

[Report 1954] / School Health Service, Cornwall County Council.

Contributors

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

Publication/Creation

1954

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4/10/18

CORNWALL COUNTY COUNCIL
(EDUCATION COMMITTEE)

Annual Report
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
1954

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



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REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR 1954

Health Department,
County Hall,
Truro.
February, 1955.

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 1954.

The year has been one of consolidation rather than of spectacular progress. The appointment of the School Medical Officers as Clinical Assistants to the Regional Hospital Board has given a great stimulus, and has enabled the School Medical Officers to keep acquainted with the latest methods of the diagnosis and treatment of children's diseases. We are indebted to the Consultants concerned for their courtesy in spending so much time with the County Council Staff on their ward rounds and out-patient sessions. It is to be hoped that the building of the new Area Hospital at Truro—a project which has recently been announced—may lead to a still greater integration of the School Health Service and the Pædiatric Services of the County.

Dr. Hargreaves has contributed a section in this Report on tuberculosis surveys, both in school entrants and in school leavers. This is a valuable innovation, and should help considerably in our steady progress towards the eradication of this disease.

We have been trying for some time to ensure that children suffering from squint come under treatment at the earliest possible moment. The younger the child is when first treated, the better the outlook is in such cases. The figures quoted under the heading of Ophthalmic Clinics seem to show that we are achieving a certain amount of success in this direction.

Last year I drew attention to the continuing problem of head louse infestation in school children in this County. Although the proportion

of children infested in Cornwall was only half that in England and Wales as a whole, it still seemed to be far too high a figure, having regard to the modern methods of dealing with this complaint. A closer association between our own activities and those of District Councils has been brought about, each having its part to play in dealing with this problem. The figures in the body of this Report show what a very substantial reduction has now been effected in the number of children infested, and it seems that at last we are getting on top of the problem.

The section on the work of the Child Guidance Service deserves careful study. It is generally agreed that the pattern of behaviour is laid down fairly solidly during the first few years of life. The Child Guidance Service, therefore, is not only concerned with the immediate problem, which in many cases it is able to solve satisfactorily, but takes a longer view in dealing with mental problems from a preventive aspect. The increasing pressure on the Child Guidance Staff is some indication of the value in which their work is held not only by members of the School Health Service, but also by family doctors, teachers, probation officers, and others. It has been necessary to try to limit the number of cases dealt with by this Staff, in order to keep the case load within their capacity to deal with it properly. If the pressure continues to increase, the question of an increase of the Child Guidance Staff must inevitably be considered.

I repeat in all sincerity our deep appreciation of the assistance we have received from the Secretary for Education and his staff, whose understanding of our problems has been a great encouragement to us. The administration of the School Health Service has again been undertaken mainly by Dr. Elliott, to whom all are indebted for the steady progress achieved. However, nothing could have been done without the continuing support which we have enjoyed from the Chairman and Members of the Education Committee, the teachers and the various Voluntary bodies associated with the School Health Service.

I am,

Your Obedient Servant,

R. N. CURNOW,

Principal School Medical Officer.

STAFF

Principal School Medical Officer:

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

Deputy Principal School Medical Officer:

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

Senior 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.

School Medical Officers:

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

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

C. L. KNIGHT, M.R.C.S., L.R.C.P., D.P.H.

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

*W. H. P. MINTO, M.B., Ch.B., D.P.H. (resigned 24/4/54)

*W. PATERSON, M.B., Ch.B., D.P.H. (commenced 14/6/54)

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

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

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

G. W. WARD, M.B., Ch.B., D.P.H. (commenced 13/1/54)

*Also Assistant County Medical Officer.

Principal School Dental Officer:

A. H. MILLETT, L.D.S. (commenced 15/4/54)

Dental Officers:

R. J. R. BAKER, L.D.S.

K. BATTEN, L.D.S. (part-time)

P. S. R. CONRON, L.D.S.

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

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

G. C. HODGSON, L.D.S.

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

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

E. R. TRYTHALL, L.D.S.

W. Mc. C. GRAVES-MORRIS, L.M.S.S.A., L.D.S.,

(commenced 3/11/54 part-time)

Oral Hygienist:

MISS V. HONEYCHURCH, (commenced 20/4/54)

Speech Therapists:

MISS G. O. FELL, L.C.S.T.

MISS H. J. RICHARDS, L.C.S.T., (commenced 18/1/54)

Educational Psychologist:

J. E. COLLINS, B.A., DIP. ED. PSYCH., A.B.Ps.S.

Social Worker:

MISS B. ROGERS, Social Science Diploma.

STATISTICS

Population 1954 (approximate)	...	...	...	343,000
School Population	...	...	...	45,914

Number of Schools:—

Nursery	...	...	1 with	40 pupils
Primary	...	...	321 with	34,344 pupils
Secondary:				
Grammar	...	...	21 with	5,470 pupils
Modern	...	...	24 with	5,294 pupils
Special:				
E.S.N.	...	...	1 with	62 pupils
Hospital	...	...	2 with	24 pupils
Technical and Art	...	...	5 with	680 full-time pupils
1,737 pupils attend the Technical and Art Schools part-time.				

MEDICAL INSPECTIONS

Full Routine Medical Inspections were carried out in all the schools during the year and most schools were also visited again at least once during the latter part of the year.

The general health of the children has been maintained at the same high level as in recent years.

The following table shows the age groups in which children were inspected during 1954:—

GROUP	AGE WHEN INSPECTED	SCHOOLS CONCERNED
Routine Inspections		
First Age Group	Normally 5—6 years	Primary
Second Age Group	Between 9+ & 10+ 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 routine and additional medical inspections made during the year was 20,732. The number of special inspections including re-inspections was 8,289.

The School Health Service and Handicapped Pupils Regulations 1953 permit alteration in the frequency of routine medical inspections, with the stipulation that every child shall be inspected "on not less than three occasions at appropriate intervals during the period of his compulsory school age." Commencing in 1955, it is proposed to reduce the number of inspections set out in the above table by omitting the routine examination of the 9+ to 10+ age group. This decision has had to be made as an alternative to asking for an increase in medical staff, because the work of the School Medical Officers has increased considerably during the last few years and as far as can be seen at present their work will continue to increase.

CO-OPERATION AND CO-ORDINATION

The excellent co-operation of the Head Teachers mentioned in last year's report has not only continued but has spread and increased. It is a great pleasure to know that the School Doctors and the Teachers are working in such close harmony to the benefit of the children and especially the Handicapped Children.

Many voluntary bodies such as the National Society for the Prevention of Cruelty to Children, the British Red Cross Society and the Cornwall County Association for the Blind give great assistance to the school health service, and thanks are due to them for their willing co-operation.

There is increasing co-operation between the Family Doctors and the school health service to the great advantage of the children. Most General Practitioners realise that the School Health Service is complementary to the other Health Services and that true co-operation is the best way of obtaining good results in the prevention of disease.

The Specialists and Staff of the Hospitals are most helpful in forwarding information as envisaged in Ministry of Health Circular R.H.B. (50) 22, dated 7th March, 1950. If the matter of parental consent is dealt with by the Hospitals concerned, as recommended in this circular, the medical staff can be assured that the Patient—Doctor relationships cannot be effected.

Clinical Assistantships for School Medical Officers

As forecast in last year's report, the School Medical Officers were duly appointed as Honorary Clinical Assistants to the Children's and

General Medical Departments of the Hospitals in the West Cornwall, and the Plymouth, South Devon and East Cornwall Hospital Management Committees' areas.

This forward move in the integration of the Hospital Pædiatric Service and the School Health Service is of more than passing interest, for it is a step in the direction of a complete integration of the Pædiatric and School Health Services which will probably provide the best answer to the problems of the future of the Child Health Service in this County and in the country as a whole.

The introduction of this scheme was made possible only because the Regional Hospital Board and the Consultants concerned were sympathetic to it and gave every assistance and encouragement, without which it could not have been arranged, for there were many difficulties to overcome when applying the scheme to a rural county where the hospital facilities are scattered.

The arrangements made at the beginning of the year have continued and have proved to be satisfactory to all concerned, and have not caused interference with the normal work of the School Medical Officers or involved much travelling to and from hospital.

The School Medical Officers are attached to the hospital in, or nearest to, their areas and they attend at the equivalent of fortnightly intervals and it is probably because this is such a natural development in the service that it has been absorbed without difficulty and is giving every satisfaction to the School Medical Officers and is of very great assistance to them in their work.

CANTEENS

334 out of the 366 school departments receive school meals.

The number of kitchens at the beginning of 1954 was 156

“ “ “ “ “ end of 1954 was 162

The number of serveries at the beginning of 1954 was 109

“ “ “ “ “ end of 1954 was 114

The average number of meals served per day in January 1954 was 20,659 and this number increased to 21,187 by December 1954.

The arrangements made for the medical supervision of school canteens and staff have worked satisfactorily during the year. It is considered that no advantage would be gained by altering these arrangements as one of the most common causes of food poisoning in a canteen, is an acute infection in one of the food handlers, and no feasible method of routine examination could eradicate this cause.

It is gratifying to be able to report that in 1954 there were no outbreaks of Food Poisoning which could be attributed to the School Canteen Service.

MILK IN SCHOOLS

Of the 369 schools in the County 93.5% are receiving Pasteurised Milk, 5.4% Tuberculin Tested Milk, but 4 schools are receiving Ungraded Milk in spite of every effort to obtain supplies of Pasteurised or Tuberculin Tested Milk. These 4 schools are in isolated areas and as it has not been possible to obtain deliveries of Graded Milk, local sources of supply have had to be accepted.

The following Table shows the position at the end of the year:—

Grade of Milk	Bottled	Bulk	Total
Pasteurised	340	4	344
Tuberculin Tested	13	8	21
Ungraded	—	4	4
	—	—	—
No. of Schools	353	16	369
	—	—	—

From the above it will be seen that 353 schools are receiving milk in one-third pint bottles and 16 schools are receiving bulk milk which has to be served in beakers.

Practically all the suppliers have discarded the cardboard disc and now use metal caps overlapping the lip of the bottle and this has proved a much more hygienic method of sealing the bottles.

Seven samples of Ungraded Milk have been submitted for biological examination and the results have proved all samples to be free of tuberculosis.

Regular samples of the milk supplied to schools have been taken by the County Sanitary Officer for bacteriological examination and during the year 261 samples were taken with the following results:—

Grade of Milk	Satisfactory	Unsatisfactory	Total
Pasteurised	223	5	228
Tuberculin Tested	22	4	26
Ungraded Milk	6	1	7
	—	—	—
All grades	251	10	261
	—	—	—

Of the 5 samples of Pasteurised Milk that failed to pass the necessary tests, 3 failed on Methylene Blue (keeping quality) and 2 on

the Phosphatase Test (improperly pasteurised). No samples failed on both tests.

All unsatisfactory samples are investigated. In the case of Tuberculin Tested Milk, the County Milk Production Officer of the Ministry of Agriculture & Fisheries is notified and asked to investigate the conditions at the farm and methods of production. Other cases are investigated by the County Sanitary Officer.

During the year 242 samples of school milk were taken by the County Sanitary Officer and passed to the Chief Inspector of Food and Drugs for analysis. Of these samples 240 were found to be genuine and 2 slightly deficient in non-fatty solids. No action was considered to be necessary.

WATER SUPPLIES IN SCHOOLS.

The supervision of the water supplies at schools continued throughout the year by the County Sanitary Officer, and 284 samples were taken and submitted for examination.

Prior to the year 1954, it has been the practice to confine the sampling of water to those schools not supplied from public mains, but during 1954 samples of mains water supplied to schools have also been taken and submitted for examination. Of the 284 samples taken during the year, 237 were satisfactory and 47 unsatisfactory or doubtful. These unsatisfactory samples were taken from 37 schools. Included in these samples were 148 mains supplies of which 13 samples from 8 different sources of supply were unsatisfactory.

Of the 369 schools in the County, 261 schools are supplied with water from public mains supplies and 108 from local wells or shutes.

The results of the examination of all samples are furnished to the local Medical Officers of Health and the Secretary for Education is notified of unsatisfactory samples.

The quality of the water at the schools has again showed some improvement during the past 5 years as illustrated in the following Table:—

Year	Satisfactory	Unsatisfactory	Total
1954	237	47	284
1953	123	49	172
1952	105	70	175
1951	133	55	188
1950	95	66	161

The Education Department is kept acquainted with schemes of water supply carried out by the various local authorities with a view to schools being connected to mains supplies where this is practicable, and the following works or precautions have been, or are being, carried out:—

Connected to mains	...	...	...	6
Proposed to be connected to mains	...	...	...	29
Mains extended to wash-basins, etc.	...	...	...	3
Alternative sources of supply being sought	...	...	...	1
Wells repaired structurally	...	...	...	—
Pumps replaced	...	...	...	4
Pumps repaired	...	...	...	9
Collecting Chambers cleaned	...	...	...	8
Defective drains made good	...	...	...	4
Lead pipes replaced by more suitable pipes (Lead in water)	...	...	...	4
Sinking of new wells under consideration	...	...	...	—

SANITATION IN SCHOOLS

The Buildings and Sites Sub-Committee have continued their annual programmes and that for 1954/55 included the following:—

School	Improvement
Fowey C.P. Boys'	... Conversion of existing trough system to individual flushing
Shortlanesend C.P.	... Conversion from buckets to water carriage, with drainage to septic tank
Falmouth Cont. Junior Girls'	... Extension to existing sanitary offices
Mawgan-in-Pydar C.P.	... Conversion from buckets to water carriage, with drainage to septic tank
Charlestown C.P.	... Conversion of existing troughs to individual flushing
Connor Downs C.P.	... Conversion from buckets to water carriage, with drainage to septic tank
Tywardreath C.P.	... Conversion from troughs to individual flushing
Trewidland C.P.	... Conversion from pits to water carriage, with drainage to septic tank
Padstow C.P.	... Extension to urinals
Penzance Boys' Grammar	Additional lavatory accommodation
Newquay Grammar Girls'	Additional accommodation

In preparing these programmes the Sub-Committee are alive to the importance of linking their schools to mains water supplies as these become available. The assurance of an adequate supply of water causes the school at once to receive attention and enquiries are made immediately regarding sewerage. Where there is reason for hoping that a sewer may be available within a year or so it would obviously be unwise to proceed with a system involving the provision of a septic tank or filtration plant which would become redundant in a short space of time. In such cases, the Sub-Committee have deferred action and turned their attention to schools which will have to depend on a self-contained system for a long time to come.

HANDICAPPED PUPILS

In last year's report it was stated that in the interests of handicapped children they should remain at home with their parents wherever possible and attend a day school. It is very encouraging to know that such a policy may become generally acceptable as a result of the comments of the Chief Medical Officer of the Ministry of Education in his report for the years 1952 and 1953.

It would appear that if this policy regarding special schools was carried to its logical conclusion, it should include the category of E.S.N. children. One must admit that this is chiefly an educational problem, but the ascertainment of these children and the close contact with them and their parents is provided by the School Doctors, and they are in the best position to give a sound opinion on whether an E.S.N. child should be recommended for a special boarding school.

As special schools for E.S.N. children in a Rural County have to be almost exclusively boarding schools, and the E.S.N. child has unfortunately to be removed from its home surroundings, some scheme of remedial teaching is necessary if these children are to remain in their ordinary schools. We have the good fortune to have in Cornwall an Educational Psychologist (Mr. Collins) who has a sound and far-seeing attitude towards the problem of the backward child. His policy is that of personal contact with the teacher, parent and child and by special recommendations to the teacher in each case, he is able to assist many backward children to improve their places in school, and to enable them to keep up a sufficient standard of work so that they can be retained in their own schools without detriment to themselves or other children.

The advantage of this policy will be to keep more children in their own homes and local schools and to reduce the numbers of E.S.N.

places required in Special Boarding Schools, thus carrying out the policy stated by the Chief Medical Officer of the Ministry of Education in his report for 1952 and 1953 that "a child should never be removed from home unless there is no practicable alternative." It is of course realised that the most important factor is to have the willing co-operation of the teachers concerned, for without this the children would not gain any advantage.

This problem of the E.S.N. child is so important that the complete section on the subject in the Chief Medical Officer of the Ministry of Education's report is given below:—

" Educationally subnormal children constitute by far the largest group of handicapped children and, therefore, by reason of their number they present the biggest problem in the ordinary schools. It is important to differentiate between those who are backward because of an innate limitation of intelligence and those who are backward in educational attainments owing to causes which are not innate. The innately dull child requires education appropriate to his mental and not his chronological age, whereas the children in the other group require remedial education to assist them in reaching the level of their real intelligence. The two types of retardation may be co-existent.

Provided no behaviour problems are involved and provided the dullness is not of a very low level, educationally subnormal children can, at any rate in theory, be educated in ordinary schools, but the extent to which this can be done in practice depends on several factors. The large school can accept many of these children as normal admissions to its lowest stream, and has facilities which permit the formation of several groups for others, particularly for those requiring remedial teaching. In the smaller school the problem is much more difficult, since the internal organisation is less adaptable. The number of teachers or rooms may not permit the formation of satisfactory groups where the necessary individual instruction can be given. But where additional special staff and accommodation can be provided to enable the formation of groups, or smaller classes composed of groups, much can be done to meet this problem, even in the smaller schools.

Like other children, they should have, if possible, a normal environment in which to progress within their limitation. Their out-of-school activities can be fully shared with normal children; they can join in school gatherings, and they can participate in non-academic pursuits, thus gaining a sense of normality which helps to increase their well-being and happiness.

If a child falls below his intellectual level, investigation as to the reason should be made; this retardation may be due to some maladjustment which should be tackled by the child guidance service.

Before making their recommendations, school medical officers should consult the teachers, so as to find out whether it is practicable for the needs of each child to be met. If the facilities are not available, other arrangements must be made, but unless there are behaviour or home difficulties, no educationally sub-normal child should be sent to a special school if it is at all possible for him to go to an ordinary school, even if only for a period of trial. Wise handling may turn a trial into a permanency."

The number of children who were in Special Schools catering for their specific defect in December 1954, and the number of pupils who were awaiting places in such schools in December 1954, 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 ...	13
Number awaiting a vacancy in a special school	0

(2) Partially Sighted Pupils

Number of these pupils in a special school ...	7
Number awaiting a vacancy in a special school	2
Number receiving Special Educational Treatment in an ordinary school	4

(3) Deaf Pupils

Number of these pupils in a special school ...	28
Number awaiting a vacancy in a special school	2

(4) Partially Deaf Pupils

Number of these pupils in a special school ...	5
Number awaiting a vacancy in a special school	3
Number receiving Special Educational Treatment in an ordinary school	15

(5) Delicate Pupils

Number of these pupils in a special school ...	4
Number awaiting a vacancy in a special school	2
Number receiving Special Educational Treatment in an ordinary school	23

(6) Educationally Sub-normal Pupils

Number of these pupils in a special school ...	78
Number awaiting a vacancy in a special school	100
Number recommended for Special Educational Treatment in an ordinary school ...	139

(7) Epileptic Pupils

Number of these pupils in a special school ...	4
Number awaiting a vacancy in a special school	1
Number receiving Special Educational Treatment in an ordinary school ...	9

(8) Maladjusted Pupils

Number of these pupils in a special school ...	1
Number awaiting a vacancy in a special school	0
Number receiving special treatment and attending an ordinary school	122

(9) Physically Handicapped Pupils

Number of these pupils in a special school ...	8
Number awaiting a vacancy in a special school	5
Number receiving Special Educational Treatment in an ordinary school ...	58

(10) 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	198

Home Tuition

There are a number of children including a few waiting to enter special schools, who on medical grounds are not able to attend an ordinary school and are recommended for Home Tuition. There are also a number of children in the smaller hospitals who receive home tuition and this has been made possible by a standing arrangement whereby the Almoner informs the school health service when there is a child whose medical condition and length of stay in hospital makes such a provision desirable.

This service has been of the utmost value to these children who otherwise would receive no education, but apart from the educational

results it is known that these children are happier and more contented. At the end of the year, 38 children were receiving Home Tuition.

Children Notified to the Mental Health Sub-Committee

Number of children notified in 1954 to the Mental Health Sub-Committee as ineducable and therefore excluded from school (Education Act, 1944, Sect. 57 (3)) ...	26
Number of children notified in 1954 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 1954 to the Mental Health Sub-Committee as requiring supervision on leaving school, or special school (Education Act, 1944, Sect. 57 (5)) ...	23

Numbers of Children in Special Schools during all or some part of 1954

Educationally Sub-normal

Clyffe House School, Tinkleton, Dorchester ...	2
Pencalenick School, Truro ...	73
Farney Close School, Bolney Court, Bolney	1
Withycombe House School, Devon ...	4
Allerton Priory R.C. School, Liverpool ...	1
Bradfield School, Cullompton, Devon ...	1
St. Francis Residential School, Birmingham	1
Great Stony School, Chipping Ongar, Essex	4
Kingsmead School, Hertford ...	1
St. Christopher's School, Bristol ...	1
Sidestrand Hall School, Cromer ...	1
The Mount School, Chepstow, Mon. ...	1
Townhill Park School, West End, Southampton	1

Delicate

Meath Home School of Recovery, Ottershaw Surrey ...	1
Staplefield Place School, Handcross, Sussex ...	1
Oak Bank Open Air School, Seal, Kent ...	1
Shaftesbury House, Rustington, Sussex ...	1
Palingswick House, London ...	1
St. Catherine's Home, Ventnor, I.O.W. ...	1
Burrow Hill Open Air School, Frimley, Surrey	1

Blind and Partially Sighted

West of England School for the Partially Sighted, Exeter	...	...	...	6
Court Grange Sunshine Home, Newton Abbot				1
Royal School of Industry for the Blind, Bristol				8
Royal College of Music, London	...	...		1
Chorleywood College, Herts.	...	...		2
Worcester College for the Blind	...	...		1
Royal Normal College, Shrewsbury	...	...		2

Deaf and Partially Deaf

Royal West of England Residential School for the Deaf, Exeter	...	...	...	24
The Mount Deaf School, Stoke-on-Trent	...			4
The Lawns House School, Farnley, Leeds	...			5
Royal School for the Deaf, Margate	...	...		2
Hamilton Lodge School, Brighton	...	...		1
Hartley House Day Deaf School, Plymouth	...			1

Epileptic

Sheiling Curative Schools, Thornbury House, Thornbury, Gos.	...	...	...	1
Lingfield Colony School, Surrey	...	...		3

Maladjusted

Salesian School, Longhope, Gos.	...	...		1
Sutcliffe School, Winsley, Wilts.	...	...		2
Crownwell Hostel, Shaldon, Devon	...	...		1
Caldecott Community, Ashford, Kent	...			1
The Gables Hostel, Cullompton, Devon	...			1

Physically Handicapped

Queen Elizabeth's Training College, Leatherhead, Surrey	...	...	...	1
Dame Hannah Rogers School, Ivybridge	...			3
St. Christopher's School, Bristol	...	...		1
St. Loyes College, Exeter	...	...	...	3
Exhall Grange School, Coventry	...	...		2
Whiteness Manor School, Kent	...	*	...	1

HOSPITAL SPECIAL SCHOOLS

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

At Tehidy Sanatorium	...	...	...	41
At the Royal Cornwall Infirmary	...	...	...	105

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 Special School, Bristol	5
Tone Vale Hospital Special School, nr. Taunton	2
Guy's Hospital Special School, London ...	1
Princess Elizabeth Orthopædic Hospital Special School, Devon	1
Marlborough Children's Convalescent Hospital Special School	1
Sully Hospital Special School	1
Oak Bank Open Air School	1
Paybody Hospital Special School	1
Lord Mayor Treloar Hospital Special School Alton	1
Great Ormond Street Hospital Special School London	1
Royal National Orthopædic Hospital Special School Middlesex	1
St. Vincent's Orthopædic Hospital Special School, Pinner, Middlesex	1

RESIDENTIAL BOARDING HOMES FOR MALADJUSTED BOYS

The children from Trevenson Home, Camborne for maladjusted boys of all ages were transferred to new premises on 26th November, 1954. These boys are now accommodated at Endsleigh House, Camborne where there are places for 17 such children.

CHILD GUIDANCE CLINICS

The following is a list of these clinics:—

Clinic	Address	Frequency
Camborne	Community Centre	weekly
Hayle	Health Clinic	weekly
St. Austell	Health Clinic	weekly

As it is impossible for our own Child Guidance Team to cover the whole county, children from the South East part of the county attend the Child Guidance Clinic in Plymouth. Thanks are due to the Plymouth Authority for their co-operation in this matter and for the excellent work they have done.

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

“Staff

Child Guidance staff consists of the Social Worker, the Psychologist and the Psychiatrist.

The Psychiatrist however devotes fifty per cent of his time as County Psychiatrist to general Mental Health purposes. As clinical time devoted by the Psychiatrist to Child Guidance is limited, the psychiatric treatment of cases must necessarily be restricted.

Statistics of Numbers of Cases

Number of cases seen during 1954	...	...	...	...	336
Number of new cases seen	...	...	...	...	217
Number of cases brought forward or re-referred (109 brought forward, 10 re-referrals)	...	...	...	...	119
Number of new cases referred but not yet seen	...	...	...	...	20

Sources of Cases

School Health Service	...	...	...	...	147
Family Doctors	...	...	...	...	37
Teachers	...	...	...	...	37
Probation Officers	...	...	...	...	36
Children's Department	...	...	...	...	23
Hospitals	...	...	...	...	21
Parents	...	...	...	...	19
Education Department	...	...	...	...	12
Speech Therapist	...	...	...	...	4

Conditions for which advice sought

Personality and Behaviour Disorders	...	...	...	...	131
Educational and Vocational Difficulties	...	...	...	...	70
Disorders Manifesting in Dysfunction of Organs	...	...	...	...	53
Special Examinations	...	...	...	...	82

The increase in the number of new referrals noted in past reports has still continued. In 1953 the figure was 190, this year 217.

Owing to limited staffing, it is not possible to treat large numbers of cases by means other than advice; but a follow-up of co-operation between the schools and the Educational Psychologist has been developed to enable educational treatment to be supervised in the schools. In this manner 122 cases are at present being kept under observation.

The Record System introduced in 1953 is giving significant data indicating the type of cases referred for treatment. For purposes of

comparison the figures for this year are given below alongside those for 1953.

	1953	1954
Sex of Cases		
Male	240	216
Female	106	120
Ages of Children		
Under 5 years	13	19
5 to 7 years	64	57
8 to 11 years	130	130
12 to 15 years	109	116
Over 15 years	30	14
Intelligence		
Feeble-minded and Educationally Sub-normal	62	37
Borderline	27	44
Dull	65	107
Normal	166	125
Superior	26	23
Environmental Conditions		
Normal	93	84
Abnormal:—		
(a) Psychological stress present in the home	128	143
(b) Broken Homes:—		
Adoptive parents	11	10
Foster parents	14	11
One parent only at home	46	43
Children's Homes	36	32
(c) Material standards inadequate	18	13

A review of these figures suggests that although the group seen this year may be slightly duller than the corresponding group for 1953, other variations are random. The Child Guidance population consists of approximately two boys for each girl: the average age of referral is approximately 10 years, and the average intelligence I.Q. 90.

The environmental backgrounds are not inferior physically or economically to the general population, but are dramatically inferior in emotional atmosphere.

Normal environmental conditions obtained in only 27 per cent of cases in 1953, and 25 per cent of cases in 1954. This validates psycholo-

gical opinion that the emotional climate of the home is far reaching in its effects upon child behaviour and school learning. It points to the need for some plan to improve the psychological knowledge of all workers with parents. Child Guidance is a part of community guidance in mental hygiene.

The age of referral is not unsatisfactory on the average (10 years) but many cases, educational and psychiatric, are still referred at a stage when it is too late to give adequate assistance owing to the damage caused by premature stimulation and disturbances in the early years.

Response of Cases to Treatment

It is still premature (statistical analysis of Child Guidance material is in its infancy) to give data on the responses of cases to treatment. Any citation of immediate changes in behaviour may be inaccurate, as parents and children may soon slip back into former habits. Accurate data will accumulate from follow-up procedures. An example of help given by team-teacher co-operation follows:—

William, a boy of eight years, was referred because of backwardness and aggressive behaviour. Examination showed him to be dull (I.Q. 80), illiterate and emotionally disturbed due to home attitudes and restrictive discipline.

The mother was not co-operative and a home visit revealed that little change could be effected, because of the unwise direction of the maternal grandmother. She dominated the mother, insisting on fastidious cleanliness and quiet. In fact her domination was producing the frustration in the parents which led to them "taking it out on the boy."

Contact with the school and full discussion with the Head Teacher led to adjustments there which improved his behaviour and level of work. The success experienced reduced tension in the home, and he became quieter as the increased scope for his activity in school reduced his motor tension. The Head went further than this, he made tactful contact with the father and in this way the home received support.

The importance of field work which links Child Guidance and schools co-operatively hardly needs stressing. A valuable training is given to teachers in the handling of emotional problems, and other children are helped in various ways.

General Observations

It cannot be too strongly emphasised that in the field of mental

health, prevention is not only better but simpler than cure and that Guidance is not a panacea for harmful social influences. For example, if a child has been deprived of affection in infancy, stealing will often occur at puberty. Where there is incompatibility between the parents or persisting tension in the home, the child again is bound to suffer. The damage to the child in all these cases may be as irreparable as would be the lack of essential nutritive material in the ante-natal months to the newborn infant. The chief contribution of Guidance lies in educating parents in the management of the first five years of the child's life.

We know now that the child's behaviour is conditioned by its own insight or understanding. Insight is a property of the child's own nerve-muscle organisation and it grows with the growth of that organisation. The child is equipped with this nerve-muscle organisation at birth and given the right conditions of stimulation, the child is able to regulate all its own bodily processes to initiate, direct and terminate all its own activities; govern and discipline itself. In the last analysis, the child is its own teacher.

Endsleigh House Boarding Home for Maladjusted Boys

During the year, the numbers of boys in the Home has varied between 16 and 21. The establishment was transferred from Trevenson to the new premises, Endsleigh House, Camborne in November. The immediate response of the children to the new premises is most favourable. With the improvement in amenities, it is hoped that more opportunities can be given to the children to express themselves in free activities. The Boarding Home is proving itself in every way an integral and very necessary part of the Child Guidance Service.

Educational Guidance

In addition to his work in the Child Guidance team, the Educational Psychologist is gradually inaugurating a service of guidance for teachers. Talks have been given to parents and teachers throughout the year, and duplicated sheets of books, word lists and aids for the backward are issued. This is a first step in a programme of help to the retarded child in normal schools.

The improvement of Reading ability reported last year, in a sample of the Child Guidance cases who were educationally backward, has again been shown to have taken place in cases for 1954. The group of cases seeking advice because of educational difficulties, with an average age of 11:2, I.Q. 76, Mental Age 8:6; improved during an eight month period of follow-up by 1 year, 2 months of Reading ability. At the

time of the last testing, the Reading Age was 7 years 9 months. This is a rapid reduction in retardation after intervention by guidance.

There is little doubt that a concerted effort in the field of educational guidance, the formation of remedial classes, advice to teachers, parents and where necessary family doctors and other persons interested in the wellbeing of the child, would greatly reduce the need for special school residential placement. Such places would only be required by the physically handicapped (including sensory disabilities), the maladjusted and the child deprived of normal home background by poverty or depravity.

It is hoped that this work now starting will have an opportunity to develop."

MINOR AILMENT CLINICS

The following is a list of these clinics at the end of 1954:—

Clinic	Address	Frequency
Calstock	Delaware Secondary Modern School	2 a week
Falmouth	Health Clinic	Daily
Hayle	Health Clinic	2 a week
Mousehole	Mousehole C.P. School	as required
Penryn	Stuart Stephen Memorial Hall	3 a week
Penzance	Health Clinic	3 a week
Torpoint	Health Clinic	1 a week
Truro	Health Clinic	Daily
Wadebridge	Health Area Office	2 a week

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

Clinic	No. of individual children seen	No. of attendances made during year
Calstock	26	48
Falmouth	86	406
Hayle	0	0
Mousehole	0	0
Penryn	344	695
Penzance	100	461
St. Just	0	0 (closed 8/2/54)
Torpoint	0	0
Truro	61	230
Wadebridge	10	38
	<hr/>	<hr/>
	627	1,878
	<hr/>	<hr/>

Number of sessions held during the year	...	...	...	646
Types of new cases seen:				
Ringworm—Scalp	...	...	...	0
Body	...	...	...	4
Scabies	...	...	...	0
Impetigo	...	...	...	13
Other skin diseases	...	...	...	2
Minor Eye Condition	...	...	...	28
Minor Ear Condition	...	...	...	6
Miscellaneous—Minor injuries, bruises, sores chilblains, etc.	...	...	...	508
				<hr/> 561 <hr/>
Number of children cleansed	...	...	...	66

It has been necessary to close another clinic during the year through lack of attendance. Only 9 clinics were still open at the end of 1954 and it is expected that a further 2 clinics will have to be closed early in 1955 for a similar reason. However, no clinic will be closed while it is serving a useful purpose.

The reason for the continued fall in the attendances at these clinics is composite—partly due to the working of the National Health Service and partly due to the improved resistance of children to minor infections. The clinics which have been closed could not be used by the School Medical Officers for examining special cases or for any other purpose connected with the School Health Service.

SPEECH CLINICS

The following is a list of the clinics:—

Clinic	Address	Frequency
Bodmin	Centenary Church Schoolroom	weekly
Bude	The Castle Clinic	weekly
Camborne	Community Centre	weekly
Falmouth	Health Clinic	weekly
Helston	Meneage House	weekly
Launceston	Health Clinic	weekly
Liskeard	Health Clinic	weekly
Penzance	Health Clinic	weekly
Saltash	The Dental Centre	weekly
St. Austell	Health Clinic	weekly
Truro	County Hall	weekly
Wadebridge	Health Clinic	weekly

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

Miss G. O. Fell, the Speech Therapist for East Cornwall reports as follows:—

“A new clinic was started at Saltash during the year. This was primarily to save a number of children having to travel great distances to other clinics. The transport involved was considerable before the opening of this new clinic and now new local patients are also attending in that area.”

Miss H. J. Richards, the Speech Therapist for West Cornwall reports as follows:—

“During the past year, there has been a steady increase in the number of children attending the Speech Clinics, but so far it has been possible to avoid a waiting list. Regularity in attendance has improved and this has greatly facilitated treatment.

In the case of articulatory disorders, it has been found beneficial to treat the children weekly for a period of three months, and then to keep them under observation for a similar period, at the end of which time the speech is normal, in most cases. Where there is still some defect, the child is re-admitted for a further period of treatment.

Parents and Teachers have been most co-operative and those children attending the clinic direct from school arrive promptly and regularly.”

Record of numbers of cases treated

Number of children receiving treatment at the end of the year	...	...	...	...	198
Number of children discharged during the year	...				94
Of those discharged:—					
Speech normal or improved	...	...	...	...	56
Other reasons—lack of attendance, etc.	...				38
Number of attendances by cases during the year	...				3,525

Types of Speech Defects and Disorders being dealt with at the end of the year

Stammer	...	...	...	...	66
Defects of articulation—e.g., Dyslalia	...			...	101
Multiple defects—e.g. Cleft Palate	...			...	7
Other cases	...	...	...	...	24
					—
					198
					—

DENTAL CLINICS

The following is a list of these clinics together with the frequency with which they are visited by the dental officers:—

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

Mr. A. H. Millett, the Principal School Dental Officer reports as follows:—

“The Staffing position and vacancies in the establishment

The staffing position at the end of 1954 shows a slight improvement over the previous year and stands at 1 Principal School Dental Officer and 8 full time dental officers together with 2 part time dental officers attending for 2 sessions and 4 sessions per week respectively. This gives a total of 9 6/11 officers and as the total approved establishment is 12 officers, it will be noted that the service has been 2½ officers under strength. When considering these figures it must be borne in mind that this staff devotes approximately $\frac{1}{16}$ of its time to the treatment of the priority classes under Section 22 of the National Health Service Act, 1946. This reduces the effective strength available to the school population to a figure of under 9 officers. The average number, therefore, of children allocated to each dental officer is just over 5,000, a figure which is obviously far too high to render an adequate

service to each child. In practice the actual allocation of school child population to each officer varies from 3,500 in one area to 7,500 in another.

Towards the end of the year it became possible to advertise the vacant appointments. As a result of these advertisements it proved possible to appoint only one suitable officer, who commenced duty in November on a part time basis.

In April an oral hygienist was appointed to the staff to carry out scaling and polishing and to give instruction in oral hygiene and correct eating habits. Her branch of dentistry is one that is liked and generally appreciated by the children and it is unusual for a child once having been made tooth conscious not to take a continued interest in maintaining good oral health. Valuable work in dental health education has been accomplished by giving group talks and individual instruction to the children. As the oral hygienist must work under the immediate supervision of a dental officer, the number of clinics within the county in which she can work is necessarily limited. At present her operative work is limited to the Truro, St. Austell and Redruth Clinics, these being the only clinics with two surgeries. Next year it is hoped to bring into use second surgeries at the Falmouth Clinic and at the new clinic at Penzance which is expected to be completed towards the end of the year.

The majority of the hygienist's time is spent on school children, the remainder being devoted to treatment for expectant and nursing mothers and pre-school children.

Set out below is a record of the work undertaken for school children since her appointment.

Number of pupils treated	...	...	...	519
Number of pupils for whom treatment completed	...	...	...	474
Attendances made by pupils for treatment	...	...	...	864
Number of scaling treatments	...	...	...	374
Number of polishing treatments	...	...	...	826
Dental health education group talks	...	...	...	10 hours
Dental health education individual instruction *	...	...	...	93 hours

Dental Clinics and Equipment

A review of the improvement in clinic facilities during the last 8 years gives some indication of the vast strides that the school dental service has made in Cornwall. This advance is due in no small measure to the efforts of my predecessor, Mr. Batten, who, during his term of

office as Principal School Dental Officer, saw an increase in the number of fixed clinics from 2 in 1946 to 18 in 1953. This is a remarkable advance and one of which the County Council may feel justly proud. This great improvement in operating conditions brings with it the advantages of an increase in the quality of work given to each child and to the fuller use of general anæsthesia for multiple extraction cases. In addition, the psychological advantage which modern and attractive surroundings have upon a patient must not be forgotten.

Of the 18 permanent clinics in use, 7 are furnished to unit standard, the remaining 11 being equipped with electric engines, main service spittoons and shadowless operating lamps. In this connection it is appropriate to note the observations of the Chief Medical Officer to the Ministry of Education in his report on "The Health of the School Child" for the years 1952 and 1953 when he states, 'In general, the standard of new dental equipment provided by local education authorities has shown a tendency to improve in recent years. First class equipment is an important factor in the development of a good service; apart from its immediate value as an aid to efficiency, it increases the prestige of the service in the eyes of patients, parents and the public generally, and can have a material influence on the attitude of potential applicants for school dental posts.'

During the year one portable X-ray machine was purchased for the North Eastern part of the County. Based on Launceston, it covers in addition, the Camelford and Delabole Clinics. This brings the total of X-ray units in the school dental service to 7, leaving two areas in which radiographic facilities are not readily available. It is hoped that these areas will be covered in the future by the purchase of two additional portable type machines. Radiographic information is an extremely important diagnostic aid for routine dental treatment and is indispensable where orthodontic treatment is undertaken.

In August the Launceston Clinic was moved from premises at Castle Green to the new Health Area Office. The dental suite at this centre now consists of a well proportioned dental surgery furnished to unit standard together with a large recovery room and a small combined workshop and dark room.

The provision of permanent clinics has enabled the large majority of treatment to be undertaken under ideal conditions in these centres. The children from outlying schools, who have difficulty in reaching the clinic by public transport, being brought to the clinic by ambulance. A small amount of treatment has been undertaken on school premises in those instances where the public transport situation was so difficult

that it would have placed excessive demands on the ambulance service. It is possible that it will not be necessary to carry out treatment in schools next year when a further fixed clinic in St. Ives is brought into use and when it is hoped to purchase a mobile dental clinic to cover those areas which are not conveniently served by the present fixed clinics.

Dental Laboratory

The staff of the laboratory was reduced at the end of August by one technician being called up for service with Her Majesty's Forces. It is expected that a replacement will be obtained early in the new year, by the appointment of an apprentice. The present strength of the laboratory staff is one senior technician-in-charge and one 4th year apprentice. A high standard of work is produced and an efficient service is rendered to the dental officers and their patients by technicians working in a well equipped, light and attractive laboratory. The whole of the prosthetic work for the County Council Service is carried out in this central laboratory with approximately 38% of the technicians' time being devoted to the maternity and child welfare service of the County Council.

In a small number of cases a chrome-cobalt alloy is used for partial denture construction or fixed appliance work. This alloy is extremely hard, reasonably light, inert to mouth fluids and comparatively inexpensive. It is therefore a material which has certain advantages in mechanical dentistry but the production time for such an appliance is necessarily much higher than for an acrylic denture.

Indicated below is the volume of work carried out for school children by the laboratory during the year.

Full dentures	...	...	...	...	4
Partial dentures—plastic	...	...	...	...	103
Partial dentures—chrome-cobalt alloy	...	...	...	...	9
Orthodontic appliances	...	...	...	...	229
Orthodontic appliances—alloy	...	...	...	...	8
Crowns and inlays	...	...	...	...	8
Repairs to appliances	...	...	...	...	23
Record models (orthodontic)	...	...	...	...	440

Course of instruction for dental technicians

The Education Committee runs a course for those technicians wishing to take the intermediate and final examinations of the City and Guilds of London Institute in dental technology. This course is

run in conjunction with the Trevenson Technical College, where the intermediate pupils attend for lectures in chemistry and physics. Instruction in the theory of dental mechanics, the properties of dental materials and practical dental mechanics is given at the laboratory by the Senior Technician-in-charge. One day per week is allocated to teaching duties during normal working hours plus in addition one evening session of 3 hours per week. The results of the intermediate and final examinations held this year were:—

Examination	Number of Candidates	Passes	Degree of Pass	% of Passes
Intermediate	5	3	2nd class	60%
Final	6	2	2nd class	33%

This pass rate compares favourably with the pass rate for the whole country which was:—

Intermediate	52%
Final	21%

Dental Health Education

Valuable work in educating children in the importance of mouth cleanliness and correct eating habits has been carried out by dental officers and the oral hygienist. The opportunity arose during the year of speaking to two large gatherings of children at Saturday morning cinema performances which included a colour film on the care of the teeth. The time taken for talks of this nature is small in comparison to the potential good which is achieved, when bearing in mind that approximately 2,000 children of all ages were assembled at these two performances. Use has been made of some of the excellent posters and film strips produced by the Dental Board of the United Kingdom, and by the Ministry of Health concerning the care of teeth. The observations contained in the 'Health of the School Child' for 1952 and 1953 are of considerable interest in this respect:—

'The increase of dental caries in school children, as shown by the Ministry's 1953 survey, indicates the importance of, and need for, dental health education. It seems that substantial benefit might follow a realisation by children and their parents of the importance of diet in relation to tooth decay. To change the food habits of the population has appeared to some so formidable a task as scarcely to be worth attempting but, given sufficient time, the attitude of the public might well be influenced to a worth while extent If full use were made of all

available media of health education, including television and its great potentialities, in a campaign against the unrestricted consumption of sweet, sticky foods and the indulgence in sweets and the like between meals, there might eventually be a considerable reduction in caries incidence.'

Orthodontic Treatment

The treatment of abnormalities of the jaws and irregularly placed teeth continues to be a service which is popular with children and parents alike. In these circumstances and in view of the fact that the bulk of a dental officer's time must be allocated to the more fundamental and important operative work of fillings and extractions, it is necessary to introduce some measure of restriction of the offer to orthodontic cases. Methods of selection are based mainly on the estimated co-operation of the child and parent during treatment, the degree of severity of the abnormality and its effect upon general health, if any, evidence of good oral hygiene and the psychological and aesthetic advantage to the child of the corrected irregularity in tooth or jaw relationship.

The total number of orthodontic patients treated during the year amounted to 312 cases, 140 of which were new cases, whilst 100 cases were completed. Treatment carried out for these children necessitated the construction of 440 study models and 237 orthodontic plates, the large majority of which were removable appliances.

Statistical Observation and Interpretation

There is a school population of approximately 46,000 children in Cornwall and of this number it proved possible to inspect a total of 27,447 only, i.e., 59%. The incidence of dental disease amongst those inspected amounted to 72%. It is encouraging to be able to report an all round increase in the volume of treatment carried out compared with 1953. The total treatment sessions worked were 3,467 compared with 3,495 last year, whilst 305 sessions were devoted to routine inspection at school as against 288 in 1953. Whilst the aggregate total of sessions therefore differs only slightly from the previous year, the volume of operative treatment has increased to the extent of 2,599 fillings, 1,331 extractions and 2,189 other operations. Out of a total of 4,692 other operations on temporary teeth, 4,537 were applications of silver nitrate in order to retain these teeth for their maximum possible life. The increase in the total of extractions over last year is accounted for by the appreciable increase in the number of administrations of general anæsthetics which amounted to 530 compared with

323 cases in 1953. Nitrous Oxide anaesthesia has the great advantage of enabling the operator, in the large majority of cases, to complete all extractions at one visit. This consideration is of great assistance to patients in a rural area where public transport service is often very infrequent and where it is therefore desirable to complete a course of treatment in the minimum number of visits.

Reference to the statistical table shows that an average of 6.2 patients, 3 of which were new cases, were treated each session. The treatment given, averaged 5.4 fillings, 2.8 extractions and 4.1 other operations for each session. The corresponding figures per session for 1953 were 5.5 treated, 3.1 of which were new cases and treatment carried out was 4.7 fillings, 2.5 extractions and 3.5 other operations.

The progress, development and efficiency of a dental scheme is normally reflected in the ratio of permanent teeth filled, to permanent teeth extracted. This year the number of permanent teeth saved was 13,113. Of the 2,101 permanent teeth extracted, 111 are discounted as being removed solely for orthodontic reasons, thus producing a final ratio of 6.5 to 1. This figure admits no cause for complacency, but given the opportunity of improving the staffing position to its fullest extent, it should prove possible to increase this ratio substantially and thereby offer a more complete service to the school children of Cornwall."

OPHTHALMIC CLINICS

School children are referred to special children's clinics which are provided and administered by the Hospital Management Committee. 2,319 children were referred to these clinics during 1954.

Treatment of Strabismus (Squint)

During the year, 355 cases of squint in school children were found at routine medical inspections to be either undergoing or requiring treatment. This gives a percentage of 1.7 of the children examined during the year, compared with 1.6% and 1.7% for the years 1953 and 1952 respectively. These figures only show the number of squints in the combined age groups examined.

A more useful index of the position is given below by showing the incidence of squint in new entrants to the infant schools. It is hoped that these figures will give a more accurate picture of the success or otherwise of the scheme started in the middle of 1951 for the detection and treatment of squint at the earliest possible age.

Infant Schools		
	Number of children Inspected	% found to be suffering from squints
1951	1,796	2.5%
1952	2,219	2.8%
1953	2,374	2.2%
1954	2,588	2.1%

Although representing only a part of the new entrants to schools, it would appear from these figures that some progress is being made by the early treatment of squint in the pre-school child. It will be interesting to follow these figures in future years.

Amblyopia

269 children of school age in Cornwall are known to be suffering from amblyopia. 859 new eye cases were seen at the clinics during the year and 22 of them were found to be amblyopic.

ORTHOPAEDIC CLINICS

School children are referred to these clinics which are the responsibility of the Regional Hospital Board. The orthopaedic specialists continue to send a copy of their reports for new cases and also send further reports where necessary. These reports are of great value to the School Medical Officers when following up children as "specials."

EAR NOSE AND THROAT CLINICS

School children continue to be referred to these clinics which are the responsibility of the Regional Hospital Board. The number of cases of Tonsillectomy reported during the year was 325. Copies of the specialists' reports furnished to the General Practitioners are sent to us and are found to be most useful.

The pure tone Audiometer purchased in January 1954 has been of great value in assessing the degree of deafness in many children, and as expected, the children are more co-operative when examined in their own schools and so more accurate assessments can be made.

One of the chief difficulties arising from the improved knowledge of deafness in young children is the need to assess the hearing in mentally retarded children. To ascertain the proportionate degree of each of these defects is an almost insuperable difficulty but a way out of this is appearing in the special work of Dr. L. Minski, the Physician Superintendent of Belmont Hospital in Surrey and it is hoped that

he will agree to see any of these most difficult cases if the necessity arises.

CLEANLINESS.

Approximately half the Primary Schools in the county are always without a case of infestation so cleanliness inspections are carried out at these schools twice a term; the other Primary Schools are inspected once a month. Secondary Schools are inspected once a term. All cases of infestation found are "followed up" by the School Nurses.

Where the mother is unable to cleanse her child, the School Nurse is usually able to do so with the mother's permission, either at home or in the school clinic. It is felt that the best place to do this is in the home, so that the mother can be shown the correct method of dealing with the infestation. In cases where there is no co-operation from the parents, compulsory cleansing has to be done and during the year, 21 such orders were made.

The number of individual children found to be unclean during the year was 801 which is approximately 1.7% of the school population. The following table shows the incidence since 1950:—

	School Population	No. of children found to be unclean	%
1950	42,716	1,686	3.9%
1951	42,196	1,346	3.2%
1952	43,407	1,319	3.0%
1953	45,163	1,148	2.5%
1954	45,914	801	1.7%

The District Councils are co-operating well with the School Health Service in this problem and a report on some interesting work carried out in the last 2 years is given below by the Medical Officer of Health concerned:—

"The following table shows quite clearly the improvement effected among school children by the work of the school nurses in the past 2 years.

	Number of head infestations		
	Falmouth	Penryn	Truro
Termly average 1953	66	20	115
First term 1954	34	20	71
Second term 1954	12	6	19
Third term 1954	10	2	5

It has never been necessary to take action in Court against families under Section 85, Public Health Act 1936, but the fact that the Local Authorities have given their Health Committees power to take such action if necessary has been successfully used as an argument in two or three recalcitrant families."

The results shown above are a great credit to the School Nurses concerned and emphasise that the whole problem of infestation is dependent for its success on the skill, tact, and hard work of the School Nurses.

INFECTIOUS DISEASES

Disease	Cases notified	
	1953	1954
Scarlet Fever ...	236	162
Whooping Cough ...	1,297	1,304
Diphtheria ...	9	—
Measles ...	6,391	551

10 cases of Poliomyelitis (Infantile Paralysis) occurred during the year, 3 of whom were school children, compared with 30 cases in 1953 of whom 13 were school children.

PROTECTION OF CHILDREN FROM TUBERCULOSIS

(a) **The Tuberculin-Testing of School Entrants, followed by careful examination of those found positive and of their contacts.**

The environment of the child in his pre-school years is largely his home and immediate surroundings. Consequently tuberculin conversion at this age is likely to be the result of infection in the home. The value of a tuberculin test at school entry is, therefore a pointer to an unknown open case in the household.

The application of this method in rural areas has two drawbacks: (1) It may be impossible to persuade the contacts to attend the chest clinic, the visit involving perhaps a 20 mile bus journey and the loss of a day's work; (2) Untreated milk is often the cause of tuberculin conversion.

Despite these difficulties, it was felt that the method should be tried. Penzance was chosen as a pilot area and during 1954 all children entering Infants' Schools in the town, where parents consented, were given a Tuberculin Jelly Test. Flour paper was at first used, but later discontinued owing to the severity of one or two of the

reactions. In all, 160 infants were tested, 6 of whom were positive. The home contacts of these six children were followed up and two previously unknown open cases of Pulmonary Tuberculosis were found. It is hoped, during 1955, to carry out Tuberculin Jelly Tests on school entrants at all urban schools throughout the County.

(b) The X-Ray Examination of School Leavers

Miniature Radiography Examinations of children in their 14th year, carried out as part of the final routine medical examination, were introduced as a pilot scheme at St. Just in 1951 and extended in 1953 to cover approximately one third of the County. In 1954, all schools in the County had the benefit of the examination, the work being linked with B.C.G. Vaccination. The Mass Radiography Unit visited some twelve centres, to which the children were conveyed by bus. Children who remain at school are again passed through the Unit in their 16th year.

In 1954, 5,700 children passed through the Mass Radiography Unit, for the most part these were children in their 14th year, but a small number of older children were included. Five active Pulmonary Lesions were discovered, two observation cases and 23 inactive primary lesions. In addition, 6 children with other lung conditions, 6 with cardiovascular lesions and 13 with bony abnormalities were found.

(c) The examination of contacts of teachers and pupils found to have the disease.

During 1954, two open cases of Pulmonary Tuberculosis, a school master and a child, were picked up by Mass Miniature Radiography. All contacts of these two cases were X-rayed with satisfactory results.

(d) The B.C.G. Vaccination of contacts, and the recently introduced extension of vaccination to school leavers in the County.

B.C.G. Vaccination has been offered to the tuberculin negative contacts of teachers and pupils found to have tuberculosis. This work is carried out at the routine Chest Contact Clinics.

B.C.G. Vaccination has also been offered to all tuberculin negative school children throughout the County who are in their 14th year. The responses have been encouraging, some 88% of parents accepting this protection. A summary of the results is given below.

Mantoux Test 10 I.U. P.P.D.	Tuberculin Negative	% Tuberculin Negative	B.C.G. Vaccinated
2,597	2,058	80%	2,005

(e) **The compulsory X-ray examination of teachers before they enter teaching posts in Cornwall**

In addition to the routine medical examination, an X-ray examination of the chest is compulsory for all teachers transferring to Cornwall. During 1954, 138 teachers were examined in this way.

(f) **The periodic X-ray examination of teachers and others who work with school children**

Every attempt is made to persuade teachers to take advantage of the Mass Radiography Unit when it visits their area, but the result is not satisfactory. In consequence, one of the most dangerous possible sources of infection is allowed to slip through the net. An X-ray examination of all teachers under the age of 40 years, every second year, should be a condition of employment.

(g) **The supervision of school milk supplies**

Great care is taken to ensure that school children obtain a safe supply of milk, and full details are given on page 9 of this report.

IMMUNISATION.

The importance of immunising against diphtheria is emphasised by all members of the school health staff at every opportunity.

Diphtheria

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

Primary Immunisations		Boosting Injections
Under 5	5—14 years	
4,170	812	5,509

Whooping Cough

3,745 children under 5 years of age and 302 children over 5 years of age were protected against whooping cough during the year.

THE NURSING SERVICE

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

“On the 31st December there were 25 full-time and 1 part-time Health Visitors, and 98 District Nurse/Midwives (42 with the Health Visitors' Certificates) undertaking school work.

During the year these Nurses and Health Visitors paid a total of 3,132 school hygiene visits, 2,016 being paid by District Nurses

and 1,116 by Health Visitors. School Medical Inspection sessions totalled 1,306, 562 by District Nurses and 744 by Health Visitors. Hygiene and medical follow-up visits both to homes and schools totalled 4,529, 2,727 being hygiene follow-ups and 1,802 medical follow-ups.

The progress in the programme of Health Educational talks mentioned in last year's report has been maintained and extended, and talks, demonstrations and films have been given on widely diverse subjects such as dangerous play, growth and activity, and the nervous system. Anatomy, physiology and hygiene have been taught to 14—15 year olds in some secondary-modern schools and opportunities have been given to school-girls to bath babies and learn the fundamentals of mothercraft. Regular mothercraft classes have been given weekly at some schools. In addition the Health Visitors and school nurses have undertaken series of talks to pre-nursing students, to student-teachers and to parent teachers associations. In all this work the nursing personnel have received the support and encouragement of the teaching profession."

OTHER WORK OF THE SCHOOL MEDICAL OFFICERS

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

School leaving medical reports to the Youth Employment Service	...	...	...	...	...	21
Examinations of children for part-time employment	...					159
Examinations of Boarded-out Children and Child Life Protection Cases	...	...	...	...	...	586
Sessions at Infant Welfare Centres	...	...	...	...	...	750
Examinations of staff for Superannuation purposes	...					45
Examinations of Blind or Partially Sighted Persons	...					81
Examinations of entrants to Teaching Colleges and to the teaching profession	...	...	...	...	...	190
Various other examinations	...	...	...	...	...	73

More and more of the School Doctors' time is being taken up in work other than routine medical inspections; however, the more enlightened attitude of the present day enables the School Doctors to devote more of their time to true preventive medicine in its many forms.

REPORTS BY SCHOOL MEDICAL OFFICERS

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

Dr. D. Chown: Penzance Area

"The general health of the children remains good. Standards of clothing and of cleanliness are on the whole satisfactory, though there remains the "hard core" of families who harbour head lice, and they are generally the same ones who never mend any clothing, but wear their purchases from the jumble sales until they fall to pieces.

Although grossly enlarged tonsils and chronic running noses are no longer as common as they were twenty years ago, there is still a high percentage of children referred to the Ear, Nose and Throat department for infected tonsils and catarrhal conditions of the nose. The cause of this is not apparent, and it might offer a useful field for research.

Immunisation against diphtheria and whooping cough has continued in clinics and schools.

Mantoux testing of Leavers as a preliminary to B.C.G. vaccination has continued this year, and all Leavers have had a chest X-ray.

A new development this year has been the use of the Tuberculin Jelly Test on five-year old entrants to three Infants' Schools—altogether about 160 children were tested and only six children gave a positive reaction. These six were X-rayed and showed no sign of disease, but in each case a source of tuberculosis infection was sought in the family. One child had a mother who was an old case of T.B., one had been in contact with a tuberculous relative in Yorkshire. The mother of another child was found to have tuberculosis while we were carrying out the testing, but two previously unsuspected cases of tuberculosis were discovered as a result of the investigation; in one case an adult sister and in another case the father were found to have pulmonary tuberculosis. In the sixth child the source of infection has not yet been discovered.

In 1955 it is hoped to extend this test to all five year old entrants in all schools in the area.

During the year fifteen children have been tested for backwardness, and of these two were considered ineducable and nine suitable for a special school. One of these would be of an age for Pencalenick but the father would not consent to his going there. The other eight would require an E.S.N. school for younger children.

In January Miss Richards, the Speech Therapist, was a welcome addition to the staff and very much work was waiting for her.

Help is always forthcoming when required from Dr. Jackson and Mr. Collins.

The visits of the School Medical Officers twice a year to the Children's Ward at Plymouth are a very great help to us. In addition, a colleague and I have the privilege of going round the Children's Ward with Dr. St. John Brooks at West Cornwall Hospital twice a month. This not only keeps us in touch with clinical work, but enables us to follow our own cases through hospital.

School Buildings.

Sennen has had electric wall heaters installed. Paul C.P. now has electric light. A new canteen has opened at Heamoor and this is serving Heamoor, Madron and Whitecross Schools, and will later serve Trevarrack, Lelant, St. Pauls and St. Johns. There is also a new canteen at Ludgvan.

St. Erth C.P. School still has a very inadequate water supply.

Occupation Centre.

The Occupation Centre at Hayle is catering for three of the mentally defective children from my area. It is to be hoped that more of these children will soon be able to attend, and that Miss Balcombe will be able to visit those who cannot be conveyed to the centre and so help their mothers to train them at home."

Dr. M. V. Joscelyne: Helston Area

"General Health and Nutrition

As usual the health of the children has been satisfactory and their nutrition is good. I have not seen a Nutrition C during the year.

School Medical Inspection

The children are remarkably well-dressed on the whole, far better than they were a few years ago, and many of them appear to wear their best clothes in school. Parents do not often refuse treatment and are in fact often rather too anxious about their children.

Mild postural defects are common also enlarged tonsils, colds and transitory bronchial catarrh. I think there are fewer cases of defective vision; but many children with mild visual defects still persistently leave their glasses at home.

School Buildings

Excellent repairs and improvements have been carried out on many school buildings—notably at Camborne Girls' Grammar School, where two new classrooms have been built.

The standard of cleanliness is good considering that so many of the country schools are old buildings, where the ceilings are too high for the cleaners to be able to reach the cobwebs.

There is a general lack of storage space in the schools, particularly at Germoe, where the firewood has to be kept under the table in the class-room.

Schools without flush lavatories are now the exception rather than the rule.

Playgrounds are badly needed at Constantine Girls and Infants and at Helston V.P. Junior.

Many schools are overcrowded, especially at Helston and it is good news that there will shortly be a new school there.

Infant Welfare

Most of the babies I see are healthy and suitably clothed, and, although breast-feeding is still unpopular with the mothers the artificial feeding is carried out on the whole intelligently. Although most mothers realise the necessity for immunisation not very many of them bring their babies for vaccination.

Mothers are still too anxious to have their babies circumcised.

Hospital Rounds and Clinics

It has been most interesting and instructive attending Dr. Andrews' Clinics, and Dr. St. John Brooks' and Dr. Jolly's hospital ward rounds.

Home Tuition

During 1954 there were five children receiving home tuition, three cases of Pseudo-hypertrophic muscular dystrophy, one severe bronchiectasis and one spastic."

Dr. C. L. Knight: Camborne—Redruth—Hayle Area

"My area covers the Camborne-Redruth Urban District, part of Kerrier and part of Penzance at Hayle.

The School population under my care is estimated to number 5,246, excluding Nursery Schools and the Technical College. Friendly co-operation and mutual understanding have been well established between the various Headteachers, the Health Visitors and the School Medical Officer with the result that the work has progressed smoothly and intelligently throughout the year.

Lack of room, any kind of room, has remained the greatest nuisance to routine medical inspections in all my bigger schools. In those schools where the head-teacher has a room of his own as an office, it is often possible to hold the inspection in this little room provided that vision can be tested in the open air when it is not raining too hard: but in others the Head is not thus favoured with a room of his own, and in these schools it is necessary to double-up one class with another so as to vacate one class-room for the inspection. All departments at Roskear, Camborne Town V.P. and East End at Redruth are the worst examples, especially as these schools have large numbers of pupils on their books with the result that a medical inspection may take the best part of a week to complete. The inconvenience caused is obvious.

Some of the schools overcome this difficulty by using a nearby church hall, the main example being Treleigh. Trewirgie Secondary Modern and Juniors have very tiny offices and used to get over their difficulty by sending their pupils a short way to the Area Health Office at Redruth but this facility has had to be stopped during the year because the only available room is now allocated for the distribution of Welfare Foods. Luckily, Trewirgie has now some very nice new class rooms to relieve their congestion.

Otherwise, the school-buildings remain as they were last year and have been well maintained and re-decorated.

Handicapped Pupils

Handicapped pupils whose disability is so severe that they cannot be accepted in Ordinary Schools are usually transferred to the appropriate residential or hospital school in due course, and sometimes, after much difficulty.

Many others, however, are not so severely handicapped, either physically or mentally, as to be excluded from ordinary schools. These remain with us and are our main problems. Most of the Headteachers recognize the situation and absorb these children readily in their schools, giving them the special Educational treatment suitable to their handicaps; this they do without special teachers or training, almost automatically and most humanely as part and parcel of their duty to the great family under their charge.

All children should be properly assessed and examined but this does not mean that a child, so examined and found deficient is necessarily unfit for ordinary school. As an example for the necessity for proper medical examination in all cases, I can quote the history

of one girl whom, I was informed, should be sent to an E.S.N. school or, at least to the Child Guidance Clinic because her work was getting worse and worse and she was giving foolish answers as though she was deliberately taunting her teacher. On examination, it was found that all she suffered from was a severe error of refraction, needing corrective glasses; a fact of which both herself and her teacher were unaware. Thus, a very intelligent girl was thought to be stupid and unco-operative.

Infant Welfare Clinics

These clinics are held at Redruth, Camborne, St. Day, Illogan and Hayle.

Hayle enjoys a lovely new building specially built for the purpose. Camborne and St. Day clinics are held in their respective Community Centres. Illogan replaces the clinic that used to be held at Pool until March this year. It is held in the Church Hall and is increasing in popularity.

Other duties

The Nursery School at Camborne continues to be a joyful place doing excellent work. Its capacity is 40 children under the age of five. A full medical inspection is held every quarter and a special 'follow-up' visit is also paid every three months.

Cornwall Technical College at Trevenon is visited every term for any cases requiring special investigation and for re-examinations as required.

The Remand Home at Camborne and Trevenon Home at Pool are also visited at regular intervals.

Carew House, at Hayle, has been opened during the year as a Home for Boarded-out children under the care of the County Council. The atmosphere in this home is really homely, the food appears to be excellent and the buildings are delightfully dry and warm.

Any child requiring a special examination, physical or mental, is seen at his own home by appointment. This is time consuming but, in a scattered rural area it is the only workable solution to lack of centralisation. The scheme also is most useful in giving one an insight into the home conditions and family background of every case under consideration.

Private visiting is also extended to all children under the care of the Mental Health Sub-Committee and to children boarded-out under the Children's Act."

"General Health of Children

The standard of health remained satisfactory during the past year. There were outbreaks of Chickenpox and Mumps, the former early in the year and the latter persisting throughout spring and summer terms. This interfered with medical inspections of infant departments but there was no serious illness. School attendances for the winter term were extraordinarily good in all schools. The general condition of children was good and only 0.5% were placed in Category "C".

School entrants did not seem so robust this year. This was especially noted in the Saltash area. Clothes and cleanliness were satisfactory except for a few problem families.

Special Defects

Vision. — Visual defects are again the largest single group. Arrangements for testing these children are for the most part satisfactory but there has been a larger waiting period for appointments this year. No doubt this is associated with the difficulty in arranging for the specialist visits to places as far from Plymouth as Liskeard.

E.N.T. — Few cases have required specialist treatment this year, though more children have had treatment from their own doctors for ear infections. One child has been supplied with a hearing aid.

Orthopædic. — Minor defects are being conscientiously dealt with in school as a result of the campaign last year by Miss Jeans and her staff. There has certainly been a great reduction in 'foot faults.' P.E. equipment is gradually increasing in all schools and it is refreshing to see how the children enjoy their physical education classes, especially when they can be held out of doors. The children are now removing surplus clothing more readily and thus gaining greater benefits.

Educationally Subnormal

Under this category it has only been possible to deal with requests for testing urgent cases. It is hoped to be able to test, and ascertain if necessary, the outstanding cases reported to me, in the coming season.

The present overcrowding of Junior departments is making any

provision for Special Educational Treatment of E.S.N. children in ordinary schools extremely difficult.

One child has returned from Pencalenick and is now making good progress with her own age group in Secondary Modern School.

It is good to learn that there will be provision in this part of the county for the low grade children who are excluded from school. The psychiatric team has again given valuable assistance with these and other cases referred to them.

Speech

Speech therapy clinics have been run regularly in this area, and Miss Fell continues to get good results. It is most helpful to have this service on a regular basis.

Pædiatrician

Dr. Jolly the Pædiatrician at Plymouth has given reports on an ever increasing number of children in this area. The general practitioners continue to make full use of this consultant service, to the benefit of all.

School Buildings

Little change has been noted. It is good to see that there is a move to install more modern types of heating apparatus. These are more efficient and produce less dust.

Canteens

Generally satisfactory. Considerable replacement of equipment with many improvements has taken place. Meals have been of the usual high standard.

Diphtheria Immunisation

Facilities for immunisation have been provided in all Infant and Junior Schools this year. Attendances were satisfactory.

Child Welfare Clinics

Clinics were mostly well attended, but the constantly changing population of service personnel in Saltash and more particularly in Torpoint, make it difficult to compare figures from year to year, and greatly adds to the work of Health Visitors in these places.

School Nurses and Health Visitors have as usual, given me much help, and I would like to thank them for their cheerful co-operation."

Dr. W. Paterson: Launceston—Bude Area

“From the point of view of personal observation, this report covers only a period of rather less than half of the year under review, as I did not start duty here until the middle of June. Needless to say, the statistics for the whole year and the comments of my predecessor in his reports on the schools, have been used in making the report as complete as possible.

Periodic Medical Inspections

These have fallen slightly behind, as the Area was without a Medical Officer for about two months. Good progress has been made, however, in recovering the ground lost.

The general condition of the children examined has been found to be satisfactory, the majority of the children being classified in Category B. It should be noted that the percentage of children placed in Category A in this Area is considerably lower than the County, and national averages for previous years. The number examined in the Area is small compared with the number for the whole County, but this finding for the year under review is based on examinations carried out by two medical officers. It is only fair to record, however, that the percentage placed in Category C is also less for this area than for the County as a whole.

Defective vision took its customary pride of place as the largest single group among the defects requiring treatment. Next in order of frequency came flat foot, then the composite group “other orthopædic defects” and next, defects of posture. Nose and throat defects took next place in the list.

Arrangements for referring children for treatment continue generally to be satisfactory. Some adverse parental comment has been excited by delays in arranging ophthalmic clinics at Bude and, while the difficulties of the Hospital Management Committee in this respect are appreciated, it is hoped that more frequent sessions will be possible in this part of the Area.

School Buildings

The high standard of cleanliness of all the school buildings so far seen has been striking, and the caretakers, who are to be congratulated, obviously devote a degree of attention, far beyond the mere call of duty, to this work.

Making due allowance for the very rural nature of the Area, many of the school buildings fall short of present day standards in most

respects. In some cases, an excellent up-to-date canteen has been provided, which underlines the unsatisfactory nature of the school which it serves.

In many schools, washing facilities for the children are unsatisfactory, and the roller towel, damp and dirty, early in its first day of use, is still distressingly too much in evidence. The importance of the school in health education is considerably diminished where the arrangements for personal hygiene are so elementary as to discourage the children from making use of them.

Some schools with unsatisfactory water supplies have now been provided with domestic filters for the drinking water, a great advance where no main supply is available. It is to be hoped that similar provision will be made at an early date for those other schools where this is appropriate.

School canteens are generally satisfactory. One disappointing feature of many, however, is the complete lack of personal washing arrangements for the canteen staff, who have to use the sink for this purpose. This is a defect which should be remedied as soon as possible and it should be pointed out that the provision of a wash basin, with hot and cold water, is basically of the utmost importance.

Too many playgrounds are badly surfaced and irregular. The wide field of accident prevention is becoming more and more a public health concern, and elimination of unsatisfactory playgrounds would produce valuable results in this matter as it affects the school community.

Co-operation

The Head Teachers and School Nurses have given me every help and co-operation. This, and their knowledge of local conditions which has been made readily available, have been of particular value to a newcomer to the area and are greatly appreciated. The cheerfulness with which teachers and pupils alike bear the considerable personal inconvenience, which a visit of medical inspection entails in most schools, is a striking feature of the work here and, more than anything else, makes it possible to achieve the right atmosphere in which these inspections should be carried out.

Prevention of Tuberculosis

The B.C.G. Vaccination scheme for school leavers was introduced during the year. The statistics with regard to the scheme have already been supplied and it only remains to say that the response was excellent."

Dr. J. Reed: Bodmin—Wadebridge Area

"I should like first of all to express my appreciation to the Headteachers and teachers of the schools in my Area for their patience and tolerance of the increasing number of intrusions which we have had to make during the year. The anti-tuberculosis scheme required four extra visits to each school during the year, accompanied by the usual upheavals in most schools without suitable accommodation, to provide the space in which to work. We were given all the necessary assistance without complaint and the work proceeded without difficulty. I am sure that they will appreciate the simplified scheme which is to operate in future.

Inspections

All routine inspections were carried out during the first half of the school year. The physical condition of children showed little change, the number in category 'C' being extremely small. The majority of physical defects were visual, and relatively few were referred for E.N.T. opinion re tonsils and adenoids. The standard of school entrants appears to improve year by year and fewer significant defects were observed in this group, although bad teeth were frequently found. It is possible that the addition of fluorides to piped water supplies in this Area would improve this situation.

Handicapped Pupils

Physically handicapped pupils requiring special educational facilities are relatively few. The problem concerning E.S.N. pupils still remains, and in the larger schools, it is frequently impossible to give the individual attention required. The E.S.N. children in the small rural schools appear to make better progress than their equivalents in urban schools.

School Meals and Milk

Additional canteen facilities, and better kitchen equipment were added to some schools during 1954. The milk supplies were satisfactory to all schools, though considerable numbers of children do not take school milk.

Immunisation

Diphtheria immunisation continued to be given in the winter term, and a high rate of acceptance was obtained.

B.C.G. Vaccination of School Children

Mass radiography of all children in their 14th year and over was carried out in March, 1954. Tuberculin testing and B.C.G. vaccination of 14 year olds commenced in June and was completed by the end of the summer term. Post-vaccination tests were carried out in September. 11% only of these children were initially tuberculin positive, and conversion was secured in all but two of the remainder.

Examination of College Entrants

The number of examinations made increased substantially during 1954. All subjects were found to be suitable medically for admission to training college."

Dr. B. Roberts: Truro—Falmouth Area

"This year has again presented no marked changes either in the health of the children or in the general routine of the work of the School Health Service.

Nutrition

This has remained high. Only a very small number show any signs of malnutrition and these cases almost invariably are limited to the children of problem families.

Cleanliness

The work of the Health Visitors has borne fruit. There has been an improvement generally, evident even in the hard core of chronic offenders from the 'problem homes.'

School Meals

I am confirmed in my belief in the educational value of these communal meals. They are an important factor in promoting social adaptation.

Routine School Medical Inspections

A high proportion of the parents attend, and they continue to show that they regard these examinations as eminently worth-while.

Defects

Most of these were of a minor character, the chief being, visual, E.N.T., and various orthopædic defects such as mild pes planus, poor posture, and so on. These latter could be adequately treated by remedial exercises at school, if these were generally available, and thus avoid the loss of school time and the overcrowding of the school orthopædic clinics.

Educationally Subnormal Children

It is heartening to find the view gaining ground that, wherever possible, these children should be educated with their fellows in the ordinary primary and secondary schools of the areas in which they live. This is particularly true if special facilities are available in these schools.

School Buildings and Sanitation

There has been a steady improvement in general conditions in the schools and a pleasing change in the selection of colour schemes for redecoration from the old utilitarian browns to bright and more cheerful shades.

Home Tuition

The provision of home tuition for children unable to attend school owing to physical disability is always greatly valued by the parents.

Occupation Centres

The setting-up of the new occupation centres for the children suffering from a mental disability has been a source of gratification to everybody concerned.

Finally, one cannot overstate what is owed to the goodwill of the teachers, school nurses, health visitors and general practitioners, without whose co-operation our work could not be pursued without friction and serious disagreement."

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

"During 1954 the health of school children has been mainly satisfactory. There were no very serious out-breaks of infectious diseases in my area.

I continue to note improvement in the physique of the older children especially—the advantages of school dinners and milk over a period of years may have a bearing on this, and the extra year at school undoubtedly makes them fitter to commence employment at 15 plus in the case of the modern secondary school leavers. It is a great pity that some who attend the County Grammar Schools also leave at 15 years to begin work without completing the normal course of studies. A few entrants to the grammar schools appear to be less fit for the first year or so and eye strain is common, but medical examination of the older children, who have become adjusted to the more strenuous work of the Grammar Schools, shows a high degree of

physical fitness often superior to that in the same age group at the Secondary Modern Schools. This may be due to the better opportunities and better facilities for physical education in the Grammar Schools.

School Canteens and School Buildings

I have been pleased to note that School Canteens have been added to several small country schools in my area—especially at Boscoppa and Lanreath, where some of the children come from poor homes and often travel a long distance to school.

I am glad to note improvements in some school buildings, and washing and lavatory accommodation extended and improved. The overcrowding continues in some schools, and I look forward to the new schools which are expected reasonably soon, which will relieve much of the overcrowding and also there should then be greater facilities for medical inspection, at present they are often difficult and restricted.

Child Welfare Clinics

The Clinics continue to work reasonably well, but the premises are not always very satisfactory.

Occupation Centre

I am greatly pleased that at last a beginning has been made to cope with the ineducable children. It is a great relief to the parents of these children to feel that something is being done for these children and apart from the desirable contact with other children, they learn to occupy themselves and so relieve their parents of some of the strain and anxiety associated with the constant supervision of this type of child. We hope the work will be extended with additional facilities and financial help.

Our work now includes the medical examination of candidates for the Training Colleges for Teachers in various parts of the country and this takes up an appreciable amount of time.

We also make time to visit the hospitals for clinical experience; this is most valuable and I think we are all grateful for the opportunities afforded us in this direction.

The work we do is now varied and interesting and adds to our experience generally in the field of preventive medicine."

Dr. G. W. Ward: Newquay Area

"General

As a newcomer to the staff of the Principal School Medical Officer of Cornwall, I should like to take this opportunity of thanking the

Head Teachers and staffs of all schools in my area and the District Nurses and Health Visitors, and staffs of the Area Health Offices for the very kind and efficient co-operation which they have given to me during 1954. They have give me invaluable assistance on all occasions in the carrying out of my duties, and have enabled me to obtain a really thorough knowledge of the area during the course of the year.

The general health of the children has been good, very few falling into category 'C' during the course of the medical examinations. Clothing and footwear have in all except a very few cases been satisfactory.

Personal hygiene and cleanliness has, except for a few persistent problem families, reached a high standard.

Vision

By far the greatest number of children with defects fall into this category.

Ear, Nose and Throat

Numbers of children requiring operative treatment do not appear to be unduly large in this area, though when required, specialist and general practitioner co-operation has been very good, giving satisfactory results for all concerned.

The acquisition of the audiometer by the department has been of great assistance in the accurate assessment of deafness and decisions regarding necessary treatment have been reached in the shortest possible time.

School Meals and Milk Service

Regular inspection of these services showed them to be highly satisfactory. Meals prepared and served in individual school canteens were appetising, well balanced and nutritious, and most schools in the area with a very few exceptions have now been provided with adequate facilities. Great credit is due to all concerned for the provision of such excellent fare for such a large proportion of the children attending school.

Educationally Subnormal Pupils

There is still a lack of special classes and instruction for this type of child. For children under the age of ten years no special instruction at all is at present available.

Buildings and Sanitation

Marked progress has been made during the year in the repairing

of defective school building fabrics, and the provision of modern sanitary conditions and conveniences. Much still remains to be done for the small, outlying country schools, but it is heartening to have seen so much improvement taking place during the year.

Immunisation

Large numbers of children have been submitted by parents for immunisation against diphtheria and whooping cough, and we are hopeful of obtaining a very high immunisation rate in this area. On the other hand, I have been concerned at the very large numbers of children now attending school who have not been vaccinated against smallpox. From my personal enquiries I am quite sure that much less than half of the school population is protected against this disease, and with an overseas port situated in the county a growing reservoir of unvaccinated persons should be regarded with grave disquiet.

Infant Welfare Clinics

There has been a most welcome increase in attendance at all clinics in the area during the year, and with the assistance and co-operation of the St. Austell Area Medical Officer of Health, new clinics have been opened at Indian Queens and St. Dennis—both are very well attended and obviously supply a real need.

Here appreciation should be given to the work of the District Nurses, Health Visitors and Voluntary Helpers, whose great efforts have been largely responsible for extending this valuable advisory service to young mothers, especially in outlying areas. The full co-operation of parents in the important matter of early immunisation has been very gratifying."

PHYSICAL EDUCATION

The Secretary for Education has kindly supplied the following report on Physical Education, compiled by Miss V. M. Jeans, M.C.S.P. and Mr. M. A. Broadbridge, the Senior Organisers:—

"The weather during 1954 has proved beyond doubt that the greatest stumbling block to the teaching of physical education in Cornwall is the lack of indoor accommodation in the majority of schools, of all types in the County. Only where there are reasonable facilities in single sex schools has it been possible to carry out an adequate programme. In some schools, much of the work done by teachers in encouraging children to change for a daily lesson will have to be renewed and the parents re-educated, as there has been no period of suitable weather long enough to make changing a habit and a tradition.

In schools where physical education is an established daily activity, the time-table has been made elastic enough to allow the lesson to be taken at any time when the weather is suitable. In a few of these schools experimental work has been carried out with climbing apparatus which has been installed by the schools through Parent Teacher Associations and various activities by which the schools raise money for their needs. A marked improvement in the muscle tone of these children, leading to improved posture and better performance in all fields of physical education, has been noted. Some of these classes were used to demonstrate at the Teachers' Courses held in North Cornwall, and were received with interest and enthusiasm. These courses were taken in the Autumn Term in three centres owing to the scattered nature of the area. In spite of fog and floods and gales and the difficulty of hiring suitable halls, the programme was completed and the large percentage of teachers who attended these voluntary evening classes regularly, their willingness to take part in some part of the programme each evening and their obvious interest in the various facets of physical education were reward enough to the Organisers who certainly worked under difficulties of weather, accommodation and travelling to present this series of courses.

Staffing

The Organising Staff remain the same. The position regarding specialist teachers is becoming easier as new schools are built with suitable accommodation. It is still very difficult to attract specialist teachers to grammar and county secondary schools where facilities are poor, as less time can be given to physical education in these schools.

Playgrounds and Halls

The number of playgrounds surfaced with Parphalte continues to grow, but responsibility for those of voluntary schools has now been taken over, and the cost of constructing some of these rather neglected playgrounds has reduced the total number which can be surfaced in any one financial year.

Fields

The wet summer and autumn brought its problems in regard to field maintenance. A few more small fields were brought into the servicing scheme with pleasing results in appearance and improved playing facilities. For the rest, the long struggle against rapidly growing grass, together with soft surfaces, was aggravated by the fact that, in several areas, grass was still growing in mid-November. The equipment provided and the resourcefulness of the two operators

coped with these unusual conditions. The large games areas of the new schools being built will ultimately require further apparatus and labour from April to September during the 'rush period.' Chapel St. Clare fields, Penzance, which cater for county secondary and junior schools now possess changing facilities and sanitation. Major field improvements are being carried out here during the winter.

Apparatus

Advice has been given on the preparation of plans for the gymnasium and changing rooms in schools now being built. There is much new and experimental apparatus available, and it is hoped that some of this may be incorporated into the new buildings. Every secondary school possessing either a complete gymnasium or an equipped or partially equipped hall has had the apparatus inspected for defects, followed by the necessary repairs and replacements. Some additional units of apparatus have been installed as well as a small amount of portable apparatus as part of the policy of gradually extending facilities year by year. There is still a 'waiting list' for attention during the next financial year. In mixed schools with halls the apparatus can only be used by boys or girls at any one time, as the lessons normally are taken simultaneously, and one class must be out of doors or confined to a classroom. The amount of small P.T. and games equipment is now satisfactory in the majority of schools, and the question of storing it is being solved gradually by the building of store cupboards or huts which can be locked. Often however, the apparatus has to be kept in classrooms and much disturbance to other lessons is still experienced. Cloakrooms are usually too crowded for storage and cannot be locked. It is certain that many more schools will try to instal climbing apparatus during the coming year, if some financial help towards the cost is not again deferred.

GIRLS

Dancing

Two large Folk Dance Festivals for boys and girls were held at Wadebridge and Falmouth in fine weather. This is the first time that Wadebridge has been used as a centre, and its large recreation ground proved satisfactory except for lavatory accommodation. This is always a difficulty in Cornwall when large numbers gather, but with the improved facilities provided in new schools, this difficulty should disappear. The annual Folk Dance Competitions were held at Launceston in March and at Helston in July, the latter by the kind invitation of Mr. Lionel Rogers in whose grounds the competition takes place each year when the weather permits. The competition

was judged by a member of the Organising Staff and a demonstration was given by girls from Truro County Secondary Girls' School.

Games and Athletics

The position regarding the county secondary schools remains static owing to the lack of playing fields and equipment. The County junior hockey trials took place during the Autumn Term and two teams were chosen to represent the County. In the Spring Term the grammar schools' hockey tournament was won by St. Austell Grammar School for Girls. The standard of netball is rising throughout the County, and the national interest in this game is providing a stimulus to girls who have no chance of playing any other team game. In the netball tournaments held during March the primary schools' tournament was won by Treleigh County Primary School, the junior cup for county secondary and grammar schools by Falmouth County High School, and the senior grammar schools' cup by St. Clare Girls' School. A cup has been given to the Cornwall Lawn Tennis Association for competition between all the schools who play tennis. Six schools took part and the St. Clare School, Penzance won the cup which was presented after the final by Mr. J. G. Harries, Secretary for Education.

The organisation of athletics has now been extended to the whole County. The girls' association is now included with the boys' in the County Association. One girl from Falmouth High School was selected by the A.A.A. to attend a week's course at Lilleshall at Easter.

BOYS

Games and Recreational Activities

Boxing

The results of the judges' course held for teachers were declared to be outstanding nationally, and eight more qualified judges were made available for tournaments. For the first time the Western Counties A.B.A. Championships were staged at Camborne, at Messrs. Holman's canteen. The meeting was a pronounced success and a credit to the County Association. Cornish boys acquitted themselves well and six went on to the quarter-finals at Plymouth. Only one was successful here and he was eliminated in the semi-finals. The County Championships were held at Falmouth and a good standard of boxing was achieved. More schools are boxing this season and competition should accordingly be keener.

Athletics

In the Milocarian trophy two Cornish schools finished in the 2nd and 4th positions which, in a competition which included entries from

outside this country was an outstanding performance. For the first time a complete mixed team competed in the Western Counties championships at Plymouth and finished fifth. All performed creditably. The four outstanding athletes were chosen to represent the County in the National Championships in Northumberland and all four obtained medals. Unfortunately, no more could be sent as funds were insufficient. Two boys have been selected by the A.A.A. for a residential course at Motspur Park at Christmas, and a boy for a week's Course at Lilleshall at Easter. Both courses are designed to encourage only those athletes likely to reach national standard as adults.

Camping

After a week's camping course for teachers at St. Agnes, thirteen schools camped for weekly periods. 32 children and 5 staff was the largest unit and 20 children with 2 staff the smallest. Enthusiasm was high and, despite very poor weather, camping standards were well maintained. Some equipment was purchased but more is still required. The efforts of the schools concerned in basic camping were most encouraging.

Rugby Football

Competition in the West of the County has been as keen as ever, but only one County match could be staged, and this was at Paignton against Devon. This was lost; although Cornwall put up a creditable performance, they were out-weighted. The loss of all-age schools in the re-organisation scheme has meant that secondary schools often have longer distances to travel for inter-school matches. Rugby is now gaining a greater hold in the Newquay and Launceston districts.

Association Football

Just before Christmas, in the English Schools' Football Association Competition, the East Cornwall Schools' Group became Area winners and thus entered the draw for the final stage of the competition, which includes thirty-two school groups in England and Wales. This in itself is rewarding for the boys and masters concerned.

Cricket

Poor pitches hamper development. However, demonstrations have been given of skill training in playgrounds, and some schools have laid down concrete practice strips. There is an urge, particularly in areas like Camborne, to develop cricket in schools, and there are visible signs that the position is improving. Two more teachers took the national coaching award at Lilleshall.

Swimming

The County Swimming Association held a weekend Course at Penzance for teachers, club leaders and senior boys and girls. Schools' representation was strong. The "Western Morning News" Trophy was won by Bude Grammar School with 63.2% swimmers; the "Tamlin" Trophy was won by Polruan County Primary School with 84.6% swimmers.

Sailing, Canoeing

Some schools are building their own dinghies and canoes, instituting sailing clubs and combining sailing with camping weekends. Torpoint Secondary School and Launceston College are to the fore in sailing and Camborne Technical College and Penzance Grammar School for Boys in canoeing. This is a very worthwhile activity and offers unlimited scope in Cornwall.

Courses and Demonstrations for Teachers held during 1954

Type of Work	Area	Number of Meetings	Teachers	
P.E. & Remedials	Inf. & Jnrs.	Camelford area	6	Mixed
		Bude area	6	"
		Launceston area	5	"
P.E. Day Training Course	Junior	Penzance area	6	Men
	County Sec. & Grammar	Whole County	1	Mixed
Athletics	Jnr. & Snr.	Liskeard area	4	Women
	Girls	Saltash area	4	"
Athletics	Snr. Boys	Nanpean	5	Men
National Dancing	All ages	Whole County	1	Women
English Folk Dancing	Jnr. & Snr.	Liskeard area	1	Mixed
		Camborne area	1	"
		Launceston area	1	"
Boxing	Snr. Boys	West Cornwall	1	Men
Camping	Jnr. & Snr.	Whole County	1 wk.	Mixed
		St. Agnes		
Camping	Jnr. & Snr.	Penzance	1	Mixed
		St. Austell	1	"
Netball Association	Snr. Girls	Wadebridge	1	Women
	Snr. Boys	St. Austell	1	Men
Football		Penzance	1	"
Climbing Apparatus	Inf. & Jnrs.	Camelford	1	Mixed
		Bude	1	"
		Launceston	1	"
Keep Fit Classes	Adults	Perranporth area		Women
		Roche area		"
		St. Agnes area		"

Talks and Demonstrations

Parent Teacher Associations	Feock C. P. School Gunnislake C. S. School Liskeard C. P. School
Women's Institutes	Callington Leedstown Pool St. Dominic
Padder Tennis	County Lawn Tennis Association
Gymnastic Competitions	Fowey C. G. School Camborne C. G. School for Girls Helston County Grammar School

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	...	...	...	...	5,649
Second Age Group	...	...	...	...	4,263
Third Age Group	...	...	...	...	3,381
Total	...	...	...	...	13,293

Number of other periodic Inspections

Vision at 8	...	...	...	...	4,424
Entrants to Secondary Schools	...	...	...	...	3,015
Grand Total	...	...	...	...	20,732

B—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	1,958
Number of Re-Inspections	...	...	...	6,331
Total	...	...	...	8,289

C—PUPILS FOUND TO REQUIRE TREATMENT

Group (1)	For any of the		Total individual pupils (4)
	For defective vision (excluding squint) (2)	other conditions recorded in Table IIA (3)	
Entrants	206	1,134	1,234
Second Age Group	355	795	1,049
Third Age Group	282	492	703
Total	843	2,421	2,986
Entrants to Sec. Schools	277	460	667
Other Periodic Inspections	339	120	398
Grand Total	1,459	3,001	4,051

TABLE II

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1954

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS No. of defects		SPECIAL INSPECTIONS No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4.	Skin	176	128	36	40
5.	Eyes—				
	a. Vision	1,459	545	336	274
	b. Squint	355	27	32	32
	c. Other	102	121	23	17
6.	Ears—				
	a. Hearing	65	92	19	32
	b. Otitis Media	44	93	10	12
	c. Other	8	28	3	4
7.	Nose or Throat	332	755	56	149
8.	Speech	100	90	41	35
9.	Cervical Glands	84	208	16	38
10.	Heart and Circulation	28	154	6	39
11.	Lungs	81	370	19	87
12.	Developmental—				
	a. Hernia	19	15	4	5
	b. Other	7	27	4	6
13.	Orthopaedic—				
	a. Posture	185	186	13	22
	b. Flatfoot	613	226	56	45
	c. Other	327	157	56	57
14.	Nervous system—				
	a. Epilepsy	12	13	5	13
	b. Other	15	19	3	9
15.	Psychological—				
	a. Development	192	106	20	81
	b. Stability	95	80	15	29
16.	Other	161	126	68	91

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 ...	5,649	2,098	37.15	3,385	59.91	166	2.94
Second Age Group	4,263	1,642	38.51	2,479	58.16	142	3.33
Third Age Group	3,381	1,421	42.03	1,873	55.39	87	2.58
Other Periodic Inspections ...	3,015	1,212	40.19	1,723	57.15	80	2.66
Total ...	16,308	6,373	39.08	9,460	58.01	475	2.91

TABLE III—INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the School Nurses or other authorised persons ...	2,547
(ii) Total number of individual pupils found to be infested	801
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	801
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) ...	21

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	1
(ii) Body	4	23
Scabies	0	4
Impetigo	13	28
Other skin diseases	2	5
Total	19	61

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	28	5
Errors of Refraction (including squint)	*118	2,335
Total	146	2,340
Number of pupils for whom spectacles were		
(a) Prescribed	Not known	1,692
(b) Obtained	Not known	†1,375

*These cases obtained treatment privately.

†50 cases obtained spectacles in 1955 which were prescribed in 1954.

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	27
(b) for adenoids and chronic tonsil- itis	0	325
(c) for other nose and throat con- ditions	0	8
Received other forms of treatment ...	6	5
Total ...	6	365

GROUP 4—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals 114

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

GROUP 5—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	In the Author- ity's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	336	*19

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

GROUP 6—SPEECH THERAPY.

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	292	0

GROUP 7—OTHER TREATMENT GIVEN

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments ...	508	39
(b) Other (specify)—		
1. Abdomen	0	212
2. Genito-Urinary	0	22
3. Glands	0	8
4. Chest	0	41
5. Others	0	120
Total ...	508	442

TABLE V

DENTAL INSPECTION AND TREATMENT

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

(a) Periodic age groups	25,486
(b) Specials	1,961
Total (1) ...	27,447
(2) Number found to require treatment	19,907
(3) Number offered treatment	18,499
(4) Number actually treated	10,777
(5) Attendances made by pupils for treatment ...	21,437
(6) Half-days devoted to: Inspection	305
Treatment	3,467
Total (6) ...	3,772
(7) Fillings: Permanent Teeth	16,558
Temporary Teeth	2,332
Total (7) ...	18,890
(8) Number of teeth filled: Permanent Teeth	13,113
Temporary Teeth	2,206
Total (8) ...	15,319
(9) Extractions: Permanent Teeth	2,101
Temporary Teeth	7,903
Total (9) ...	10,004
(10) Administration of general anæsthetics for extraction	530
(11) Other Operations: Permanent Teeth	9,797
Temporary Teeth	4,692
Total (11) ...	14,489

TABLE VI

HANDICAPPED PUPILS

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

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physi- cally Handi- capped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epileptic	Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
During 1954:										
Handicapped Pupils										
A. Newly placed in Special Schools or Boarding Homes ..	2	1	6	0	4	3	21	9	2	48
B. Newly ascertained as requiring education at Special Schools or boarding in Homes	1	2	1	3	2	0	39	9	1	58
On December 1st:										
C. Number of Handicapped pupils:										
(i) Attending Special Schools as:										
(a) Day Pupils ..	0	0	1	0	0	0	14	0	0	15
(b) Boarding Pupils	13	7	26	5	2	7	62	0	3	125
(ii) Attending independent Schools under arrangements made by the authority ..	0	0	1	0	0	1	2	1	1	6
(iii) Boarded in Homes and not already included under (i) or (ii) ..	0	0	0	0	2	0	0	16	0	18
Total (C) ..	13	7	28	5	4	8	78	17	4	164
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	8	9	0	0	0	17
(b) at home ..	0	1	0	1	5	12	1	1	0	21
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such children who are temporarily receiving home tuition or whose parents have not yet consented to their attending a Special School) ..										
	0	2	2	3	2	5	100	0	1	115

GENERAL REGULATIONS

These regulations apply to all students in this school.

Section	Regulation	Penalty
I. Punctuality	1. Students must be in school by 8:00 AM.	Warning
	2. Students must be in school by 8:15 AM.	Detention
II. Dress	3. Students must wear neat, clean clothing.	Warning
	4. Students must wear appropriate attire.	Detention
III. Conduct	5. Students must respect the authority of the principal and teachers.	Warning
	6. Students must not engage in disruptive behavior.	Detention
IV. Academic	7. Students must complete all assignments on time.	Warning
	8. Students must not cheat or plagiarize.	Detention
V. Attendance	9. Students must attend school regularly.	Warning
	10. Students must notify the principal of any absence.	Detention
VI. Safety	11. Students must follow all safety rules.	Warning
	12. Students must not use weapons or dangerous objects.	Detention
VII. Discipline	13. Students must be respectful to all staff and students.	Warning
	14. Students must not use profanity or vulgar language.	Detention
VIII. Miscellaneous	15. Students must not bring outside food into school.	Warning
	16. Students must not use mobile phones during class.	Detention