

[Report 1952] / School Health Service, Cornwall County Council.

Contributors

Cornwall (England). County Council. School Health Service.

Publication/Creation

1952

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CORNWALL COUNTY COUNCIL
(EDUCATION COMMITTEE)

Annual Report

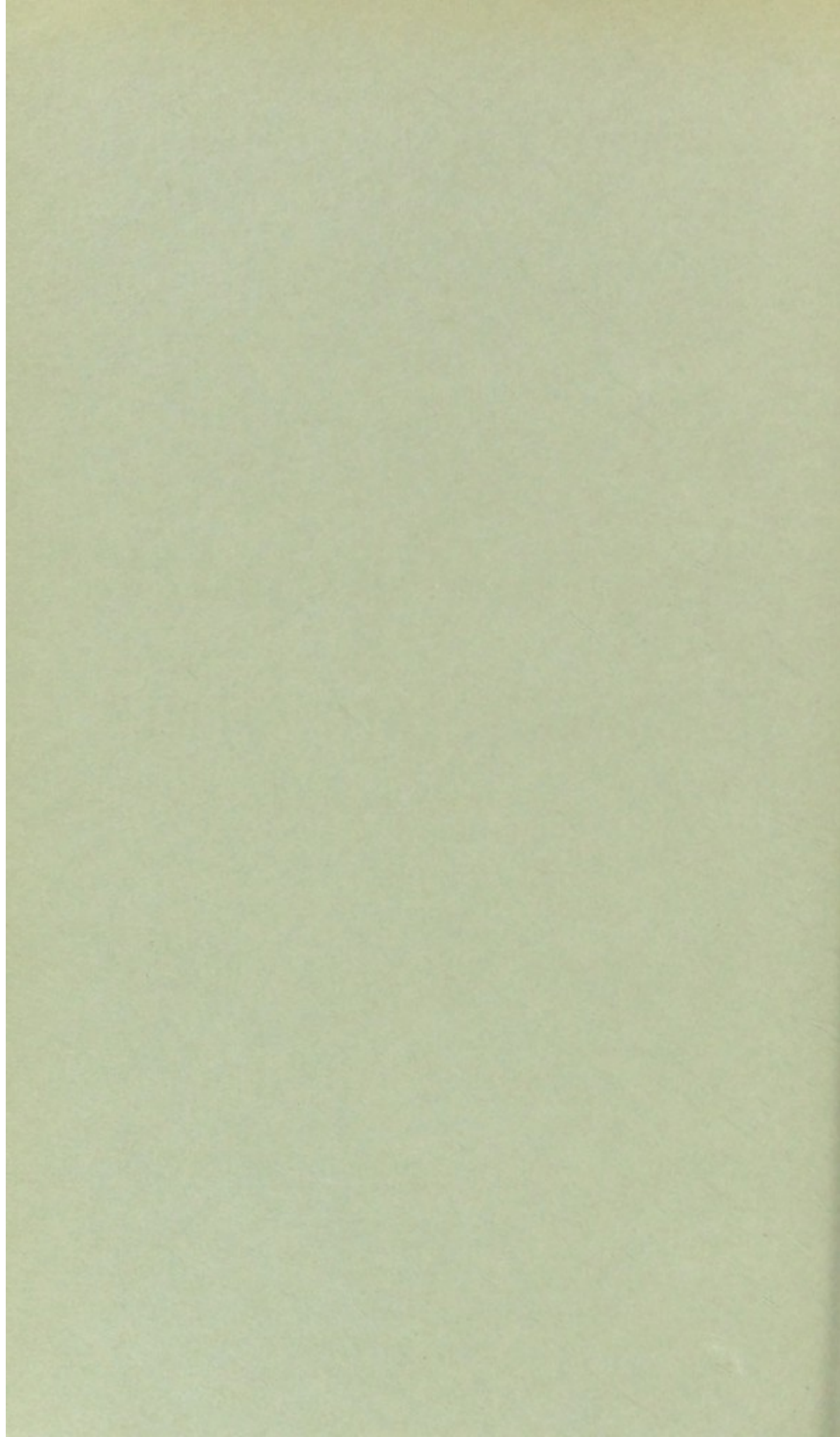
OF THE

SCHOOL MEDICAL OFFICER

1952

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

TRURO
NETHERTON & WORTH, LTD., THE COUNTY PRINTERS



CORNWALL COUNTY COUNCIL
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**ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER
FOR THE YEAR 1952**

Public Health Department,
County Hall,
Truro.
February, 1953.

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

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present a report dealing with the School Health Service for the year 1952.

The year was mainly one of consolidation and steady progress, in which there were a few happenings of outstanding importance.

The Special School at Pencalenick, capable of providing both residential and day tuition for educationally sub-normal pupils of Secondary School age, was opened in January, 1952. Many have been surprised by the progress made by the pupils who have been fortunate enough to be admitted to this School; after having had the very meagre education possible for them in a school of normal children, these children have suddenly found themselves for the first time being taught in accordance with their aptitude, and finding that they are able to keep pace with the interesting instruction given them, their progress has indeed been remarkable. Many of the Assistant School Medical Officers while appreciating the value of Pencalenick, have pointed out the need for more facilities for this type of education not only for Secondary, but for Primary age children.

Another event of great importance was the appointment by the Regional Hospital Board of Dr. Jolly as Consulting Paediatrician for the Plymouth Clinical Area. The Assistant School Medical Officers, who take part in the Council's health programme for children from birth until school leaving age, have for many years suffered from lack of contact with modern hospital practice in the matter of children's ailments and diseases. Dr. Jolly has very kindly arranged ward rounds and general discussions with the Assistant School Medical Officers in the Children's Department at

Plymouth, and although these have been limited by the County Council to not more than two such visits a year, Dr. Jolly is prepared to increase this number as soon as the County Council gives permission. It is understood that the appointment of a Paediatrician for the West Cornwall Clinical Area is under active consideration by the Regional Hospital Board, and this would bring the essential facilities of hospital practice so much nearer many of the Assistant School Medical Officers as to make it possible to arrange more frequent attendances.

The number of children inspected and treated by the Dental Service shows a welcome considerable increase on the previous year's figures. It is to be hoped that the staffing position will permit a still further increase during the coming year, but it must be remembered that our inability to provide a complete Service during the last few years has accumulated an amount of dental decay which cannot be easily overcome.

It is common knowledge that a considerable amount of time at School is lost by children who have to attend regularly at Orthopaedic Clinics for exercises designed to remedy comparatively minor disabilities. In the very small part of the County in which it has been possible to provide adequate appliances for physical education and remedial exercises, this interference with the normal school life of the children has been materially reduced. There is no doubt that an extension of these facilities throughout the County would be a sound investment so far as a child's education is concerned, and it is to be hoped that the financial situation will ease, to enable reasonable progress to be made in extending this system as soon as possible.

Water supplies to certain rural schools continued to give anxiety throughout the year, and in many places it has not been found possible to find an alternative pure supply. This problem, which is not limited to schools, but applies equally to the village communities in which the schools are situated, will not be solved until an adequate supply of pure water is made generally available throughout the areas concerned. In the meantime, water has to be boiled, and in one school, namely Blisland, an experiment is in progress with the use of a Metafilter, which is giving promising results. All these various manoeuvres, however, can only be considered as second-best.

It is encouraging to see the strenuous efforts being made by the Education Committee to modernise the unsatisfactory sewage disposal arrangements at some County Schools, and to be able to report that although there is still a great deal to be done, the black spots in County Schools have already been dealt with.

Finally, I repeat my expression of gratitude to Dr. Elliott who has made it possible to record the progress mentioned in this Report; to the whole staff of the School Health Department for the loyalty and consistent hard work which they have invariably given; and also for the support I have invariably enjoyed 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 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:

C. C. ELLIOTT, D.S.C., V.R.D., M.D.

School Psychiatrist:

D. JACKSON, M.A., M.B., Ch.B., D.P.M.

Assistant School Medical Officers:

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

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

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

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

*W. H. P. MINTO, M.B., Ch.B., D.P.H. (commenced 23.4.52).

G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H.

(resigned 8.12.52).

*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. (resigned 31.1.52).

B. ROBERTS, M.R.C.S., L.R.C.P.

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

* Also Assistant County Medical Officer.

Chief Dental Officer:

K. BATTEN, L.D.S.

Dental Officers:

R. J. R. BAKER, L.D.S. (commenced 1.5.52).

P. S. R. CONRON, L.D.S. (commenced 1.5.52).

H. J. EAGLESON, L.D.S.

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

W. H. ELLAM, B.D.S.

G. C. HODGSON, L.D.S. (commenced 2.7.52).

D. A. PATTERSON, L.D.S.

F. H. STRANGER, L.D.S. (resigned 10.1.52).

F. R. TAYLOR, L.D.S.

E. R. TRYTHALL, L.D.S. (commenced 10.3.52—part-time).

Speech Therapist:

MRS. A. L. WILKS, L.C.S.T. (resigned 13.8.52).

Educational Psychologist:

MISS A. M. REEVE, B.Sc. (Psychol) (commenced 18.2.52)
(resigned 4.8.52).

J. E. COLLINS, B.A., DIP. ED. PSYCH., A.B.Ps.S.
(commenced 6.10.52).

Social Worker:

MISS F. M. JONES, Social Science Diploma (resigned 6.2.52).

MISS B. ROGERS, Social Science Diploma (commenced 24.3.52).

STATISTICS

Population 1952 (approximate) ... 342,000
School Population ... 46,962
Number of Schools:—

| | | | |
|-------------------|-----|----------|--|
| Nursery | ... | 1 with | 40 pupils |
| Primary | ... | 322 with | 32,407 pupils |
| Secondary: | | | |
| Grammar | ... | 21 with | 5,409 pupils |
| Modern | ... | 22 with | 4,965 pupils |
| Special | ... | 1 with | 61 pupils |
| Technical and Art | ... | 6 with | 525 full-time pupils and 3,555 part-time pupils |

MEDICAL INSPECTIONS

The general health of the school children in Cornwall continued to be satisfactory.

The following table shows the age groups in which children are inspected during their school life:—

| GROUP | AGE WHEN INSPECTED | SCHOOLS CONCERNED |
|-------------------------------|--|----------------------|
| | Routine Inspections | |
| First Age Group | Normally 5—6 years | Primary |
| Second Age Group | Between 10 & 11 years | Primary |
| Third Age Group | During last year of attendance at school | Primary or Secondary |
| | Additional Inspections | |
| Vision Test | 8 years | Primary |
| Entrants to Secondary Schools | 11—12 years | Secondary |

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

Routine Medical Inspections

| | |
|-------------------------|--------|
| Entrants | 6,243 |
| Second Age Group | 3,843 |
| Third Age Group | 3,404 |
| | <hr/> |
| | 13,490 |
| | <hr/> |

Additional Inspections

| | |
|-----------------------------------|-------|
| Vision at 8 | 3,846 |
| Entrants to Secondary Schools ... | 2,782 |
| | <hr/> |
| | 6,628 |
| | <hr/> |

Other Inspections

| | |
|----------------------------|-------|
| Special Inspections | 2,073 |
| Re-inspections | 6,016 |
| | <hr/> |
| | 8,089 |
| | <hr/> |

CO-OPERATION

It is gratifying to report the continued excellent co-operation which exists between the School Health Service and the Head Teachers.

The attendance of parents at the medical inspections is always encouraged and as the value of the inspection is increased by their attendance, it is hoped that even more parents will come along to these inspections.

There is a very welcome increase in the co-operation between the Family Doctors and the School Health Service and it is felt that it is to the great advantage of the school children that this state of affairs should exist. It is hoped that the Family Doctors appreciate the constant attempts of the School Health Service to do everything possible to strengthen the existing bond.

The hospitals continue to notify the School Health Service of all school children discharged from hospital and the resulting information is invaluable to the School Doctors. Every care is taken to ensure that this information is treated as strictly confidential,

There is also a strong link between the School Health Service and such voluntary bodies as the National Society for the Prevention of Cruelty to Children, the British Red Cross Society and the Cornwall County Association for the Blind, all of whom continue to assist in every way.

In January, 1952 a small booklet on the School Health Service was compiled, printed and sent to all Head Teachers. This booklet contained notes of the various aspects of the School Health Service and gave instructions regarding action to be taken by the Head Teachers to enable them to obtain for the children all the facilities provided. During the year there has been a great decrease in the number of letters received in the Central Office from Head Teachers requesting information and advice. There has therefore been less delay in action being taken and it is certain that the work and expense involved in this publication has been well worth while.

CANTEENS

The number of canteens and serveries increased from 237 to 251 during the year, providing 22,300 mid-day meals per day. The number of school departments served by these canteens is 316; only 51 departments have neither canteen nor servery.

The standard of cooking and cleanliness in the canteens on the whole remains excellent.

Medical Arrangements for the supervision of Canteen Staff

The Secretary for Education has made arrangements to enable the School Doctors to take an active part in the supervision of the Hygiene of the Canteens and Serveries. This has proved to be of value in the education of the staff in health matters in their place of work, and is considered to be a much better arrangement than giving set lectures or courses.

In future, entrants to the staff of the canteens will have to produce a certificate of fitness from their Family Doctor and a clause will be inserted in the new staff's conditions of service that they should agree to a medical examination by the Assistant School Medical Officer if considered necessary and also, in view of the Ministry of Education Circular 248, the canteen staffs have been asked to attend the mass radiography unit when it is operating within a reasonable distance of the canteen.

MILK IN SCHOOLS

It has always been the aim to obtain supplies of pasteurised or Tuberculin Tested milk, preferably in one-third pint bottles for schools and efforts have been constantly directed towards achieving this object. It is, therefore, with some satisfaction that I am able to report that at the end of the year the position regarding the supply of milk to the schools was as follows:—

| | | | Bottled | Bulk | Total |
|-------------------|-----|-----|---------|------|-------|
| Pasteurised | ... | ... | 348 | 6 | 354 |
| Tuberculin Tested | ... | ... | 10 | 7 | 17 |
| Ungraded | ... | ... | — | 9 | 9 |
| | | | — | — | — |
| No. of Schools | ... | ... | 358 | 22 | 380 |
| | | | — | — | — |

It will be noted that 93 per cent. of the schools in the county receive pasteurised milk, 4.7 per cent. Tuberculin Tested milk, and only nine schools or 2.3 per cent. are receiving ungraded milk. The number of children taking milk during the Winter term was 28,622.

With regard to the progress with the supply of bottled milk to the schools, it will be of interest to note that only 22 schools are at present receiving milk in bulk containers. Apart from the time which has to be devoted to measuring out bulk milk into approximately one-third pints, there is the danger that the beakers used by the children might not always be clean, as at some of the rural schools washing-up facilities are inadequate.

The supply of milk to schools in one-third pint bottles with drinking straws is the only really satisfactory method of ensuring that children obtain their milk under the most hygienic conditions and efforts to reduce still further the number of bulk supplies are being continued.

The supervision of the Milk in Schools Scheme has been continued throughout the year by the County Sanitary Officer and 279 samples of milk delivered to the schools have been taken and submitted for examination with the following results:—

| Grade of Milk | | | Satisfactory | Unsatisfactory | Total |
|-------------------|-----|-----|--------------|----------------|-------|
| Pasteurised | ... | ... | 197 | 23 | 220 |
| Tuberculin Tested | ... | ... | 31 | 2 | 33 |
| Ordinary | ... | ... | 23 | 3 | 26 |
| | | | — | — | — |
| All grades | ... | ... | 251 | 28 | 279 |
| | | | — | — | — |

Of the 23 samples of pasteurised milk that failed to pass the necessary tests, 17 failed on Methylene Blue (keeping quality) and six failed on the Phosphatase Test (improperly pasteurised). Most of the supplies from which the latter samples were obtained are delivered in bulk from the creameries, where the milk is pasteurised, and bottled by the supplier. No samples failed on both tests.

The Methylene Blue failures occurred mostly during the very hot weather.

As the six samples failing to pass the Phosphatase Test constitute only 2.77 per cent. of the total samples of pasteurised milk taken and examined, it may be said that the milk is generally safe.

In the case of unsatisfactory samples of milk delivered to the schools direct from the farm and in cases of T.T. milk, the County Milk Production Officer of the Ministry of Agriculture & Fisheries is notified and asked to investigate conditions at the farm and methods of production. Other cases are investigated by the County Sanitary Officer.

An improvement in the conditions under which the milk is received, stored, and distributed, in cases where instructions have been given that canteen staffs are to be held responsible for receiving and distributing the milk and the cleansing and return of the bottles, has been continued.

By arrangement with the Chief Inspector of Food & Drugs, it was agreed that, in order to avoid duplicity of visits to schools that all informal samples of school milk taken for analysis should be taken by the County Sanitary Officer at the time samples are being collected for bacteriological examination and that these samples should be delivered to the Food & Drugs Department for examination. During the year 1952, 263 samples were taken and submitted for examination. Of these samples 258 proved, on examination, to be satisfactory and of the remaining five, two were slightly deficient in fat and three slightly deficient in non-fatty solids. No action was considered to be necessary.

Thirty-one samples of milk from sources of supply of ungraded milk to schools and canteens have been taken and submitted for biological examination. All samples proved to be free from tubercle bacilli.

WATER SUPPLIES IN SCHOOLS

The sampling of water at the schools not being supplied from public mains has continued throughout the year by the County Sanitary Officer, particular attention being paid to those schools where previous samples had proved unsatisfactory.

In a number of cases where the supply had proved, on examination, to be unsatisfactory, alternative sources of supply have been sampled and examined bacteriologically.

During the year, 175 samples have been taken from 104 schools and canteens. Of these, 105 samples were satisfactory and 70 unsatisfactory or doubtful. These unsatisfactory samples covered 45 schools or canteens.

At one school a Metafilter has been installed as an experiment and samples of the water taken after filtration show this to be very successful. It is hoped to install this type of filter at other schools where conditions are suitable.

Copies of the results of all examinations of samples are sent to the local Medical Officers of Health.

The Secretary for Education is notified of all unsatisfactory samples and if the source is also a public supply, the Medical Officer of Health and the Sanitary Inspector of the district in which the school is situated are asked to cause an investigation to be carried out.

Schemes of water supply submitted to the County Council, in accordance with the Rural Water Supplies and Sewerage Act, 1944, for their observations are brought to the notice of the Education and Architect's Departments with a view to schools being connected to the proposed mains where public mains supplies are brought to within reasonable distance of the school.

There are still a number of schools without a suitable supply of drinking water obtainable on the premises, water for drinking having to be carried from a distant source of supply and stored in containers at the school. Many of the containers are unsuitable and are left in the cloak-rooms without covers and a cup or mug is provided for dipping water from the containers for the purpose of drinking, many children probably using the same cup without it having been washed after use.

As a result of representations made, the following works or precautions have been or are being carried out:—

School Water Supplies

| | | | |
|---|-----|-----|----|
| Schools connected to mains supplies | ... | ... | 9 |
| Schools proposed to be connected to mains supplies | | | 18 |
| Alternative sources of supply being sought | | ... | 9 |
| Wells repaired structurally | ... | ... | 5 |
| Pumps repaired | ... | ... | 10 |
| Collecting Chambers repaired | ... | ... | 11 |
| Defective drainage being repaired | ... | ... | 6 |
| Lead pipes being replaced by more suitable pipes (lead in water) | ... | ... | 1 |
| Mains extended to wash-basins | ... | ... | 9 |

SANITATION IN SCHOOLS

The Secretary for Education has kindly provided the following information:—

"The programme for the financial year 1951-52 was completed and tenders have been accepted at the date of this report for almost the whole of the following programme for 1952-53:—

| School | Improvement |
|-----------------------------------|--|
| Gulval C.P. (and house) | From pits to w.c.'s (main drainage). |
| St. Teath C.P. ... | From pits to w.c.'s (main drainage). |
| Goonhavern C.P. ... | From buckets to w.c.'s with additional w.c.'s (septic tank). |
| Looe Modern and C.P. ... | Re-organisation and additional w.c.'s. |
| Manaccan C.P. ... | From pits to w.c.'s (septic tank). |
| Newquay Boys' Grammar | Additional urinal. |
| Mithian C.P. ... | From buckets to w.c.'s (septic tank). |
| St. Stephens C.P. (Saltash) | From troughs to w.c.'s (main drainage). |
| Delaware C.P. ... | From buckets to w.c.'s (main drainage). |
| St. Just, Cape Cornwall C.P. | Additional w.c.'s. |
| St. Just, Cape Cornwall Modern | Additional w.c.'s. |
| Garras C.P. ... | From buckets to w.c.'s (septic tank). |
| Tolcarne C.P. ... | Additional w.c.'s. |
| Sithney C.P. ... | Buckets to w.c.'s (septic tank). |
| St. Buryan C.P. | Buckets to w.c.'s (septic tank). |
| Roskear C.P. Boys' | From troughs to individual w.c.'s. |

Germoe C.P. School was to have been dealt with as part of this programme, but has been deferred until mains water is available.

There are many factors which have to be taken into account in selecting schools for attention. It would be unsound to improvise a water supply if mains water is likely to be available in a short time, and equally a waste of money and time to build a septic tank for a school which may be served by a sewer within a year or two.

There are still many schools with poor or inadequate sanitary arrangements, but the persistent application of these yearly programmes has brought us to a position where the Committee can know that, although there is still a great deal to be done, the 'black spots' in County schools have been dealt with.

A draft programme has been prepared for 1953-54 and as soon as the approximate costs of the various proposals are available it will be submitted to the Buildings and Sites Sub-Committee in order that they may determine the order of priority."

HANDICAPPED PUPILS

The definitions of the eleven categories of Handicapped Children were set out in full in last year's report and in order to economise it is felt that they should not be repeated again this year. The numbers of children who were in Special Schools catering for their specific defect in December, 1952, and the number of pupils who were awaiting places in such schools in December, 1952, are given below. In certain categories the numbers receiving special educational treatment in ordinary schools at the end of the year are also shown.

(1) Blind Pupils

| | |
|---|----|
| Number of these pupils in a special school | 14 |
| Number awaiting a vacancy in a special school | 1 |

(2) Partially Sighted Pupils

| | |
|---|----|
| Number of these pupils in a special school | 11 |
| Number awaiting a vacancy in a special school | 2 |
| Number receiving Special Educational Treatment in an ordinary school | 3 |

Every endeavour is made to educate partially sighted children in an ordinary school if possible, by making arrangements for them to sit in the front of the class and by constant supervision to see that their spectacles are giving the best results possible.

(3) Deaf Pupils

| | |
|---|----|
| Number of these pupils in a special school | 23 |
| Number awaiting a vacancy in a special school | 7 |

(4) Partially Deaf Pupils

| | |
|---|---|
| Number of these pupils in a special school | 3 |
| Number awaiting a vacancy in a special school | 3 |
| Number receiving Special Educational Treatment in an ordinary school | 6 |

(5) Delicate Pupils

| | |
|---|----|
| Number of these pupils in a special school | 7 |
| Number awaiting a vacancy in a special school | 4 |
| Number receiving Special Educational Treatment in an ordinary school | 17 |

(6) Diabetic Pupils

| | |
|---|---|
| Number of these pupils in a special school | 0 |
| Number awaiting a vacancy in a special school | 0 |

(7) Educationally Sub-normal Pupils

| | |
|--|---------|
| Number of these pupils in a special school | 82 |
| Number awaiting a vacancy in a special school | 101 |
| Number recommended for Special Educational Treatment in an ordinary school | ... 195 |

Pencalenick Residential School (Nr. Truro) for educationally sub-normal pupils of secondary school age was opened on the 23rd January, 1952 by Dr. A. F. Alford, of the Ministry of Education. This school enables 61 of these children to have the special type of education so necessary for them. The staff at this school, under the very capable leadership of Mr. J. G. Speake, have already proved that, given the right kind of tuition and environment, these children improve immensely.

(8) Epileptic Pupils

| | |
|---|---|
| Number of these pupils in a special school | 4 |
| Number awaiting a vacancy in a special school | 2 |

(9) Maladjusted Pupils

| | |
|---|-------------|
| Number of these pupils in a special school | 7 |
| Number awaiting a vacancy in a special school | 1 |
| Number receiving special treatment and attending an ordinary school | 128 |

(10) Physically Handicapped Pupils

| | |
|---|---|
| Number of these pupils in a special school | 8 |
| Number awaiting a vacancy in a special school | 7 |

(11) Pupils suffering from Speech Defect

| | |
|---|------------|
| Number of these pupils in a special school | 0 |
| Number awaiting a vacancy in a special school | 0 |
| Number receiving special treatment and attending an ordinary school | 0* |

* This serious state of affairs is entirely due to the impossibility of obtaining a Speech Therapist.

Further statistical information is given in the tables at the end of this report and on pages 16 and 17.

Home Tuition

Certain children, including those awaiting vacancies in Special Schools, are not able to attend an ordinary school and are recommended for Home Tuition. At the end of the year, 29 children were receiving Home Tuition.

It is especially encouraging to see the good results derived from home tuition in those cases which would otherwise have no education at all.

Children Notified to the Mental Health Sub-Committee

Number of children notified in 1952 to the Mental Health Sub-Committee as ineducable and therefore excluded from school (Education Act, 1944, Sect. 57 (3)) 21

Number of children notified in 1952 to the Mental Health Sub-Committee as being inexpedient that they should be educated in association with other children (Education Act, 1944, Sect. 57 (4)) ... 0

Number of children notified in 1952 to the Mental Health Sub-Committee as requiring supervision on leaving school, or special school (Education Act, 1944, Sect. 57 (5)) 22

Numbers of Children in Special Schools during all or some part of 1952

| | | | <i>*No. who left during year</i> |
|--|-----|----|----------------------------------|
| Educationally Sub-normal | | | |
| Clyffe House School, Dorchester ... | ... | 1 | 1 |
| Courtenay School, Starcross ... | ... | 15 | 9 |
| Farney Close School, Dorset ... | ... | 1 | — |
| Pencalenick Residential School—Residential | 50 | 4 | |
| Day | 15 | 1 | |
| Allerton Priory, Liverpool ... | ... | 1 | — |
| St. Francis School, Monyhull ... | ... | 2 | — |
| Royal Eastern Counties School, Colchester | 1 | — | |
| Besford Court School, Worcester ... | ... | 1 | — |
| Newton-Dee School, Aberdeen ... | ... | 1 | 1 |
| Blind and Partially Sighted | | | |
| Royal Normal College, Shrewsbury ... | ... | 2 | — |
| Chorleywood College ... | ... | 2 | — |
| Royal School for the Blind, Bristol ... | ... | 8 | 2 |
| Sunshine Home Nursery School, Leamington Spa ... | ... | 1 | — |
| West of England School for the Partially Sighted, Exeter ... | ... | 8 | 1 |
| Exhall Grange ... | ... | 2 | — |
| Worcester College ... | ... | 1 | — |
| Deaf and Partially Deaf | | | |
| Royal School for the Deaf, Margate ... | ... | 2 | — |
| Royal West of England Residential School, Exeter ... | ... | 15 | 1 |
| The Mount School, Stoke-on-Trent ... | ... | 4 | — |
| Lawns House School, Leeds ... | ... | 4 | — |
| Hartley House Day School, Plymouth ... | ... | 1 | — |

| | | | Number | *No. who left during year |
|--|--|--|--------|------------------------------|
| Delicate | | | | |
| St. Catherine's Home, Ventnor, Isle of Wight | | | 2 | 2 |
| Children's Convalescent Home, West Kirby | | | 4 | 2 |
| Abbott's Lea School, Woolton, Liverpool ... | | | 1 | 1 |
| St. Dominic's Open Air School, Surrey ... | | | 1 | 1 |
| Oak Bank Open Air School, Kent ... | | | 3 | 1 |
| Staplefield Place School, Sussex ... | | | 1 | — |
| Port Regis Open Air School, Broadstairs ... | | | 1 | 1 |
| Physically Handicapped | | | | |
| Derwen Cripples' Training College ... | | | 1 | 1 |
| St. Loye's College, Exeter ... | | | 4 | 1 |
| Dame Hannah Rogers School, Ivybridge ... | | | 2 | — |
| Exhall Grange, Coventry ... | | | 3 | — |
| Heritage Craft School, Chailey ... | | | 1 | — |
| Whiteness Manor, Kingsgate ... | | | 1 | — |
| Maladjusted | | | | |
| Caldecott Community ... | | | 1 | — |
| Crownwell Hostel, Shaldon, Devon ... | | | 2 | — |
| Sutcliffe School, Wilts. ... | | | 2 | — |
| Salesian School, Gloucester ... | | | 1 | — |
| St. Michael's Home, Ditchingham ... | | | 1 | — |
| Epileptic | | | | |
| Chalfont Colony School, Buckinghamshire | | | 2 | 1 |
| Lingfield Colony School, Surrey ... | | | 1 | — |
| E.S.N. and Maladjusted | | | | |
| Withycombe House, Exmouth ... | | | 3 | — |
| E.S.N. and Physically Handicapped | | | | |
| St. Christopher's, Bristol ... | | | 1 | — |
| E.S.N. and Epileptic | | | | |
| Sheiling Curative Schools ... | | | 1 | — |
| E.S.N. and Blind or Partially Sighted | | | | |
| Condoover Hall ... | | | 2 | — |

* This column includes children who have left school either because of age or by reason of having sufficiently improved to be able to attend an ordinary school; also those cases in respect of whom responsibility has been transferred to some other Local Education Authority or to the Ministry of Labour.

HOSPITAL SPECIAL SCHOOLS

Number of children who have received tuition during the year at Hospital Special Schools maintained by this Authority:—

| | | | | | |
|---------------------------------|-----|-----|-----|-----|-----|
| At Tehidy Sanatorium | ... | ... | ... | ... | 20 |
| At the Royal Cornwall Infirmary | ... | ... | ... | ... | 116 |

Number of children who have received tuition during the year at Hospital Special Schools not maintained by this Authority, but for whom financial responsibility has been accepted for their education:—

| | | | | | |
|--|-----|-----|-----|-----|---|
| Frenchay Park Hospital School, Bristol | ... | ... | ... | ... | 5 |
| Cheyne Hospital Special School, Sevenoaks | ... | ... | ... | ... | 1 |
| Bethlem Hospital Special School, London | ... | ... | ... | ... | 1 |
| Tone Vale Hospital, Norton Fitzwarren, Nr. Taunton | ... | ... | ... | ... | 2 |
| Princess Elizabeth Orthopaedic Hospital, Devon | ... | ... | ... | ... | 1 |
| Angela Orthopaedic Hospital, Devon | ... | ... | ... | ... | 1 |
| Lee Mill Orthopaedic Hospital School, Plymouth | ... | ... | ... | ... | 6 |
| Great Ormond Street Hospital Special School, London | ... | ... | ... | ... | 3 |
| Royal National Orthopaedic Hospital, Middlesex | ... | ... | ... | ... | 3 |
| Haldane House Convalescent Home, Bexhill-on-Sea | ... | ... | ... | ... | 1 |
| Robert Jones and Agnes Hunt Orthopaedic Hospital, Shropshire | ... | ... | ... | ... | 1 |
| Winford Orthopaedic Hospital School, Nr. Bristol | ... | ... | ... | ... | 1 |
| Maudsley Hospital, London | ... | ... | ... | ... | 1 |
| Queen Victoria Hospital, East Grinstead | ... | ... | ... | ... | 1 |
| Harefield Hospital, Middlesex | ... | ... | ... | ... | 1 |
| Guy's Evelina Hospital, London | ... | ... | ... | ... | 1 |
| Tadworth Court Hospital for Children, Tadworth | ... | ... | ... | ... | 1 |
| St. Vincent's Orthopaedic Hospital, Pinner, Middlesex | ... | ... | ... | ... | 1 |

RESIDENTIAL BOARDING HOMES FOR MALADJUSTED PUPILS

Trevenson Home, Camborne

This Home admits maladjusted boys of over eleven years only and will accommodate 22. The maximum and minimum numbers in the home during the year were 22 and 14 respectively.

Pencubitt Home, Liskeard

Unfortunately, owing to staffing difficulties this home had to be temporarily closed on the 31st July, 1952. It has not yet been possible to find suitable staff, but every endeavour is being made by the Secretary for Education to do so and it is hoped that the home will be re-opened early in 1953.

CHILD GUIDANCE CLINICS

The following is a list of these clinics:—

| Clinic | Address | Frequency |
|-------------|--------------------|-------------|
| Camborne | Community Centre | 2 a month |
| Falmouth | Health Clinic | 2 a month |
| Liskeard | Health Clinic | as required |
| Penzance | Health Clinic | 2 a month |
| St. Austell | Health Clinic | 2 a month |
| Truro | County Hall | as required |
| Wadebridge | Health Area Office | as required |

Children from the South East part of the County continue to attend the Child Guidance Clinic in Plymouth. I am indebted to the Plymouth Authority for their co-operation in this matter as it is impossible for our own Child Guidance Team to cover the whole County.

Dr. D. Jackson, the School Psychiatrist, reports as follows:—

“During the session 1951-52, Child Guidance Clinics continued to be held at fortnightly intervals at Penzance, Camborne, Falmouth and St. Austell. Clinics were held at Truro, Wadebridge and Liskeard as required.

Number of cases and attendances at Clinics:

| | | | Cases | Attendances |
|-------------|-----|-----|-------|-------------|
| Penzance | ... | ... | 24 | 36 |
| Camborne | ... | ... | 24 | 49 |
| Falmouth | ... | ... | 25 | 40 |
| Truro | ... | ... | 3 | 3 |
| St. Austell | ... | ... | 25 | 37 |
| Wadebridge | ... | ... | 5 | 5 |
| Liskeard | ... | ... | 4 | 4 |
| | | | — | — |
| | | | 110 | 174 |
| | | | — | — |

In addition to cases seen at Clinics, 90 special visits were paid throughout the session to 75 children. The cases concerned were either children unable to attend Clinic, at Trevenson Boarding Home for Maladjusted Children, at Pencubitt Boarding Home for Maladjusted Children, the County Remand and Reception Home, Camborne, or in Children's Homes.

On 31.12.52, 128 cases were continuing under treatment and 23 cases had been referred but not yet seen.

Sources from which cases referred:

| | | | |
|-----------------------|-----|-----|-----|
| School Health Service | ... | ... | 66 |
| Probation Officers | ... | ... | 52 |
| Teachers | ... | ... | 15 |
| Education Department | ... | ... | 13 |
| Family Doctors | ... | ... | 13 |
| Children's Department | ... | ... | 8 |
| Hospitals | ... | ... | 7 |
| Speech Therapist | ... | ... | 6 |
| Parents | ... | ... | 5 |
| | | | — |
| | | | 185 |
| | | | — |

Conditions for which advice sought:

| | | | |
|--|-----|-----|-----|
| Stealing and damaging | ... | ... | 56 |
| Backwardness | ... | ... | 33 |
| Enuresis and Incontinence | ... | ... | 21 |
| Multiple conditions | ... | ... | 19 |
| Nervous fears and anxiety | ... | ... | 16 |
| Sex difficulties | ... | ... | 12 |
| Speech disorders | ... | ... | 11 |
| Uncontrollable | ... | ... | 8 |
| Temper tantrums | ... | ... | 4 |
| Truanting and refusal to attend school | | | 3 |
| Fits | ... | ... | 2 |
| | | | — |
| | | | 185 |
| | | | — |

The total number of new cases referred for advice and treated in 1951 was 104. In 1952 it was 130. It may also be remarked that the number of cases referred by the Consultant Staff of Hospitals, General Practitioners and Probation Officers increased from 51 in 1951 to 72 in 1952. There is thus evidence that the Child Guidance Service is actively growing and that its value is receiving increasing recognition from professional workers throughout the community.

With the appointment of Miss Barbara Rogers, who received her Diploma of Social Science at Oxford University, as Social Worker in March and Mr. J. E. Collins as Psychologist in October, the Child Guidance Team is now complete.

Mr. Collins was trained at Melbourne University and the Royal Melbourne Hospital. He practised Research in Education at Birmingham University under Professor Schonell, and he has specialised experience in the problems of the Backward Child.

The organisation of a Child Guidance Service was summarised in my Report for 1950 and here I shall briefly describe only certain modifications indicative of recent trends. Rapid developments in Psychology and Psychometry (Mental Testing) have imparted added significance to the role of the Psychologist and there is a growing practice for all cases to undergo preliminary diagnostic investigation by the Psychologist working in close contact with the Social Worker. It may be of interest to list here the diagnostic tests from which the Psychologist selects:

A.—Individual Intelligence Tests:

- (1) Terman-Merrill (Forms L.M.).
- (2) Wechsler Bellevue Intelligence Test Form I.
- (3) Wechsler Intelligence Scale for Children.
- (4) Merrill Palmer Mental Test.
- (5) Porteus Maze Test (1952).
- (6) Miscellaneous Performance Tests—e.g., Kohs Blocks, Collins-Drever, Cube Construction.

B.—Attainment Tests:—the various tests of school subjects.

C.—The Vineland Social Maturity Test

D.—Emotional Projective Tests:

- (1) The Rorschach Ink Blot Test.
- (2) The Thematic Apperception Test.
- (3) The Dues Test.
- (4) The World Test.

Cases in which the problem is primarily Educational—backwardness at school or specific educational disability—are dealt with by the Psychologist; in this connection he will inaugurate an Educational Guidance Service. Cases in which “psychological” or emotional disorder is the primary problem, e.g., in maladjusted, psychoneurotic or pre-psychotic children, are dealt with by the Psychiatrist who is thus free to devote his time to a therapy which is always time consuming, and often prolonged.

The function of the Social Worker remains the same. She it is who in all cases makes a preliminary visit to the home, investigates significant facts in the history of the child, siblings and parents, and assesses the material conditions and emotional intra-familial attitudes. Where this is necessary, she works with the parents, particularly the mother, alleviating anxiety, helping to modify parental attitudes where they are contributing to the child's difficulties, and guiding and counselling in domestic and marital problems. The work of the Child Guidance Team is integrated and co-ordinated by frequent Case Conferences in which the Psychiatrist, the Psychologist and the Social Worker discuss diagnosis, disposal and therapeutic progress in all cases.

It may be added that Psychotherapy, an aspect of the work at least as vital as any other, labours under the most serious handicaps. The provision of adequate play material (the tools of Psychotherapy) and the limitation of therapeutic sessions to Camborne on the one hand, and St. Austell on the other so that the child may attend at least once a week, would go far towards rendering therapy more effective, and the Service as a whole more rewarding alike to patient and staff.

Boarding Homes for Maladjusted Children

Experienced personnel for staffing these Homes is not readily available and it was owing to staffing difficulties that Pencubitt Home closed down in July, after an existence of approximately nine months. The treatment of the children, all of whom were making progress towards recovery, was therefore prematurely curtailed. The staffing problem is being tackled anew and it is hoped that the Home will be reopened in the ensuing year.

Trevenson Boarding Home, Camborne, continues under the capable Wardenship of Mr. Wyke. A considerable proportion of the cases admitted are adolescent "delinquents" and many of them present educational problems. All the boys attend Pool Secondary Modern School and recreational facilities are provided for their leisure hours at Trevenson.

The clinical supervision of these Homes will remain in the hands of the Psychiatrist while the Psychologist will be the co-ordinating influence.

ILLUSTRATIVE CASES

Infantile anxiety and sibling rivalry

WILLIAM, aged four, was brought by his mother on account of temper tantrums, disobedience and night terrors.

William was born in Indo-China where his home was situated in an area charged with the tension of battle. He was closely guarded by a retinue of servants who indulged his every whim and caprice. At the age of three he was brought to England by his mother. Soon after, the mother gave birth to a daughter, and not long after the baby's arrival the mother was afflicted by visits from her dipsomaniac mother-in-law, who took up periodic residence in the home and when conscious of her social obligations, lavished affection upon the new arrival.

During these intervals William, whose behaviour had become more difficult, wet and soiled the bed, displayed temper tantrums, demanded bottle-feeding and showed aggressive behaviour towards his new sister. He had rapidly familiarised himself with English words, but now ceased to learn and spoke continuously in French.

Psychological investigation revealed that William was of good intelligence and of high social maturity. Projective tests revealed intense sibling rivalry and an ambivalent attitude towards the mother in which aggressivity predominated. There was no evidence of serious character disorder.

William attended Clinic for play therapy in which he was assisted in working over his conflicts. He was admitted to a nearby Nursery School where he soon became absorbed in the creative play activities of his small contemporaries. He learned also to become a member of a group in which interests were shared. The domestic situation was relieved by arrangements whereby the mother-in-law was admitted to a Home for Inebriates. The mother was guided in her role of management of William's jealousy.

Later the father returned from Indo-China. His active participation in the care of the boy added a final therapeutic influence by gratifying the child's eager desire for a father-figure with whom he could identify.

William's adjustment is now complete.

Emotional rigidity a cause of school backwardness

JOHN, aged eleven, was referred by his school, where his work both in output and quality had fallen progressively below the standard required.

He was the only child of parents of urban origin who had never merged with the social milieu of rural life, where the father obtained employment after the family fortunes had suffered a serious decline. Social isolation was followed by undue preoccupation with John—on the part of the mother with an ideal of propriety of behaviour and "gentlemanliness," on the part of the father that his only child should receive an education which he himself had been denied.

The mother's undue emphasis upon habit training had far-reaching results, for John during his second year had suffered from obstinate constipation. That this was an organic sign of infantile stubbornness and obstinacy which had continued as unconscious "fixations" in John's character was confirmed by psychological examination, which revealed that although of superior intelligence, John was lacking in emotional drive. He was a constricted type, emotionally "blocked" and unproductive.

The infantile origin and progressive evolution of these traits was corroborated both by the social history and the school records. As a boy John had seldom mixed with others. He had rarely disclosed his feelings to his parents. His behaviour was desultory,

and his natural ability was masked by difficulty in reaching decisions. His father had often thrashed him to conquer his defiance. School reports had been consistently adverse until the day came when the masters were unable to extract any work.

But this is not all. Just as the mother had often resorted to coaxing the constipated infant to "perform his duty," so later the growing boy utilised his unproductivity at school as the unconscious means of evoking a more tender response from the mother.

Treatment was directed to changing environmental conditions. John was transferred to a school where standards were less austere and "academic" subjects were integrated in a curriculum with many activities with an emotive and creative appeal. Home standards were modified by continuous work with the parents.

John is now responding with normal effort.

Maternal rejection and uncontrollability

PAMELA, aged seven, who was referred on account of uncontrollability in the home, was told the following "stories" by the Psychologist. Her responses in each case are also given.

"A girl says softly to herself: 'Oh, I'm afraid!' What do you suppose she's afraid of?"

Answer: "Because she was alone."

"A girl comes back from school, and her mummy tells her 'Don't go out to play right away, I have some news to tell you.' What do you suppose the mummy is going to tell her?"

Answer: "She had to go away."

"One day a little girl was walking in the woods. A fairy came up to her and said 'Make a wish; you can have anything you like.' What wish do you suppose she makes?"

Answer: "To go home. She didn't want to stay out in the woods."

These, with other items of the Test, clearly illustrated the fears and wishes and the sense of rejection of a child who had spent the first five years of her life in a Nursery School. The ostensible reasons were the mother's illness and the Evacuation of the War years. But observation of the mother revealed that these reasons masked a Psychological rejection, present from the start, of an unwanted and an unloved child.

Pamela was admitted to a Hostel where in a small group of children her repressed emotionality and tenderness found an object in, and a response from, an affectionate "Mother substitute," but the only long term solution will be the choice of the right Foster Home, to-day a vexed social problem.

A symbolic act of stealing

JOHN, aged thirteen, was brought to the Clinic by his mother at the request of the Head Teacher on account of a single inexplicable act of stealing at a Youth Club. John, the elder of two brothers, was an adopted child, but the fact of adoption had never been made known to him. In interview with the Psychiatrist the boy recounted how he had come upon the legal papers of his adoption in a drawer in his mother's room. It was shortly after this revelation that the act of stealing had occurred. The memory of this discovery was repressed at the time, but was capable of provoking an outburst of sobbing as he made the confession.

The mother was advised to tell the boy of the fact of his adoption, and was also instructed in the manner of the telling. Neither previously nor since has his behaviour been otherwise than normal."

MINOR AILMENT CLINICS

The following is a list of these clinics:—

| Clinic | Address | Frequency |
|-------------|----------------------------------|-----------|
| Calstock | Delaware Secondary Modern School | 2 a week |
| Camborne | Community Centre | 1 a week |
| Falmouth | Health Clinic | Daily |
| Mousehole | Mousehole C.P. School | 1 a week |
| Penryn | Stuart Stephen Memorial Hall | 3 a week |
| Penzance | Health Clinic | 3 a week |
| Redruth | Health Area Office | 3 a week |
| St. Austell | Health Clinic | 1 a week |
| St. Ives | Passmore Edwards Institute | 1 a week |
| St. Just | Cape Cornwall C.P. School | 2 a week |
| Torpoint | Health Clinic | 1 a week |
| Truro | Health Clinic | Daily |
| Wadebridge | Health Area Office | 2 a week |

Summary of work done at these clinics during the year:—

| Clinic | No. of individual children seen | No. of attendances made during year |
|-----------------|---------------------------------|-------------------------------------|
| Calstock ... | 148 | 518 |
| Camborne ... | 1 | 1 |
| Falmouth ... | 145 | 429 |
| Mousehole ... | 41 | 75 |
| Penryn ... | 418 | 1,752 |
| Penzance ... | 162 | 308 |
| Redruth ... | 0 | 0 |
| St. Austell ... | 1 | 1 |
| St. Ives ... | 14 | 34 |
| St. Just ... | 57 | 149 |
| Torpoint ... | 0 | 0 (opened 5.6.52) |
| Truro ... | 0 | 0 (opened 24.11.52) |
| Wadebridge ... | 69 | 600 |
| | <hr/> 1,056 | <hr/> 3,867 |

Number of sessions held during the year ... 900

Types of new cases seen:—

| | |
|---|-------------|
| Ringworm—Scalp ... | 0 |
| Body ... | 13 |
| Scabies ... | 2 |
| Impetigo ... | 25 |
| Other skin diseases ... | 19 |
| Minor Eye Condition ... | 50 |
| Minor Ear Condition ... | 13 |
| Miscellaneous—Minor injuries, bruises, sores, chilblains, etc. ... | 890 |
| | <hr/> 1,012 |

Number of children cleansed ... 44

It is generally reported in the country that the numbers of children attending these clinics is slowly decreasing, but there is no doubt about the value of these clinics and it is considered to be sound policy to keep them open as long as they are catering for a reasonable number of children.

As the attendances in three of these clinics have shown no sign of improvement it will be recommended that they are closed until such time that a demand arises in those areas.

SPEECH THERAPY

The Education Committee's first Speech Therapist was appointed in November, 1946 and resigned in December, 1948. Another Speech Therapist was appointed in March, 1949 and resigned in February, 1950. A third Speech Therapist was appointed in May, 1951 and after being on special leave from March, 1952, she resigned in August, 1952 and it has not been possible to replace her in spite of several advertisements.

The basic cause for the resignations of these officers is that it is impossible for one Speech Therapist to give adequate treatment to the children in all parts of the County and in addition much time and energy is wasted in travelling long distances between the clinics. Every endeavour has been made to find a practical method of overcoming this difficulty, but there is no doubt that the only satisfactory solution is the appointment of two Speech Therapists. Only when this is done will it be possible to give the children the necessary regular treatment and at the same time reduce the amount of travelling between clinics.

DENTAL CLINICS

The following is a list of these clinics:—

| Clinic | Address | Frequency |
|-------------|----------------------------|----------------------------|
| Bodmin | The Priory | 2 days a week |
| Bude | The Castle | 1 day a week |
| Callington | Pannier Market | 1½ days a week |
| Camelford | The Women's Institute | ½ day a week |
| Camborne | Community Centre | 2½ days a week |
| Falmouth | Health Clinic | Daily except Wednesdays |
| Hayle | Passmore Edwards Institute | 1 day a week |
| Helston | Meneage House | 1 day a week |
| Launceston | Health Area Office | 4 days a week |
| Liskeard | Health Area Office | 3 days a week |
| Looe | R.A.O.B. Hall, Lakeside | 1 day a week |
| Newquay | 15, Berry Road | 1½ days a week |
| Penryn | Municipal Offices | 1 day a week |
| Penzance | Health Area Office | Daily |
| Redruth | Health Area Office | 2 days a week |
| St. Austell | Moorland Road | Daily |
| Saltash | The Fire Station | 1 day a week |
| Torpoint | Macey Street | 1 day a week |
| Truro | St. George's Road | Daily |
| Wadebridge | Health Area Office | 2 days a week |

Mr. K. Batten, the Chief Dental Officer, reports as follows:—

“As previously, this report on the Dental Service provided by the County Council for the priority classes, is presented under two headings.

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

Staffing

The staff is common to both parts of this Service and the time spent on each section is allocated accordingly—viz., the School Dental Service 3,448 sessions and the Mothers and Young Children's Dental Service 174 sessions. The staff available during this year has been equivalent to 1 Chief Dental Officer and 7 whole-time Assistant Dental Officers, 8½ whole-time Dental Attendants, 1 Dental Technician, 2 Dental Apprentices and 1 Clerk.

Mr. Stranger, having been sick since the 23rd March, 1951, had his appointment terminated on the 10th January, 1952.

Mr. P. S. R. Conron and Mr. R. J. R. Baker joined the staff on the 1st May and Mr. G. C. Hodgson on the 2nd July.

Mr. E. R. Trythall was appointed as part-time dental officer on the 10th March and has given two days a week to the Service.

The response to advertisements for two more whole-time Assistant Dental Officers is now being awaited and if these become available it seems that with a staff of 10 Assistant Dental Officers it will be advisable to wait before appointing the other two allowed for until the results of the recent amendments to the National Health Service Act become apparent.

Miss R. P. Rowe retired on the 2nd June and was replaced by Miss R. J. MacGregor from Falmouth who was replaced by Miss G. J. C. Baker.

Miss A. Freeman took up duty on the 2nd July and Miss R. M. Head was appointed in a part-time capacity on 30th June.

Miss E. G. F. Rundle was appointed and took up duty on the 6th March, but, unfortunately, has been absent sick since the 15th September.

Dental Centres

During this year new centres have been established in Newquay and St. Austell. In Newquay the premises and equipment were taken over from a private practitioner on his leaving the town and so the Centre is a facsimile of a private practice.

The Centre in St. Austell, built by the County Council, is of the most modern design and described by the Principal Dental Officer of the Ministry of Health, who attended the official opening,

as one of the best and most pleasing he had yet seen. It is composed of two surgeries, recovery room, dental laboratory and x-ray darkroom and dental office and is open daily.

When the Dental Centre is opened in the new Health Centre at Hayle early next year, it will be necessary to establish well equipped dental centres at Helston and St. Ives only to complete the proposals submitted to the Ministry of Health in 1948.

Fixed days for attendance by Dental Officers at centres have now been arranged; all other interested parties have been informed of this arrangement and now patients can be referred to the clinics on these days with a certainty of at least being inspected and given an appointment.

The change-over from dental treatment being carried out in schools and village halls to well equipped dental centres is now practically completed.

Help at the Redruth Centre has been given on one day a week from Truro.

A well equipped dental centre at Helston is badly needed to replace the one now in temporary use. Second surgeries are urgently needed at Truro, Penzance and Falmouth. In order to meet the present and future requirements a larger waiting-room is necessary and the laboratory should be enlarged at Truro.

The following list shows the number of school children allocated to Dental Officers in the dental district or districts under their care at present and the time it would take to give routine inspection and treatment in each case:—

| District | No. of Children on Rota | Time Taken |
|---------------------------|----------------------------|------------|
| Launceston-Bude | 3,553 & M. & Y.C. | 1½ years |
| Saltash-Torpoint | 2,251 | 3½ years |
| (Part-time, 2 days week) | | |
| Liskeard-Looe | | |
| { Callington | 3,806 | 1½ years |
| { St. Austell | | |
| { Fowey | 4,908 & M. & Y.C. | 2 years |
| { Wadebridge-Bodmin | | |
| { Newquay | 5,094 & M. & Y.C. | 2 years |
| { Truro | | |
| { Redruth (Town) | | |
| { Part Truro Rural | 6,800 & M. & Y.C. | 2 years |
| { Camborne-Redruth (Part) | | |
| { St. Ives-Hayle | | |
| { Helston | 7,876 | 3½ years |
| Falmouth-Penryn | 4,000 & M. & Y.C. | 1¾ years |
| Penzance and Rural | 4,933 & M. & Y.C. | 2 years |

The addition of two dental officers to the present staff will considerably improve this position and relieve overloading.

Routine Inspection and Treatment

The Treatment figures show an approximate increase of $\frac{1}{3}$ on the previous year's figures. Of a school population of 43,000, Routine Inspection has been carried out for 23,364 children, of these 17,155 were found to require treatment and treatment was offered to 16,553. In addition 2,148 special cases were inspected and of these 1,933 were referred for treatment and received it, so that a total of 25,512 were inspected, 18,701 were referred for treatment, 9,393 were treated making 16,787 attendances.

The percentage of children found to require treatment during the year was 76 as compared with 81 last year.

Of the children offered dental treatment under this Authority's dental scheme during the year an average of 58 per cent. accepted as compared with 66.7 per cent. last year.

This average acceptance rate has been lowered during the past few years because of the irregularity, and in certain areas total absence, of routine Inspection and Treatment, causing overloading in some districts and no treatment at all in others; an example of the latter being the Bude-Launceston District which was without a dental officer from 1948 until March, 1952 and the Penzance District which has been without a dental officer for over two years.

Mr. R. J. R. Baker, the Asst. Dental Officer who is now engaged in the Penzance Dental District, remarks in his Annual Report:—

'It is almost four years since, as a district dental officer under this Authority, I have had any contact with Public Dentistry. During that interval the National Health Services with their later modifications in relation to the Dental Regulations have been introduced, and have become an accepted part of the community's daily life. The facilities offered and provided by the latter, and their impact on Public Dentistry in general, and on School Dentistry in particular, have been interesting and instructive to observe.

The broad conclusion seems to be that the Public Dental Officer is no longer engaged as formerly, in a protected and sheltered occupation—on the contrary, in view of present day legislation, he is placed on a precisely equal footing with the Private Practitioner. In consequence, he must now either stand or fall by his own exertions and by the character of his work and his professional abilities. From this point it is only another step, in all fairness to the Dental Officer, to envisage his working under conditions similar to those which his confrère in Private Practice normally provides for himself—congenial surroundings, modern and adequate equipment, ancillary services, and such other facilities which enable him to make a valuable and worthwhile contribution to the health and general well-being of the community.

On my return to Cornwall after four years' absence, it is heartening and encouraging to note the progress which has been made under this Authority towards providing those conditions and amenities for the Dental Officers in this County.

On rejoining your staff in May last, I found that, owing to unavoidable circumstances over a considerable period, a great lapse of interest in dental hygiene had occurred in both parents and children and, in consequence, attendances for treatment had fallen to a very low level. A fairly substantial proportion of children, when finding themselves in need of emergency treatment, had been sent by their parents to Private Practitioners and, in a number of cases, had then continued in this way for treatment of a conservative nature.

But it is most gratifying to note that the percentage of acceptances for treatment is gradually rising, and that attendances for casual and emergency treatment are considerably increasing. Eight months ago these figures were almost down to nil.

The rate of acceptance for this district at approximately 30 per cent. is, of course, far too low, but it is apparent that this figure, now well on the upgrade, will be considerably increased during the next 12 months.'

3,227 of the children shown above as receiving Routine Inspections were offered treatment by those Private Practitioners operating in districts where the County Dental Service was understaffed. These Private Practitioners were selected from the 18 of the 90-100 Private Practitioners in Cornwall who volunteered to set aside specific sessions to treat school children in their surgeries. As more staff became available to the County Dental Service this scheme will gradually be concluded, but children who refuse to accept treatment under this County's scheme will have a form sent them advising early visits to Private Practitioners. 2,132 of these children inspected required treatment, 55 per cent. of these accepted treatment and to date 773 names of these children have been forwarded—others will be forwarded as applied for. I am given to understand that appointments have been well kept. It is expected that this scheme will practically cease during the next year.

Treatment provided during the year included 11,130 fillings in 8,575 Permanent Teeth and 1,832 fillings in 1,647 Temporary Teeth. In addition 1,645 children have had temporary teeth conserved by the application of 4,561 ammon: silver nitrate dressings. 1,596 Permanent Teeth have been extracted and as 235 of these were extracted for orthodontic reasons, this number is satisfactory. It was found necessary to extract 6,037 Temporary Teeth mainly to relieve pain and clean up oral sepsis.

'Other Treatments' relate to 7,840 Permanent and 4,605 Temporary teeth including 911 scaling cases.

The amount of work found necessary per 100 cases being:—

| Fillings | | Extractions | | Other Operations | |
|----------|----------|-------------|----------|------------------|----------|
| Perm. T. | Temp. T. | Perm. T. | Temp. T. | Perm. T. | Temp. T. |
| 117 | 20 | 17 | 64 | 83 | 49 |

This is an improvement on last year.

Appointments were broken by 2,920 children in spite of all attempts to reduce this figure.

During this year 282 sessions were allocated to Inspection and 3,166 to Treatment.

As an experiment I have endeavoured to assess the position regarding the general condition of children's mouths on entering and leaving schools, but this year I have only obtained figures for October, November and December. These results show that of 5,496 inspected, a total of 467 school entrants of five years' old entered school dentally fit and 272 pupils left school dentally fit. Arrangements have now been made whereby in the next Annual Report a true picture extending over the whole year will show the following:—

- (1) The number of five year old children entering school—
 - (a) Naturally Sound (b) Artificially Sound—Number Dentally Fit.
- (2) The number of school leavers (a) Primary (b) Secondary, leaving school dentally fit.

These results will show the numbers in these two groups made dentally fit by both the School Dental Service and private practitioners and may prove instructive in showing where it would be most necessary to place the bulk attack on dental disease so as economically to bring about an improved dental condition in children leaving school.

The presence at Meetings of the Dental Sub-Committee of the nominee of the Local Dental Sub-Committee, co-opted to this Committee has been most helpful.

The children in the care of the County Council, either in homes or boarded-out, are inspected twice yearly, and consequently their dental condition is exceedingly good.

Orthodontia

It has again been found that a far greater number of these cases have presented themselves for this specialised type of treatment during the year than present staffing conditions would allow to be undertaken without unduly using time which should be given to more fundamentally important treatment.

250 sessions have been allocated in continuing treatment for 167 orthodontic cases whose treatment was commenced during previous years, 140 new cases have been taken on and treatment has been satisfactorily completed for 73 cases, all these being treated by removable appliances. In addition, 17 cases were treated by using fixed appliances and 141 cases of irregularities of teeth have been treated by extractions only.

In order to promote normal jaw growth and to prevent irregularities the retention of temporary molars up to the required age has been encouraged not only by filling, but by making self-cleansing, teeth which are unsuitable for filling, and treating them with ammoniated silver nitrate.

General Anaesthetics

This service continues to expand and now should be extended by allowing a certain number of dental officers to attend a post-graduate course at the Eastman Dental Hospital which is part of the University of London and so enable them to administer general anaesthetics in their own portions of the County.

During the year I have given general anaesthetics to 298 patients.

X-Rays

One new X-ray apparatus has been purchased and installed during the year.

122 skiagrams have been taken for 81 patients.

Dental Laboratory

This continues to work to full capacity, but because of the increase in the number of pupils attending and wishing to attend the Apprentices' Course, and to the installation of new necessary equipment, the Laboratory urgently needs extending.

An important item installed during the year is a casting outfit to enable the use of a new metallic alloy called VIRILIUM—besides having all the qualities necessary for dental use, this alloy has exceptional tolerance to the tissues, does away with the need of using gold alloys and is about one-fifth of the price of gold. The time factor is approximately equivalent to that of processes in which gold alloy is used.

The work done for school children during the year comprises:—

| | | |
|---|--------|-----|
| Orthodontic Appliances (Removable) | ... | 295 |
| Orthodontic Appliances (Fixed Virilium) | ... | 7 |
| Partial Plastic Dentures | | 87 |
| Partial Virilium Dentures | | 13 |
| Repairs | | 19 |
| Crowns | | 2 |
| Ortho Dup. Reference Models Cast | ... | 575 |

Apprentices' Course

This continues to run with an increasing popularity. All six apprentices who entered passed the Intermediate Examination of the City and Guilds held last May, and are now studying for the Final Examination which they hope to attempt in May, 1954.

The Syllabus for the Final has now been revised, with the result that the whole Course, theoretical as well as practical, is now being undertaken in the Laboratory and two sessions a week at least will have to be devoted to this class.

Nine pupils are now studying for the Intermediate Examination which they will attempt in May, 1953. One session a week in the Laboratory is necessary for this class, which at present is also attended by two junior apprentices.

It will be necessary to commence another class consisting of a certain number of the junior students and others whom, up to the present, it has been impossible to admit to the practical side—this will involve the use of another session and will necessitate an additional instructor.

I have continued to supervise this course and have received great help from Mr. P. S. R. Conron, L.D.S., of our staff, and Mr. N. Black, L.D.S., in professional lectures and, of course, much praise is due to the chief technician who up to now has given all the technical and practical instruction with such good results as to obtain 100 per cent. successes at the last examination.

Mothers and Young Children's Dental Service

Owing to vacant districts and the lack of staff it has been impossible to introduce this portion of the National Health Service Act, 1946, over the whole of the County. Three new districts have been added during this year and the scheme is now operating in the following districts:—

| | |
|-------------------|-------------------------|
| Penzance | |
| Penryn-Falmouth | |
| Truro | |
| St. Austell |) |
| Wadebridge-Bodmin |) commenced during 1952 |
| Newquay |) |

97 mothers received a dental inspection, 94 required treatment and 77 were treated and made 401 attendances, 59 being made dentally fit. Their treatment consisted of 105 permanent fillings, 233 extractions and 334 other operations, 103 of the latter being denture dressings. 34 partial dentures (six Virilium) and 41 full dentures were fitted, and three repairs to dentures completed.

Last year more post-natal than ante-natal cases came for inspection, but this year 49 ante-natal cases were inspected against 48 post-natal. Although new cases have fallen off, all cases previously treated are presenting themselves for further inspection and treatment.

211 pre-school children were inspected, 198 being referred for treatment, 180 children actually attended for treatment and made 389 attendances, 118 being made dentally fit. There were 34 cases of broken appointments. The treatment given consisted of:—

215 fillings in temporary teeth.

115 temporary teeth extracted.

406 other treatments of which 200 were teeth rendered self-cleansing and given subsequent treatment by ammon: silver nitrate.

In addition to this, 100 cases were inspected and given preventive orthodontic advice and are being kept under observation.

17 mothers and eight pre-school children had extractions under general anaesthesia.

It is to be regretted that greater numbers of mothers do not make use of this very important section of the dental portion of the National Health Service Act, and it is a greater pity that they do not seem to realise the importance of bringing their children of pre-school age for inspection from the age of two years, because it is in the sphere of pre-school years that it will be possible to gain control of dental disease and keep it in abeyance during school life at anything approaching an economical cost in either manpower or money. This fact is emphasised by several of our dental officers in their annual reports and is illustrated by the comparatively few children entering school with anything approaching a satisfactory dental condition.

I feel that much good might be effected if:—

- (1) Mothers and children could be sent direct to the Dental Officer in the same building from ante and post-natal and infant welfare clinics also held there.
- (2) More talks could be given by Dental Officers to mothers at ante and post-natal clinics.
- (3) Talks to parents at parent-teacher association meetings—but again the usual tale of lack of staff works against this.

I should like to reiterate on the absolute necessity and importance of dealing with dental disease most urgently during these pre-school years—even if all categories of staff have to be engaged in it."

OPHTHALMIC CLINICS

School children continue to be referred to the Hospital Management Committee who arrange special children's clinics.

During 1952, 2,225 school children were referred to these clinics for errors of refraction and 1,530 of them were prescribed glasses. A total of 1, 296 were known to have obtained their glasses by the end of the year. This means that 234 children either did not obtain their glasses by the end of the year, chiefly because they were seen at the clinics late in December, or that the School Health Section were not notified that they had been obtained. 55 children are known to have received since 1st January, 1953, the glasses which were prescribed in 1952. The method of ascertaining when the children obtain their glasses is through a return made by the Head Teachers.

The Treatment of Strabismus (Squint)

Last year's report referred to a resolution of the Regional Medical Advisory Committee, concerning the early treatment of strabismus, which was circulated to all the Doctors and School Nurses in the County, and as a result there was in 1952 an increase in the number of these cases which were referred for advice and treatment.

The number of cases of squint in school children which were found by the School Doctors to require treatment during the last few years is shown below.

| Year | Number | Year | Number |
|------|--------|------|--------|
| 1938 | 140 | 1949 | 202 |
| 1946 | 130 | 1950 | 303 |
| 1947 | 282 | 1951 | 291 |
| 1948 | 275 | 1952 | 365 |

Figures for the War Years are not obtainable.

From these figures it will be seen that the number of cases has gradually increased. This increase appears to be general throughout the country and reference is made to it in the "Report of the Chief Medical Officer of the Ministry of Education for the Years 1950 and 1951." In Cornwall the rather high figure in 1952 of 365 children found to require treatment for a squint, represents approximately 1.7 per cent. of the school children seen during the year. The figures quoted above are taken from the Annual Return to the Ministry which specifies that "all defects noted at medical inspections as requiring treatment should be included in the return, whether or not this treatment was begun before the date of the inspection." The yearly figures therefore do not refer either to the number of new cases or to the total number of children requiring treatment, as only approximately half of the school population are inspected each year.

It is possible that the yearly variation in the number of squint cases may be due to the yearly variation in the number of cases of whooping cough, measles and sub-clinical encephalitis.

However, as stated last year, there is no doubt that the problem of squints in children is best dealt with by preventive methods, as early diagnosis and treatment appears to be the only real answer to this problem, and it is hoped that the number of squints in school children in this County will show a marked decrease in future years, if we persevere with the present practice of commencing treatment in the very early stages.

Amblyopia

The Ophthalmic Surgeons carrying out examinations of school children continued, in 1952, to notify all cases of amblyopia seen at the clinics. On the 31st December, 1952, a total of 212 children of school age were known to be suffering from amblyopia.

ORTHOPAEDIC CLINICS

School children continue to be referred to these clinics which are the responsibility of the Regional Hospital Board, and the Orthopaedic Specialists continue to send a copy of their reports on the children seen by them.

The scheme for Remedial Exercises in Schools is now functioning in the St. Austell and Bodmin Education Districts and it is hoped to extend this scheme to the Liskeard Education District in 1953. Miss V. M. Jeans and her Assistants have gone to great trouble to arrange this educational remedial work in the schools; one of the benefits of this treatment is to reduce the number of children requiring frequent absence from school to attend the Orthopaedic Clinics.

As this work is of great importance to the growing child it is hoped that the present need for economy will not mean that these facilities will be curtailed.

EAR, NOSE AND THROAT CLINICS

School children continue to be referred to these Clinics, which are the responsibility of the Regional Hospital Board, and specialists continue to send a copy of their reports on the school children seen by them.

The Ear, Nose and Throat Specialists have been most helpful in applying the recent improvements in diagnosis and treatment of the deaf and partially deaf with extremely good results. It has also been possible to obtain special reports on difficult cases by

means of the "Peep Show" audiometer in Bristol. The problem of diagnosing cases of deafness and partial deafness could be solved by the examination of all doubtful cases by means of a special portable audiometer, this audiometer could be operated by a member of the medical staff and could be taken to the schools where the children could have the benefit of being examined in familiar surroundings. It is encouraging to know that if deaf children are admitted to deaf schools at an early age they can usually be taught to speak even if they are completely deaf. This would mean that in future there should be no deaf mutes except where the child's mentality is too poor to allow it to benefit from the special tuition provided at these schools. Therefore it is essential to have available the means for testing the hearing of children, as the ordinary "old-fashioned" methods have proved to be completely inadequate and misleading.

It has been found that partially deaf children can at a very early age benefit from the provision of a hearing aid which, of course, has to be of a special pattern, as the type supplied by the National Health Service is unsuitable for them.

The overall picture regarding the diagnosis, treatment, rehabilitation and education of the deaf and partially deaf has improved tremendously in recent years.

One important benefit which has arisen as a result of the new outlook is that a smaller number of children suffering from partial deafness will require places in special schools.

CLEANLINESS

In previous years the School Nurses inspected the heads of children in Primary Schools once a month. However, as approximately half of these schools were always without a case of infestation it was decided in 1952 to reduce the inspection at these "clean" schools to twice a term (at the beginning of each term and again just after half-term). The other Primary Schools continued to have monthly inspections and the Secondary Schools their inspections once a term. Any cases of infestation are "followed-up" by the School Nurses and where necessary, recommended exclusion from school or compulsory cleansing.

269,478 inspections were carried out during the year in 2,608 routine visits to the schools, and 1,319 children were found to be unclean. The number of children who were compulsorily cleansed (on the instructions of the School Medical Officer) was six, four of whom were from the same family.

The number of 1,319 children found unclean during the year (almost 3 per cent. of the school population) is too high a figure when one considers the modern methods available for dealing with infestation.

However, comparatively few of these children are consistently and heavily infected, the majority of them picking up a small amount of infestation from a few persistent offenders. It is almost useless to cleanse these cases of persistent uncleanness when their obvious source of reinfestation is from other members of their family, including adults. While school children can be dealt with under Section 54 of the Education Act, 1944 by the Local Education Authority, the adult members of the family can only be dealt with under Sections 83, 84, 85 and 86 of the Public Health Act, 1936 by the Local District Councils.

This procedure has been adopted in a trial area and is beginning to show good results. It has been found that the definite threat of court action under the Public Health Act, 1936 has had a salutary effect on the parents of children who have been persistently unclean.

This scheme will now be extended to the whole County and by this means it is hoped that the number of verminous children will show a rapid fall, for with modern methods of treatment and better facilities for maintaining general hygiene it should be possible in time to eradicate the head louse completely.

While it is agreed that the long term solution of this problem is by continual health education, one cannot escape the fact that a large majority of the persistent offenders do not possess a sufficiently high mentality to benefit from education however well presented, and it is in these cases that legal action under the Public Health Act, 1936, is the only course that they do understand.

INFECTIOUS DISEASES

| Disease | Cases notified | |
|--------------------|----------------|-------|
| | 1952 | 1951 |
| Scarlet Fever ... | 284 | 308 |
| Whooping Cough ... | 421 | 1,485 |
| Diphtheria ... | 11 | 10 |
| Measles ... | 1,041 | 5,813 |

21 cases of Poliomyelitis (Infantile Paralysis) occurred during the year, eight of whom were school children compared with 36 cases in 1951 of whom 14 were school children.

Tuberculosis

The preventive work started at St. Just in 1951, of which an account appeared in my last Annual Report, was continued and the work extended to include Penryn.

The 65 children who had entered schools in the St. Just Urban District during the year were tuberculin tested, eight positive reactors were found and these were subsequently X-rayed. One of the eight proved to be an active case of tuberculosis. In addition, all children due to leave the schools in the area during 1952 were passed through the mass radiography unit. In this way the record of tuberculin reactions and chest X-ray of all school children in the district is being maintained.

The work at Penryn followed closely the pattern already laid down at St. Just; a tuberculin test was offered to all school children attending schools in the area and also to those who lived in Penryn, but attended Secondary Schools outside the town. As at St. Just, an excellent response resulted, 92 per cent. of the parents accepting.

The results of the tuberculin tests are shown in the table below, together with those obtained at St. Just in 1951. It will be noted that the conversion rates in Penryn school children are considerably lower than those recorded at St. Just.

| AGE GROUP | ST. JUST | | PENRYN | |
|-----------|------------|---------------------|------------|---------------------|
| | No. Tested | % Positive Reactors | No. Tested | % Positive Reactors |
| 5-6 | 54 | 25 | 57 | 11 |
| 7-8 | 81 | 47 | 99 | 13 |
| 9-10 | 99 | 42 | 99 | 17 |
| 11-12 | 79 | 50 | 83 | 27 |
| 13-14 | 81 | 56 | 57 | 23 |
| 15+ | 51 | 54 | 23 | 43 |

The mass radiography unit visited Penryn in March, and all school children over the age of 11, together with those under 11 who showed a positive tuberculin test, were passed through the unit. One active case and five observation cases of tuberculosis were found.

IMMUNISATION

Diphtheria

The School Nurse is responsible for the immunisation state of the schools in her area and makes arrangements for immunisation sessions in co-operation with the School Doctor.

If the parents wish, the diphtheria prophylactic may be given by the Family Doctor, although in practice most of the "boosting" injections are given by the School Doctors who also undertake most of the primary immunisation of children commencing school who were not protected in infancy.

The table below shows the work carried out during the year:—

| Primary Immunisations | | Boosting Injections |
|-----------------------|------------|---------------------|
| Under 5 | 5-14 years | |
| 3,870 | 980 | 7,008 |

Whooping Cough

In October, 1952, the County Council obtained Ministry of Health permission to make immunisation against whooping cough available either by the combined diphtheria-pertussis prophylactic or by a separate plain pertussis vaccine.

This additional facility is very much appreciated by parents and the numbers of children being presented for the combined immunisation is showing a marked increase on those for Diphtheria only.

THE NURSING SERVICE

Miss A. White, the County Nursing Officer, reports as follows:—

"At the 31st December there were 23 full-time Health Visitors and 88 District Nurse-Midwives (23 with the Health Visitors' qualification) undertaking school work.

During the year these nurses and health visitors paid a total of 2,711 School Hygiene visits—1,706 by district nurses and 1,005 by health visitors.

School Medical Inspections totalled 836—417 by district nurses and 419 by health visitors.

Hygiene and Medical follow-ups to schools and homes totalled 3,028.

It is very gratifying to know that in some schools the standard of hygiene has improved sufficiently to reduce the number of inspections necessary from monthly to twice each term. This is particularly enheartening to the Health Visitor as it gives her more time

to devote to health teaching in the schools. This branch of the health visitor's work is progressing favourably and co-operation of the teaching staff is being given most willingly. In some areas classes are also held in the evenings for parents who wish to gain further knowledge to enable them to keep their children in good health. If the health visitors are given time and have the patience to pursue this course it should be possible to reduce the unnecessary use of the General Practitioner's services."

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 | 4 |
| Examinations of children for part-time employment | 65 |
| Examinations of Boarded-out Children and Child Life | |
| Protection Cases | 943 |
| Number of sessions at Infant Welfare Centres ... | 770 |
| Examinations of staff for Superannuation purposes ... | 41 |
| Examinations of Blind or Partially Sighted Persons | 105 |
| Examinations of entrants to Training Colleges—Forms | |
| 4.R.T.C. | 87 |
| Various other examinations | 73 |

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. D. Chown: Penzance Area

"Physical Condition

The physical condition of the children has remained good and most of the children are clean and well dressed. Footwear on the whole is in better condition than it used to be in former years, though parents complain a great deal about the quality of children's shoes and say the soles wear out in a few weeks.

Teeth

Teeth of small children are not as sound as they were in the immediate pre-war years, owing to too great an indulgence in sweets, biscuits and cakes.

In the older children caries has increased owing to lack of regular dental inspections, though a number of parents have taken advantage of the National Health Service to have regular treatment for the children by a private dentist.

Ear, Nose and Throat

Discharging ears, which years ago were all too common, are now rarely seen. 'Gathered ears' are no longer considered a normal accompaniment of teething. Mothers seek early treatment for any sign of ear trouble and with the aid of new drugs the condition quickly clears.

Skin

Impetigo and other skin infections are rarely seen now and few minor ailments are brought to the clinics.

Infectious Diseases

There was a widespread epidemic of German Measles in the early summer and at the same time a mild form of Scarlet Fever reduced the numbers at school. Whooping Cough was severe in Newlyn, and this often means weeks of illness, with a recurrent cough over many months. It is hoped that the great numbers of parents now having their babies immunised against this disease will considerably reduce the number of cases in future epidemics.

Diphtheria immunisation has continued to be carried out in schools and at special clinics. The tragic death from diphtheria of two un-immunised children in one family acted as a spur to some laggard parents and the Penzance immunising clinic was very busy for some weeks after.

Speech Defects

The need of a Speech Therapist is much felt and the number of new cases waiting for treatment is accumulating.

Child Guidance

The complete Child Guidance Team we now have will be a great help in many cases.

Handicapped Children

During the year sixteen children have been assessed as educationally sub-normal, and two as ineducable. A further seven school leavers have been reported as in need of supervision by the Mental Health Committee. Two deaf mutes were examined. One of these was also mentally retarded; the other was a very intelligent child, but up to the present the parents have refused a special school for her.

One child was found to be epileptic and mentally retarded. Schooling for such children has so far been an insoluble problem and it is gratifying to see that Lingford Epileptic Colony are proposing to cater for such children. Another child placed in this category some years ago has now been able to re-enter the ordinary primary school, as her epilepsy has much improved.

Cornwall badly needs a junior school for the educationally sub-normal.

Two children from this area attending the school for spastics at Ivybridge are both making great advances both physically and educationally and the parents express themselves as delighted with the conditions there.

School Buildings

During the year Gulval C.P. School has had water sanitation installed. Electric light has come to St. Hilary and Paul C.P. Schools. Overhead gas heating has been introduced at St. Ives Infants' School, and at Nancledra a canteen, with meals brought from Gulval, is a great success, with 100 per cent. of children staying for the school dinner each day."

Dr. M. V. Joscelyne: Helston Area

"Remarks on General Health

The general health of the children is, as usual, good: the majority have few physical defects and are full of energy. There are, however, a considerable number of children who habitually look pale and exhausted, and although mothers will rarely admit it, there is no doubt that many parents have not sufficient control over their children to insist on their going to bed early; also, when the children are in bed a quite staggeringly large number sleep with their windows tightly shut. On a journey to Plymouth in September, starting at about 6 a.m., I was interested to note that about 90 per cent. of the windows I passed were completely closed during the early hours of the morning.

School Buildings

There has been much good work carried out in this area on interior redecoration and colours have been chosen with care and discrimination.

There are, of course, still many old buildings, which are difficult to repair, to decorate and to keep clean.

Many schools are overcrowded and the head teachers often have difficulty in finding a room for School Medical Inspections.

Sanitation

Flush lavatories are to be found more frequently now, even in country schools.

In many schools more fixed wash basins are urgently needed, some of the country schools have none at all.

Cloakrooms

Some form of heating is required in these cloakrooms: there is nowhere to dry wet clothes, and children living in rural areas, who have to walk to and wait for buses in the rain, often arrive at school very wet. Hot water laid on to the cloakrooms would also be a very great advantage.

Tonsils and Adenoids

Operations for removal of tonsils and adenoids appear to be on the increase.

Vision

Except in the County Grammar Schools there are relatively few defects of vision in this area; but parents are not always taking the trouble to ensure that their children take their glasses to school. There are a number of children who habitually leave their glasses at home.

Helston Infant Welfare Clinic

The number of attendances at this clinic is increasing rapidly, the Health Visitor and Nurses are keen and are doing very good work.

Grammar School Children

Grammar School girls, especially those from rural areas, lead, in my opinion, a very hard life, starting early, getting home late and having hours of homework to do in the evenings. I think their health would benefit if the amount of homework they are given could be cut down."

Dr. J. D. McKellar: Newquay Area

"General

1952 has again been a satisfactory year. The general health of the children is good and there have been very few absences at Medical Inspections due to illness. It is encouraging that mothers frequently bring children for routine medical inspections although the children are officially absent from school through illness. The attendance of parents at inspections remains high.

In previous years I have felt that the general physique and nutrition of the leaver group could have been better, but there now appears to be a definite improvement in this group this year.

Buildings and Sanitation

There are no major alterations to report this year.

Educationally Sub-normal Children

The opening of Pencalenick has greatly relieved the position of the educationally sub-normal child in the older group, but there are still a considerable number of younger children who require special education and these present a problem to the Infants' teachers.

School Meals

There are now only two schools in this area which do not provide a midday meal—St. Dennis C.P. and St. Wenn. The latter is in urgent need of a canteen, as the majority of the children are unable to return home at midday owing to distance.

Ear, Nose and Throat Clinics

Quite a number of the Tonsil and Adenoid cases are found to have improved so much during their period on the Waiting List that when their turn for admission comes several no longer require operation.

Infant Welfare Clinics

Another new clinic has been opened at Chacewater making a total of nine sessions per month attended.

Co-operation

Co-operation with nursing staff and teachers has remained at the usual high level."

Dr. J. D. McMillan: Liskeard Area

"The help of the Health Visitors and District Nurses during the past year in this area has been greatly appreciated and has made for smooth running of medical inspections. There has been great co-operation in the matter of following up cases by home visits.

Health of School Children

There has been no change in the past year. The general level is good and nutritional standards remain satisfactory. Few mal-nourished children have been seen and the numbers of Category 'C' children are diminishing.

The standard of cleanliness is satisfactory, the hard core of problem families remaining as exceptions. Even these are fewer in number due to continual supervision of Health Visitors.

Vision

The greatest number of children with defects requiring treatment fall into this category.

The supply of spectacles has been speeded up and children are now receiving spectacles prescribed with the minimum of delay.

Ear, Nose and Throat

Fewer cases have had to be referred to specialists. Arrangements for tonsillectomy at local centres—e.g., Liskeard and Saltash—appear to have improved.

Several children were referred by Teachers on account of deafness, but few of these required specialist advice.

Orthopaedic

The number of cases requiring treatment at Orthopaedic Clinics remains small and it is hoped that now liaison has been established between the Mount Gold Specialists and the County Physical Education Organiser, the number of children requiring to attend Clinics will fall. All the teachers in the area seem anxious to co-operate in any scheme devised.

It is hoped that there will be a marked improvement in the minor defects of posture and flat feet during the next year, when the benefit of the good work that Miss Jeans and her staff now have in hand in this area should be seen.

Great pains have been taken at some of the Infant Schools to allow the parents to see this work for themselves.

Educationally Sub-normal Pupils

Help is frequently requested by Head Teachers in this connection, but there is still little provision for these pupils in Junior Departments after ascertainment. There has not been sufficient time to see all the children requiring testing, but the more outstanding cases have been ascertained. In this connection the reports of the Educational Psychologist have been of great assistance.

Paediatrician

The presence of a Paediatric Consultant at Plymouth has greatly improved the hospital facilities for children in this area. The local practitioners are taking full advantage of this service and the excellent reports I have received are most instructive and helpful.

School Buildings

Some improvements have been carried out during the last year, and though the fabric remains poor in some of the country schools, redecoration continues to make for improvement. Water supplies are better, electricity has been laid on in some cases and sanitation has received attention.

Canteens

These are very satisfactory for the most part and few now have condensation difficulties.

The meals are generally of a high standard.

Diphtheria Immunisation

This has been carried out at sessions arranged at all Junior and Infant Schools in this area this year and the response was generally very satisfactory.

Infant Welfare Clinics

Attendances have been satisfactory with more permanent nursing staff. The actual numbers vary quite unpredictably at times, but have increased with the introduction of facilities for Whooping Cough Immunisation."

Dr. W. H. P. Minto: Launceston and Bude Area

"Routine Medical Inspections

(1) In January, 1952, 7 schools, six of them in the Camelford area and 1 at Stokeclimsland were transferred to the Medical Officers who normally worked in adjoining areas.

(2) Periodic inspections had not been carried out in 1952 until I took up my appointment at the start of the summer term. I have therefore been in the position of trying to "catch up" throughout the area and as a result the number of children examined is smaller than usual.

General Condition

The general condition of the children examined was satisfactory. A very small number came within Category "C."

Co-operation

In the short time during which I have worked in Cornwall I have been particularly impressed by the co-operation of Head Teachers and Health Visitors. I consider it most important that no child should be referred to a specialist (excepting Eye and Dental

cases) without the knowledge and consent of its own family doctor. This procedure has been established and it has been found that the General Practitioners have been most willing to exchange information about their patients. Copies of specialists' reports are now made available for each school child seen and every care is taken not to lay their confidential nature open to abuse.

Milk in Schools

In this area 7 of the 40 schools are still supplied with ungraded milk. It is true that instructions have been given that all this milk should be boiled and adequate boiling would undoubtedly make it safe. It does seem, however, that a very considerable responsibility is thus placed upon the Head Teachers and one cannot be quite happy that boiling is at all times adequate. If "safe" milk cannot be made available, perhaps a supply of even the unpopular Dried Milk could be considered. It seems too that this observation could usefully extend to include canteen milk where ungraded milk is supplied, as this may be used raw on occasions.

School Canteens

School dinners were frequently inspected and were found to be well balanced and of good quality. It is unfortunate that there are a few schools where canteens are not available, and one cannot regard the use of classrooms for the consumption of food as really satisfactory.

Facilities for washing up in a number of schools leaves much to be desired.

Infectious Disease

School life in the latter part of the year was interrupted by an extensive outbreak of Mumps. Otherwise a low incidence of infectious diseases has been reported.

In last year's Report a succession of cases of Ringworm of the Scalp was reported in one school in Launceston. 18 months later a case was again reported from this school and all the pupils were examined with a Woods Lamp. As a result of this examination, 3 cases of Ringworm were ascertained, including one boy found at the original examination who had not cleared up after X Ray depilation. This boy, who is now clear, has presumably been the cause of sporadic cases for some time.

Speech

No clinics have been held in the area during the year as a Speech Therapist has not been available. A few cases have been treated at Tavistock but there are many more who have been denied the benefit of this form of therapy.

Educationally Sub-normal Pupils

The Special School at Pencalenick provides residential places for Educationally Sub-normal boys and girls over 11 years of age. In the whole of this area there is only one Special class for this category of pupil (in Stratton Secondary Modern School). It follows therefore that there is no provision whatsoever for the educationally sub-normal child under 11 years of age. This serious lack seems soluble only by special classes in the towns and a residential school for those children who are unable to reach these classes. It may be, however, that the problem in a small village school is not so great as in the overcrowded town school.

School Dental Service

Dental inspections and treatment have now become available in the area and the full effects of the lack of frequent inspections and treatment for a number of years will take some time to become apparent. Already many of the leavers are found to suffer from advanced dental caries.

Head Infestation by Vermin

Very few cases came to light during the year. The problem is not one of individual children but of family units and in this connection a decision by the District Councils in the area to deal simultaneously on the recommendation of the Medical Officer of Health with the rest of the family and the home of persistent offenders may produce results. I am, however, of the opinion that with the easy methods of treatment now available more will be achieved by general instruction on hygiene than by frequent inspections and statutory action.

School Buildings and Sanitary Circumstances

Generally speaking these are not subjects for complacency. The lack of adequate drying facilities in many schools is more serious in view of the distances a large number of children have to walk to and from school. With the accommodation at present available in very few schools, would it be reasonable to insist that all children wash their hands after using the lavatory and before school meals? This, after all, is only elementary health education.

In some schools the water supply is most unsatisfactory, both in quantity and quality. This places a very heavy and unfair responsibility on the Head Teachers.

Television

Although there is at present a great deal of dissatisfaction with the lack of adequate Television service in Cornwall, in this area quite a number of aërials are appearing and I should like to make the following observations upon the Television invasion which seems inevitable.

When Television first arrives it is always at least a nine-day wonder. What an opportunity for Health Education! The proud owner of a new Television set will have his friends and acquaintances set before it at all times and they will view anything and everything. Could it not be arranged for small items on Health Education to be inserted between other programmes at this stage?

The opportunity should be taken of careful observation of the effects on the school population on this new "addiction," particularly with regard to physical condition and eye strain. As far as I know no careful research has as yet been done on this and it seems that in Cornwall for a time at least there will be "open" and "closed" areas."

Dr. G. D. K. Needham: Camborne-Redruth-Hayle Area

"School Inspections

I am again pleased to thank all concerned for their co-operation in this matter, Teachers and School Nurses alike.

Difficulty was experienced in finding room for inspections at the Secondary Modern Schools owing to over-crowding and in two cases the inspections had to be held outside the school, which is not entirely satisfactory.

The Children

In general the condition of the children is excellent, very few were placed in Category 'C.'

Infestation was found in about 6% which compares fairly well with the national figures given for England and Wales. The decline in the number of flea-bitten children seen was continued.

Eyesight

Arrangements worked satisfactorily, and a number of squints were treated at pre-school ages, being found at Infant Welfare Clinics.

Orthopaedic

It was pleasing to see several children, whose feet had been noted in 1951 as very flat, had, as a result of application to their exercises, succeeded in fully restoring the arch and mobility of the feet.

Two children are now attending Primary Schools in bilateral calipers and have settled in well. The tactful care taken of them by the other children in the school is most pleasing to see.

Ear, Nose and Throat

There seems to be no diminution to the flow of children who appear to require tonsillectomy and adenoidectomy. An interesting development is that many doctors now refer their school-age children to the Assistant School Medical Officer for Ear, Nose and Throat conditions, this undoubtedly cuts out a good deal of paper-work.

Educationally Sub-Normal Children

Three children have now been admitted to Pencalenick and are reported to be doing well. There is, however, a considerable number of ineducable children in the area. They, and even more their parents, would benefit greatly if there were an Occupation Centre for them to attend.

School Buildings

Improvements continue to be made where possible. The problem of Stithians school remains unsolved, and it seems that little can be done until the whole area is supplied with water and sewers.

School Meals and Milk

The standard is maintained.

Immunisation

This is something of a bugbear to teachers but there seems no other way of ensuring that children over 5 years of age are protected except through the schools. With the introduction of Whooping Cough vaccine even more children will be coming forward for immunisation."

Dr. J. Reed: Bodmin-Wadebridge Area

"Inspections

1,600 pupils were examined at periodic medical inspections. The considerable increase above last year's figure is due to the inclusion of six schools from the Camelford Rural District. Although only 24 of these children were placed in Category C for general condition, only 456 were placed in Category A. A much larger proportion would probably fall into Group C but for the school meals and milk service, particularly in the rural schools. Defects were recorded in 294 children, visual defects accounting for about one-half of the total. 1,390 re-inspections were carried out on defects previously observed.

Handicapped Pupils

Twenty-seven children are classified as Handicapped in the area, of which sixteen are in the Educationally Sub-Normal Group. This Group comprises by far the largest proportion of handicapped children. There is certainly a need for Special Education for many children in this Group, but to find a suitable solution in a rural area is most difficult.

School Meals and Milk

Canteen facilities were not available in five schools, and in five others meals had to be consumed in the classrooms. The remainder were fully provided with suitable kitchen and diningroom premises. The standard of kitchen equipment was improved in some schools during the year.

All schools received a supply of liquid milk though complaints as to quality were observed from one source affecting several schools. These complaints were confirmed by the experiences of the population at large and of the R.N.A.S., St. Merryn, who received the same supply.

School Sanitation and Cleanliness

One school, St. Teath, had earth closets converted to W.C's. Earth closets still remain at Nanstallon and Lanivet, but both were well supervised. Buckets remain at Helland where piped water supply is available, but it is doubtful whether the size of the school would justify conversion. Troughs remain at all primary schools in Bodmin, where water and sewerage are available, and there seems little reason to continue these unsuitable arrangements in very crowded schools.

The majority of schools maintain a reasonable standard of cleanliness in premises, and some were re-decorated during the year. The fabric of many school buildings does not lend itself to a high standard of cleanliness, and the use of slow combustion stoves adds to the difficulty of cleaning. The provisions for maintaining clean pupils is inadequate, by present standards, in all schools.

Diphtheria Immunisation

473 pupils received boosting or primary courses of diphtheria prophylactic during the second half of the year.

It has also been possible to record the immunisation state of each child as far as the information exists and a careful scrutiny of all the medical cards indicates that of 3,030 children at school in my area in 1952, 2,646 have received inoculation at some time in their lives. The proportion is probably even higher since those for whom information is not available were included as non-immunised.

Infectious Diseases

Cases of all the common infectious diseases occurred in small numbers throughout the year, whooping cough and chicken pox predominating. Ringworm of the body was occasionally seen in rural children, but ringworm of the scalp was not observed. An attempt to assess the incidence of round-worm in Wadebridge Rural District was commenced during the year. Specimen stools were submitted from children of 5—10 years in three schools. In St.

Issey seven of twenty-five were positive, St. Ervan one of twenty-six and Withiel nil of eleven. In the hamlet of Edmonton, whose children attend Wadebridge C.P. School, sixteen of sixteen children were infested. The enquiry will continue in 1953."

Dr. B. Roberts: Truro-Falmouth Area

"In the past year, the general health and welfare of the children in my area have remained good, and the various services and facilities available have been freely made use of, and, in my opinion, produced worthwhile results.

School Medical Inspections

There continues to be excellent co-operation between the teacher, health visitor and school doctor on the one hand, and the parent on the other.

Most parents elected to be present at these medical examinations (particularly parents of the children in the youngest age-group) and a very useful relationship was often established between parent and doctor.

The standard of nutrition remains high, and there can be very little doubt that the provision of milk at school and the increasing use made of the School Meals Service have largely contributed to this happy state.

School Premises

No big changes have occurred in this sphere. Where redecorations have been effected, the change has even been reflected in the brighter attitude of teachers and children. I can only repeat what I have said before that even if, for financial reasons, it is not possible to carry out major repairs and alterations, to cut down on regular redecorations is false economy.

Canteens

Most provide a well-balanced and appetising meal. To watch the infants, for example, in a well-organised canteen of an infants' school is to realize the importance and value of the School Meals Service not only from the nutritional but from the educational point of view. For children to join in the communion of a school meal taken together is a most valuable training in social behaviour.

Clinics

The attendance has been well maintained and the response to the provision of the additional facility for Whooping Cough Immunisation most gratifying. In particular, mothers very much appreciate the fact that they can have their children immunised during any Infant Welfare Clinic session and not have to wait for the special and less frequent Immunisation Clinic session.

Educationally Sub-Normal Children

Pencalenick has been open for a year and although I am chary of making extravagant claims for the results already achieved or likely to be achieved in the future, yet, it is certain that the children here get a far greater chance of achieving the maximum development of their aptitudes than if they had been compelled to stay on, and drift, in the 'C' or 'D' stream of an ordinary secondary modern school.

But Pencalenick only covers a fraction of the need that exists for such schools. We not only want more such schools but similar provision for children under 11 years of age who are educationally sub-normal and for whom no special facilities are in existence at all.

Physical Training

Where the staff are familiar with and reasonable facilities exist for carrying out the newer methods of physical training and remedial exercises, noticeable improvement has occurred in the general tone and carriage of the children. I can only wish that all schools were given the facilities to co-operate in this excellent work.

Co-operation

Finally I should mention that the relationship between the school doctor and general practitioner continues to be good. I cannot recall any contacts of any kind in the past year with the family doctors which have been anything but pleasant."

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

"General

There have been no important changes in my area during the past year. The work has gone smoothly, thanks to the willing co-operation of Teachers.

Opportunities for attending hospitals and seeing hospital cases—a facility recently accorded to us—will be most valuable in helping us to keep in touch with up-to-date news, methods and treatment.

The medical examinations and reports on candidates for the training colleges, has now become part of our duties and takes up an appreciable amount of time, mainly owing to the difficulty sometimes in arranging the examination to suit both parties, as some of the candidates have homes in outlying areas and do not normally live at home, so the examination sometimes has to be arranged at short notice to suit their home visits.

School Buildings and Sanitation

There have been notable improvements in Sanitation in many instances but there is still primitive sanitation in a few schools.

All the schools are improved by the cheerful painting and decorating that has been done and some very shabby schools are improved almost beyond recognition and the atmosphere has completely changed. It is money well spent.

Routine Medical Inspections

Attendance of parents at the School Medical Inspections is very good and parents are mostly co-operative and often grateful. We welcome the increased opportunities for specialist examination when necessary and the hospital and specialist reports which we regularly receive, are most valuable to us.

Cleanliness and Clothing

Few cases of uncleanness exist and the clothing is very good indeed, except in the few problem families, and here footwear needs watching most, I find.

Educationally Sub-Normal Children

Far too many are still in the ordinary schools, but these children could with advantage, be educated in special schools. We are thankful for Pencalenick, but hope for more accommodation and for a school for under elevens.

Much time is spent in ascertaining and re-testing these backward children and it is disappointing that so few can go to special schools where they could be helped.

Physically Handicapped Children

A few have been accommodated in special schools outside the County this year, but it is sometimes very difficult to persuade parents to accept the offers for special school.

We have a few handicapped children in school now as a result of the outbreak of Poliomyelitis in this area a few years ago. Fortunately many affected children appear to have made more or less complete recovery, but a few wear appliances in school and a few require special transport to school; one or two require special consideration in school owing to great disability, but all are attending school and this is very satisfactory.

Vision

The wait for spectacles is still too long sometimes, but the position has greatly improved.

Some parents imagine they can get them more quickly privately than by going through the school channels and this unfortunately results in our having no record of the spectacles ordered or the progress of the case which is normally available to us through the School Eye Clinics.

Remedial Exercises

As a result of the Remedial Exercises in school, many children have benefitted and have been saved a considerable loss of school time by not having to attend the Orthopaedic Clinic so often.

The Physical Education in schools is now of a high order and we shall expect to see fewer postural and foot defects as the new exercises practiced in school now aim at greater mobility of the body.

The exercises are also much more attractive to the children than the old Physical Education methods and the mild element of competition results in greater effort, no doubt.

Infant Welfare Clinics

There has been great improvement in attendance at Looe and St. Austell this year since we had more settled nursing staff at these clinics. The Par Clinic is very busy indeed. Apart from the usual clinic work which seems to be appreciated by many mothers, the clinics afford an opportunity for Health Education and this is encouraged.

Immunisations

Much time has been spent this year in bringing the immunisation up to date in the schools in my area.

It is also carried out in the Infant Welfare Clinics to the fullest possible extent."

PHYSICAL EDUCATION

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

"Although 1952 was a quiet year, owing to financial restrictions, the work in areas already covered by Teachers' Courses was consolidated and, in some schools, physical education has now taken a permanent place on the school time table. In others, a flagging interest has to be constantly revived in order that the subject shall keep a foothold in the regular life of the school. In a few schools, mostly where facilities and conditions are against any form of 'activity,' the children are unable to derive benefit from the schemes of work suggested. Where conditions make it impossible for these children to run and leap and climb, thus training alert minds and bodies as well as using up surplus energy, there is a likelihood that this energy will be used for other and less desirable purposes.

Camping, a valuable addition to the life of the older boy and girl by the fostering of self reliance, a sense of responsibility and the spirit of adventure and leadership, had to be entirely suspended. It was also necessary to cut out practically the whole of the film

programme. As Cornish children have little opportunity of seeing physical activity of a high standard, films could be used to shew both teachers and children this wider horizon. Many Counties have, in fact, made their own films for this purpose.

It was possible to carry out most of the programme of teachers' voluntary evening courses and these were well attended in spite of difficult journeys in many cases. The problem of arranging satisfactory Teachers' Courses is a very real one. There are few buildings in Cornwall which will house spectators and a lively class of children. So often demonstration classes are taken in halls none too clean, with poor ventilation and lighting, slippery and unsuitable floors and space far too small to shew modern methods of agility and activity. This is bad both from the Organisers' and Teachers' point of view, as the standard of work in the schools largely depends on the success of the Teachers' Courses.

Miss C. B. George joined the Organising Staff in January. Miss George has an international reputation as a Lacrosse player and it was possible to introduce the game into three Secondary Modern Schools during the year. As this game is played largely in the air, the slope and surface of the field is not as important a factor as in Hockey and there is also very little marking necessary. It is, therefore, a very suitable game for Cornwall. The girls in most Secondary Modern Schools have no major game as yet and this would solve the problem. Unfortunately the lack of playing fields and the cost of the equipment, about the same as that for Hockey, has prevented many schools from making a start.

Remedials

The first results of the scheme to prevent minor orthopaedic defects from developing into more serious conditions, thus making it necessary for children to attend clinics at the expense of the child's time and the cost to the County, are beginning to show. Both teachers and children are beginning to be 'foot and posture conscious' and the increased mobility in footwork, resulting from the various exercises practised by the children in bare feet, is already making a difference both to the general physical education in the schools and to the personal life of the children.

Unfortunately, until some climbing apparatus is provided for the schools, where children can transfer the weight of the body to the arms and so straighten out the spine, it is not possible to obtain much improvement in bad posture. This poor posture often leads to cases of kyphosis and scoliosis with serious results, unless corrected in the early stages.

This preventive work with the accent on positive health is being practised by all children in the areas covered by the scheme.

Halls, Playgrounds and Fields

The position regarding halls is not likely to improve, but it is a great pity that, in the new schools, the halls have to be used as classrooms and are not available for the physical activities so necessary for infants.

There is continued improvement in the position regarding County Primary playgrounds and many schools are trying to find suitable playing field accommodation as their interest grows in all forms of physical activity. Unfortunately, many of the Voluntary Primary Schools are very handicapped by bad playground surfaces and inadequate space and in these schools physical education cannot take its proper place. Even without indoor accommodation, a sound physical education programme could be carried out in all schools if there were a sufficient area of good hard surface and facilities for washing and changing.

The majority of the fields are still cut far too infrequently, but a second mobile field upkeep unit is being established and, with the appointment of a suitable operator, the remainder of the Authority's fields should receive attention. The area of the original operator will be diminished so as to give a slightly quicker 'round' in the summer.

Apparatus

A further instalment of gymnastic apparatus was placed in some Grammar and Secondary Modern Schools where facilities allowed. The lack, in this County, of any form of playground climbing apparatus for infants, juniors and in some Secondary Modern Schools is a great handicap. Growing children need somewhere to climb and hang and the large number of children referred by the school doctors for remedial exercises, because of poor posture, emphasises this need. Apart from the physical benefits derived from scrambling, hanging and climbing, children gain in self confidence and self reliance and realise an ambition inherent in every active child.

GIRLS

The staffing position as regards numbers in the Grammar and Secondary Modern Schools was slightly easier, but teachers with special qualifications in physical education are not attracted to schools where poor or no indoor facilities exist and, as these schools are so scattered, it is not possible to run local courses for the further training of teachers for this type of work, unless residential courses can be arranged.

Games

There is still a great lack of suitable pitches and courts for games on the girls' side but, in spite of this, the tournaments were well attended. The marked increase in all types of schools in the

playing of netball, due to the enthusiasm of the officers of the County Association and the teachers in the schools, resulted in a high standard being reached. Four County teams in different age groups were chosen to play other Counties with successful results. In the schools' netball tournaments the winners were Penzance Grammar and Truro Secondary Modern Schools. In hockey, the Schools County and Adult County teams travelled to play in the Western Territories tournament and also played against Devon County. The Cornwall Grammar Schools' tournament was won by Truro County Grammar School.

The playing of tennis was too limited by lack of facilities to allow a good standard to be reached in any area.

The first game of Lacrosse ever to be played in Cornwall was staged as a demonstration at the Grammar Schools' Day Course in October. It was possible to field two teams from residents, teachers and Service Units in Cornwall.

Dancing

A Senior and Adult Festival was held at Newquay on the 24th May and three Junior Folk Dance Festivals on the 28th June at Penzance, Falmouth and Bude. Teachers' Committees were set up to organise these Festivals and praise must be given to these Committees for their hard work.

Athletics and Swimming

Lack of facilities allowed only limited progress in both these activities. The girls' Secondary Modern Schools in the West of the County again held a successful athletic meeting.

Courses and Demonstrations for Teachers held during 1952

| | <i>Area Covered</i> | <i>Number</i> |
|--|---------------------|---------------|
| <i>Physical Training and Remedials</i> | Wadebridge | |
| Infants | 4 sessions | 16 women |
| Juniors | 7 sessions | 31 mixed |
| | Bodmin | |
| Juniors | 7 sessions | 31 mixed |
| | Looe | |
| Infants | 3 sessions | 23 mixed |
| Juniors | 5 sessions | 23 mixed |
| | Torpoint | |
| Infants | 3 sessions | 31 mixed |
| Juniors | 5 sessions | 31 mixed |
| <i>Physical Training Refresher Courses</i> | Newquay | |
| | 1 evening | 25 mixed |
| | St. Austell | |
| | 1 evening | 58 mixed |

| | <i>Area Covered</i> | <i>Number</i> |
|---|--|---------------|
| <i>National Dancing</i> | Whole County | |
| | 1 day | 71 mixed |
| <i>Netball Umpiring</i> | Grammar and Modern Schools | |
| | 1 day | 18 women |
| | Primary Schools | |
| | 1 morning | 26 mixed |
| <i>Physical Education</i> | Grammar and Modern Schools | |
| | 1 day | 30 women |
| <i>Demonstrations</i> | Wadebridge | |
| Physical Education to Teachers | St. Minver | |
| of Senior Girls in Primary | Padstow | |
| Schools at:— | St. Eval | |
| | St. Ervan | |
| | Port Isaac | |
| | Bodmin | |
| | Lanivet | |
| | Lostwithiel | |
| <i>Keep Fit (Ante and Post-Natal)</i> | Roche | 25 women |
| <i>Talks to Associations</i> | Mount Charles C.P. Jnr. Girls' School | |
| Parent Teachers | Goonhavern C.P. School | |
| Women's Institutes | Truro County Grammar School | |
| Professional and Business Women | Perranporth | |
| | Falmouth | |
| <i>Films</i> | St. Austell Secondary Modern School for Girls | |
| On Lacrosse, Footwork and Agilities shown to:— | Cape Cornwall Secondary Mod- ern School | |
| | St. Ives Secondary Modern School | |

BOYS

Association Football

Steady progress was made in coaching and results were satisfactory in out-of-County matches. The Fifth F.A. Course for teachers and club leaders took place at Whitsun.

Rugby Football

There was an increase in the number of schools taking up the game. A high number of places were gained in representative teams playing matches outside the County.

Cricket

No opportunity has yet been found for teachers' and leaders' course at national coaching level—largely owing to the question of finance.

Swimming

Fowey Grammar School retained the "Western Morning News" Trophy. Four teachers gained the A.S.A. Advanced Coaching Certificate following a course arranged by the County Swimming Association and staffed by the Central Council of Physical Recreation.

Camping

Inability to obtain the use of the County equipment prevented a teachers' course from being held and individual schools from holding their own camps. One teacher gained a place on the Ministry's Lightweight Camping Course.

Boxing

More schools have formed school clubs for the teaching of boxing. During the winter the County achieved its own Schools' A.B.A., affiliated to the National Schools' A.B.A., held its own Championships and sent winners on to the next stage of the National Competition. The Plymouth Association has aided Cornwall whenever asked.

Athletics

Both scope and performance have developed in the County. An Association open to all schools in the County was formed and County Championships were held at Trevenston, Camborne. By this procedure it was possible to select boys for the National Championships at Bradford where the standard of performance was most satisfactory for such an important occasion. The "Milocarian" schools gained high positions in the competition.

Courses and Demonstrations for Teachers held during 1952

| | <i>Area Covered</i> | <i>Number (Men only)</i> |
|--|---------------------|------------------------------|
| <i>Demonstrations for Senior and 7-15 boys' Syllabus</i> | Launceston | 16 |
| | Bude | 10 |
| | Camelford | 9 |
| | Liskeard | 18 |
| | Saltash | 8 |
| | Callington | 7 |
| | Falmouth | 21 |
| | Penzance | 20 |
| | Helston | 22 |
| | Camborne | 22 |
| | Truro | 19 |
| | Bodmin | 17 |

| | <i>Area Covered</i> | <i>Number (Men only)</i> |
|--|--|------------------------------|
| <i>Course on Senior and All-age Syllabus</i> | Bodmin 6 sessions | 15 |
| <i>Day Course in Athletics</i> | Penzance Camborne Saltash | 21 23 21 |
| <i>Refresher Courses</i> | Newquay 1 evening St. Austell 1 evening | 22 30 |
| <i>Physical Education</i> | Grammar and Modern Schools 1 day | 22 |
| <i>Boxing Judges' Courses</i> | Whole County 4 sessions Newquay Area 5 sessions | 5 13 |

INTEGRATION OF THE SCHOOL HEALTH SERVICE WITH THE PAEDIATRIC SERVICE

During 1952 a Paediatrician was appointed for the Plymouth Area, and with his willing co-operation it was arranged that the School Doctors could attend the children's department of the Plymouth, South Devon and East Cornwall Hospital, Plymouth twice a year for a whole day's visit.

The first of these visits took place in September, 1952 and most of the day was taken up by ward rounds and discussions on the care of the pre-school child, but some interesting cases of school age were also seen. If the School Doctors are to keep their interest in clinical medicine, these visits are an essential part of their work and it is hoped that in the future the serious gap in the medical care of children will be closed by the appointment of a Paediatrician in Cornwall. When this essential specialist is appointed it is hoped that every opportunity will be given for the School Doctors to be closely associated with the work of his department.

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 | ... | ... | ... | ... | 6,243 |
| Second Age Group | ... | ... | ... | ... | 3,843 |
| Third Age Group | ... | ... | ... | ... | 3,404 |
| Total | ... | ... | ... | ... | 13,490 |

Number of other Periodic Inspections

| | | | | | |
|-------------------------------|-----|-----|-----|-----|--------|
| Vision at 8 | ... | ... | ... | ... | 3,846 |
| Entrants to Secondary Schools | ... | ... | ... | ... | 2,782 |
| Grand Total | ... | ... | ... | ... | 20,118 |

B—OTHER INSPECTIONS

| | | | | |
|-------------------------------|-----|-----|-----|-------|
| Number of Special Inspections | ... | ... | ... | 2,073 |
| Number of Re-Inspections | ... | ... | ... | 6,016 |
| Total | ... | ... | ... | 8,089 |

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 | 179 | 1,067 | 1,191 |
| Second Age Group | 374 | 696 | 855 |
| Third Age Group | 341 | 428 | 729 |
| Total (prescribed groups) | 894 | 2,191 | 2,775 |
| Entrants to Sec. Schools | 286 | 431 | 771 |
| Other Periodic Inspections | 293 | 98 | 365 |
| Grand Total | 1,473 | 2,720 | 3,911 |

TABLE II

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1952

| Defect Code No. | Defect or Disease | PERIODIC INSPECTIONS No. of defects | | SPECIAL INSPECTIONS No. of defects | |
|---------------------------|-------------------|--|---|---------------------------------------|---|
| | | Requiring treatment | Requiring to be kept under observation, but not requiring treatment | Requiring treatment | Requiring to be kept under observation, but not requiring treatment |
| | (1) | (2) | (3) | (4) | (5) |
| 4. Skin | ... | 170 | 90 | 31 | 20 |
| 5. Eyes— | | | | | |
| a. Vision | ... | 1,473 | 244 | 125 | 80 |
| b. Squint | ... | 347 | 40 | 18 | 7 |
| c. Other | ... | 95 | 29 | 14 | 3 |
| 6. Ears— | | | | | |
| a. Hearing | | 61 | 66 | 18 | 20 |
| b. Otitis Media | | 71 | 66 | 10 | 6 |
| c. Other | ... | 17 | 14 | 4 | 5 |
| 7. Nose or Throat | ... | 382 | 631 | 76 | 51 |
| 8. Speech | ... | 47 | 59 | 11 | 11 |
| 9. Cervical Glands | ... | 91 | 219 | 17 | 10 |
| 10. Heart and Circulation | | 42 | 145 | 16 | 18 |
| 11. Lungs | ... | 91 | 298 | 18 | 19 |
| 12. Developmental— | | | | | |
| a. Hernia | ... | 18 | 24 | 1 | 4 |
| b. Other | ... | 22 | 15 | 1 | 4 |
| 13. Orthopaedic— | | | | | |
| a. Posture | ... | 168 | 195 | 10 | 7 |
| b. Flatfoot | ... | 471 | 181 | 19 | 8 |
| c. Other | ... | 213 | 89 | 29 | 12 |
| 14. Nervous system— | | | | | |
| a. Epilepsy | ... | 17 | 6 | 4 | 0 |
| b. Other | ... | 19 | 13 | 6 | 7 |
| 15. Psychological— | | | | | |
| a. Development | | 101 | 120 | 30 | 22 |
| b. Stability | ... | 68 | 67 | 14 | 9 |
| 16. Other | ... | 209 | 129 | 106 | 75 |

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

| Age Group (1) | Number of Pupils Inspected (2) | A (Good) | | B (Fair) | | C (Poor) | |
|-----------------------------------|---|--------------|-----------------------|--------------|-----------------------|-------------|-----------------------|
| | | No. (3) | % of Col. 2 (4) | No. (5) | % of Col. 2 (6) | No. (7) | % of Col. 2 (8) |
| Entrants ... | 6,243 | 2,357 | 37.75 | 3,669 | 58.77 | 217 | 3.48 |
| Second Age Group | 3,843 | 1,506 | 39.20 | 2,165 | 56.33 | 172 | 4.47 |
| Third Age Group | 3,404 | 1,351 | 39.69 | 1,925 | 56.55 | 128 | 3.76 |
| Other Periodic Inspections ... | 2,782 | 1,096 | 39.39 | 1,589 | 57.12 | 97 | 3.49 |
| Total ... | 16,272 | 6,310 | 38.77 | 9,348 | 57.45 | 614 | 3.78 |

TABLE III—INFESTATION WITH VERMIN

| | |
|--|---------|
| (i) Total number of examinations in the schools by the school nurses or other authorized persons ... | 269,478 |
| (ii) Total number of individual pupils found to be infested | 1,319 |
| (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ... | 1,319 |
| (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ... | 6 |
| The number of complete routine cleanliness inspections in schools was ... | 2,608 |

TABLE IV

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

Notes:—

- (a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice—i.e., whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

(N.B.—The information in this table falls into these two Divisions (a) and (b), except in Group 5 (Child Guidance Treatment)).

GROUP 1—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table III)

| | | | | Number of cases treated or under treatment during the year | |
|---------------------|-----|-----|--|--|-----------|
| | | | | By the Authority | Otherwise |
| Ringworm— (i) Scalp | ... | ... | | 0 | 4 |
| (ii) Body | ... | ... | | 13 | 22 |
| Scabies | ... | ... | | 2 | 0 |
| Impetigo | ... | ... | | 25 | 55 |
| Other skin diseases | ... | ... | | 19 | 1 |
| Total | | | | 59 | 82 |

GROUP 2—EYE DISEASES, DEFECTIVE VISION AND SQUINT

| | | | | Number of cases dealt with | |
|---|-----|-----|-----|----------------------------|-----------|
| | | | | By the Authority | Otherwise |
| External and other, excluding errors of refraction and squint | ... | | | 50 | 21 |
| Errors of Refraction (including squint) | ... | ... | ... | *62 | 2,273 |
| Total | | | | 112 | 2,294 |
| Number of pupils for whom spectacles were | | | | | |
| (a) Prescribed | ... | ... | | Not known | 1,530 |
| (b) Obtained | ... | ... | | Not known | †1,296 |

* These cases obtained treatment privately.

† 55 cases obtained spectacles in 1953 which were prescribed in 1952.

GROUP 3—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

| | Number of cases treated | |
|--|-------------------------|-----------|
| | By the Authority | Otherwise |
| Received operative treatment— | | |
| (a) for diseases of the ear ... | 0 | 23 |
| (b) for adenoids and chronic tonsil- itis | 0 | 429 |
| (c) for other nose and throat con- ditions | 0 | 25 |
| Received other forms of treatment | 13 | 13 |
| Total ... | 13 | 490 |

GROUP 4—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals 163

| | By the Authority | Otherwise |
|---|------------------|---------------------------|
| (b) Number treated otherwise—e.g., in clinics or out-patient depart- ments | 0 | Incomplete Information |

GROUP 5—CHILD GUIDANCE TREATMENT

| | Number of cases treated | |
|--|---|-----------|
| | In the Authority's Child Guidance Clinics | Elsewhere |
| Number of pupils treated at Child Guidance Clinics | 185 | *12 |

* These cases are from South East Cornwall and were referred to Plymouth City Child Guidance Centres under arrangements made with them.

GROUP 6—SPEECH THERAPY

| | Number of cases treated | |
|--|-------------------------|-----------|
| | By the Authority | Otherwise |
| Numbers of pupils treated by Speech Therapists | 77 | *4 |

* Three of these cases attended the Plymouth City Speech Therapy Clinic; one case attended the Tavistock Clinic of the Devon Education Committee.

GROUP 7—OTHER TREATMENT GIVEN

| | | | | Number of cases treated | |
|-------|------------------------------|-----|-----|-------------------------|-----------|
| | | | | By the Authority | Otherwise |
| (a) | Miscellaneous minor ailments | ... | | 890 | 30 |
| (b) | Other (specify)— | | | | |
| 1. | Abdomen | ... | ... | 0 | 191 |
| 2. | Genito-Urinary | ... | ... | 0 | 32 |
| 3. | Glands | ... | ... | 0 | 5 |
| 4. | Chest | ... | ... | 0 | 50 |
| 5. | Others | ... | ... | 0 | 140 |
| Total | | | | 890 | 448 |

The figures of cases treated "Otherwise than by the Authority" are incomplete owing to lack of full information from Hospital Out-Patient Departments.

TABLE V

DENTAL INSPECTION AND TREATMENT

| | | | | |
|---|-----------------|-----|-----|--------|
| (1) Number of pupils inspected by the Authority's Dental Officers:— | | | | |
| (a) Periodic age groups | ... | ... | ... | 23,364 |
| (b) Specials | ... | ... | ... | 2,148 |
| | Total (1) | | | 25,512 |
| <hr/> | | | | |
| (2) Number found to require treatment | ... | ... | | 19,303 |
| (3) Number referred for treatment | ... | ... | | 18,701 |
| (4) Number actually treated | ... | ... | | 9,393 |
| (5) Attendances made by pupils for treatment | | | | 16,787 |
| <hr/> | | | | |
| (6) Half-days devoted to: Inspection | ... | ... | | 282 |
| | Treatment | ... | ... | 3,166 |
| | Total (6) | | | 3,448 |
| <hr/> | | | | |
| (7) Fillings: Permanent Teeth | ... | ... | ... | 11,130 |
| | Temporary Teeth | ... | ... | 1,832 |
| | Total (7) | | | 12,962 |
| <hr/> | | | | |
| (8) Number of teeth filled: Permanent Teeth | | ... | | 8,575 |
| | Temporary Teeth | ... | | 1,647 |
| | Total (8) | | | 10,222 |
| <hr/> | | | | |
| (9) Extractions: Permanent Teeth | ... | ... | ... | 1,596 |
| | Temporary Teeth | ... | ... | 6,037 |
| | Total (9) | | | 7,633 |
| <hr/> | | | | |
| (10) Administration of general anaesthetics for extraction | | | | 298 |
| (11) Other Operations: Permanent Teeth | ... | ... | | 7,840 |
| | Temporary Teeth | ... | ... | 4,605 |
| | Total (11) | | | 12,445 |

3,227 of the Periodic Age Groups were inspected and 2,132 required and were referred for treatment under the Private Practitioners' Scheme.

TABLE VI

HANDICAPPED PUPILS

Children in Hospital Special Schools are not included in this Table.

| | (1) <i>Blind</i> (2) <i>Partially Sighted</i> | | (3) <i>Deaf</i> (4) <i>Partially Deaf</i> | | (5) <i>Delicate</i> (6) <i>Physically Handicapped</i> | | (7) <i>Educationally sub-normal</i> (8) <i>Mal-adjusted</i> | | (9) <i>Epileptic</i> | Total |
|---|--|-----|--|-----|--|-----|--|-----|----------------------|-------|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | |
| In the calendar year ending 31st Dec. 1952 | | | | | | | | | | |
| A. Handicapped Pupils newly placed in Special Schools or Homes ... | 1 | 2 | 4 | 1 | 4 | 3 | 67 | 13 | 0 | 95 |
| B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes ... | 1 | 2 | 6 | 1 | 4 | 4 | 32 | 7 | 1 | 58 |
| On or about December 1st: | | | | | | | | | | |
| C. Number of Handicapped pupils from the area: | | | | | | | | | | |
| (i) attending Special Schools as: | | | | | | | | | | |
| (a) Day Pupils ... | 0 | 0 | 1 | 0 | 0 | 0 | 14 | 0 | 0 | 15 |
| (b) Boarding Pupils | 14 | 11 | 22 | 3 | 7 | 7 | 67 | 5 | 3 | 139 |
| (ii) Attending independent Schools under arrangements made by the authority ... | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 1 | 5 |
| (iii) Boarded in Homes and not already included under (i) or (ii) ... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 0 | 11 |
| Total (C) ... | 14 | 11 | 23 | 3 | 7 | 8 | 82 | 18 | 4 | 170 |
| D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944: | | | | | | | | | | |
| (a) in hospitals ... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (b) elsewhere ... | 0 | 1 | 0 | 1 | 6 | 15 | 5 | 0 | 1 | 29 |
| E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition) ... | 1 | 2 | 7 | 3 | 4 | 7 | 101 | 1 | 2 | 128 |

TABLE VI

HABITS AND TOILETS

Patients in Hospital whose habits are not included in this Table

| No. | Name | Age | Sex | Religion | Marital Status | Occupation |
|-----|-----------------|-----|-----|----------------|----------------|------------|
| 1 | John Doe | 45 | M | Anglican | Married | Teacher |
| 2 | Mary Smith | 32 | F | Roman Catholic | Single | Nurse |
| 3 | James Brown | 58 | M | Methodist | Married | Farmer |
| 4 | Elizabeth White | 65 | F | Anglican | Widowed | Homemaker |
| 5 | Robert Green | 28 | M | Baptist | Single | Student |
| 6 | Sarah Black | 42 | F | Roman Catholic | Married | Shopkeeper |
| 7 | William Grey | 72 | M | Anglican | Widowed | Retired |
| 8 | Anna Gold | 38 | F | Methodist | Single | Teacher |
| 9 | Thomas Silver | 55 | M | Baptist | Married | Engineer |
| 10 | Charlotte Rose | 68 | F | Anglican | Widowed | Homemaker |
| 11 | George Wood | 35 | M | Roman Catholic | Single | Student |
| 12 | Frances Hall | 48 | F | Methodist | Married | Shopkeeper |
| 13 | Richard King | 75 | M | Anglican | Widowed | Retired |
| 14 | Emily Scott | 30 | F | Baptist | Single | Student |
| 15 | Henry Adams | 60 | M | Roman Catholic | Married | Farmer |
| 16 | Isabella Baker | 70 | F | Anglican | Widowed | Homemaker |
| 17 | Charles Evans | 40 | M | Methodist | Single | Student |
| 18 | Victoria Green | 50 | F | Baptist | Married | Shopkeeper |
| 19 | Frederick Hill | 80 | M | Anglican | Widowed | Retired |
| 20 | Lucy Martin | 25 | F | Roman Catholic | Single | Student |
| 21 | Edward Taylor | 52 | M | Methodist | Married | Farmer |
| 22 | Agnes Young | 62 | F | Anglican | Widowed | Homemaker |
| 23 | Samuel King | 33 | M | Baptist | Single | Student |
| 24 | Martha Lee | 43 | F | Roman Catholic | Married | Shopkeeper |
| 25 | Benjamin Clark | 73 | M | Anglican | Widowed | Retired |
| 26 | Elizabeth King | 33 | F | Methodist | Single | Student |
| 27 | William King | 43 | M | Baptist | Married | Shopkeeper |
| 28 | Elizabeth King | 53 | F | Anglican | Widowed | Retired |
| 29 | William King | 63 | M | Roman Catholic | Married | Farmer |
| 30 | Elizabeth King | 73 | F | Anglican | Widowed | Homemaker |