5 years, only 22 out of each 100 were dentally fit, a fact which emphasizes the need for earlier inspection and treatment, a service which I am endeavouring to develop side by side with the treatment given to Mothers."

Mothers and Young Children's Dental Service.

It has been possible to develop this service in three Dental Districts only—Penzance, Falmouth and (since October) Truro—because only in these three places in the County do suitably equipped premises exist in which it is fair to give treatment to this section of the priority classes, or to expect dental surgeons to carry it out. The amount of work entailed during 170½ sessions is shown in the following table.

	Expectant Mothers.	Children under five.
(a) Numbers provided with dental care and nursing:—		
Examined	148	184
Needing treatment	111	151
Treated	100	121
Made dentally fit	50	97

(b) Forms of dental treatment provided:—

Extractions	...	422	65
Anaesthetics:—			
Local	...	34	11
General	...	38	22
Fillings	...	173	130
Scaling and Gum treatment	...	200	—
Silver nitrate treatment	...	—	56
Dressings	...	180	—
Radiographs	...	6	—
Dentures provided:—			
Complete	...	30	—
Partial	...	42	—

As explained under Section 1 of this report, a central dental laboratory exists at the County's Dental Headquarters at Truro and all mechanical work is forwarded there for processing and is supervised by the Senior Dental Officer. The same applies to any Orthodontic work undertaken for the under five year olds. This treatment is being developed along preventive lines—in that habits adopted by children which are likely to result in irregularity of the teeth or malocclusion can be taken in hand and arrested either by fitting appliances of an intra-oral or extra-oral type—and sometimes by explaining methods of procedure to parents.

Facilities for X-ray examination are supplied as under Section 1 of this report.

I wish to express my thanks to Head Teachers and the Medical and Dental Staff whose co-operation has been so helpful, especially through the difficult times which this dental service is experiencing just at present."

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS

(INCLUDING SPECIAL SCHOOLS)

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups			
Entrants	...	4,395	
Second Age Group	...	3,375	
Third Age Group	...	3,715	
			<hr/>
Total	...	11,485	
Number of other Periodic Inspections			
Vision at 8	...	3,115	
Entrants to Secondary Schools		998	
			<hr/>
Grant Total	...	15,598	
			<hr/>

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	2,002	
Number of Re-Inspections	...	4,325	
			<hr/>
Total	...	6,327	
			<hr/>

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group		For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)		(2)	(3)	(4)
Entrants	...	121	765	865
Second Age Group	...	322	520	764
Third Age Group	...	343	479	761
Total (prescribed groups)	...	786	1,764	2,390
Entrants to Sec. School	...	75	106	164
Other Periodic Inspections	...	261	82	327
				<hr/>
Grant Total	...	1,122	1,952	2,881
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TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1949.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment	Requiring observation, but not requiring treatment.	Requiring treatment	Requiring observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4.	Skin ...	190	89	57	18
5.	Eyes—				
	a. Vision ...	1,122	163	406	79
	b. Squint ...	157	17	45	15
	c. Other ...	82	18	19	7
6.	Ears—				
	a. Hearing ...	51	41	28	24
	b. Otitis Media ...	70	27	14	9
	c. Other ...	22	16	11	24
7.	Nose or Throat ...	403	503	167	77
8.	Speech ...	33	51	26	22
9.	Cervical Glands ...	52	280	20	37
10.	Heart and Circulation ...	79	173	58	64
11.	Lungs ...	115	189	59	59
12.	Developmental—				
	a. Hernia ...	15	12	1	3
	b. Other ...	17	11	4	3
13.	Orthopaedic—				
	a. Posture ...	98	246	22	25
	b. Flatfoot ...	147	75	23	27
	c. Other ...	113	63	49	22
14.	Nervous system—				
	a. Epilepsy ...	9	9	6	6
	b. Other ...	19	14	10	5
15.	Psychological—				
	a. Development ...	37	100	36	14
	b. Stability ...	46	64	22	13
16.	Other ...	197	81	74	93

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

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		%		%		%	
		No.	of col. 2	No.	of col. 2	No.	of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	4,395	1,447	32.9	2,759	62.8	189	4.3
Second Age Group	3,375	1,160	34.4	2,048	60.7	167	4.9
Third Age Group	3,715	1,414	38.1	2,157	58.0	144	3.9
Other Periodic Inspections ...	998	296	24.4	657	66.1	45	4.5
Total ...	12,483	4,317	34.5	7,621	61.1	545	4.4

TABLE III.—INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorized persons ...	281,914
(ii) Total number of individual pupils found to be infested	1,951
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	1,951
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	13

TABLE IV.
TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding uncleanness, for which see Table III.).

(a)

		Number of Defects treated, or under treatment during the year.
SKIN—		
Ringworm—Scalp—		
(i) X-Ray treatment	...	8
(ii) Other treatment	...	—
Ringworm—Body	...	20
Scabies	...	14
Impetigo	...	66
Other skin diseases	...	48
EYE DISEASE—	...	158
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).		
EAR DEFECTS—	...	58
MISCELLANEOUS—	...	1,716
(e.g. minor injuries, bruises, sores, chilblains, etc.)		
	Total ...	2,088
(b) Total number of attendances at Authority's minor ailments clinics		8,163

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I.)

	No. of defects dealt with
ERRORS OF REFRACTION (including squint) ...	1,339
Other defect or disease of the eyes (excluding those recorded in Group I) ...	17
Total ...	1,356
No. of Pupils for whom spectacles were (a) Prescribed	1,049
(b) Obtained	405

GROUP V.—CHILD GUIDANCE TREATMENT AND
SPEECH THERAPY

No. of pupils treated (a) under Child Guidance arrangements	...	144
(b) under Speech Therapy arrangements	...	187

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers—			
(a) Periodic age groups	...	17,981	
(b) Specials	...	1,311	
(c) TOTAL (Periodic and Specials)	...	19,292	
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(2) Number found to require treatment	...	14,182	
(3) Number actually treated	...	9,558	
(4) Attendances made by pupils for treatment	...	15,844	
(5) Half-days devoted to: (a) Inspection	...	249½	
(b) Treatment	...	2,630½	
Total (a) and (b)	...	2,880	
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(6) Fillings	Permanent Teeth	...	10,118
	Temporary Teeth	...	1,396
Total	11,514
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(7) Extractions:	Permanent Teeth	...	1,586
	Temporary Teeth	...	5,900
Total	7,486
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(8) Administration of general anaesthetics for extraction			430
(9) Other Operations :	(a) Permanent Teeth	...	8,200
	(b) Temporary Teeth	...	5,369
Total (a) and (b)	13,569
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GROUP 7 - CHILD MENTAL HEALTH SERVICES

Table 7-1. Number of children referred to the Child Mental Health Services by age group and sex, 1970-1971.

TABLE 7-1. CHILD MENTAL HEALTH SERVICES	
Number of children referred to the Child Mental Health Services by age group and sex, 1970-1971	
Age Group	Sex
0-4	Male
0-4	Female
5-9	Male
5-9	Female
10-14	Male
10-14	Female
15-19	Male
15-19	Female
20-24	Male
20-24	Female
25-29	Male
25-29	Female
30-34	Male
30-34	Female
35-39	Male
35-39	Female
40-44	Male
40-44	Female
45-49	Male
45-49	Female
50-54	Male
50-54	Female
55-59	Male
55-59	Female
60-64	Male
60-64	Female
65-69	Male
65-69	Female
70-74	Male
70-74	Female
75-79	Male
75-79	Female
80-84	Male
80-84	Female
85-89	Male
85-89	Female
90-94	Male
90-94	Female
95-99	Male
95-99	Female
Total	Male
Total	Female
Total	Both Sexes