

[Report 1955] / School Health Service, Cornwall County Council.

Contributors

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

Publication/Creation

1955

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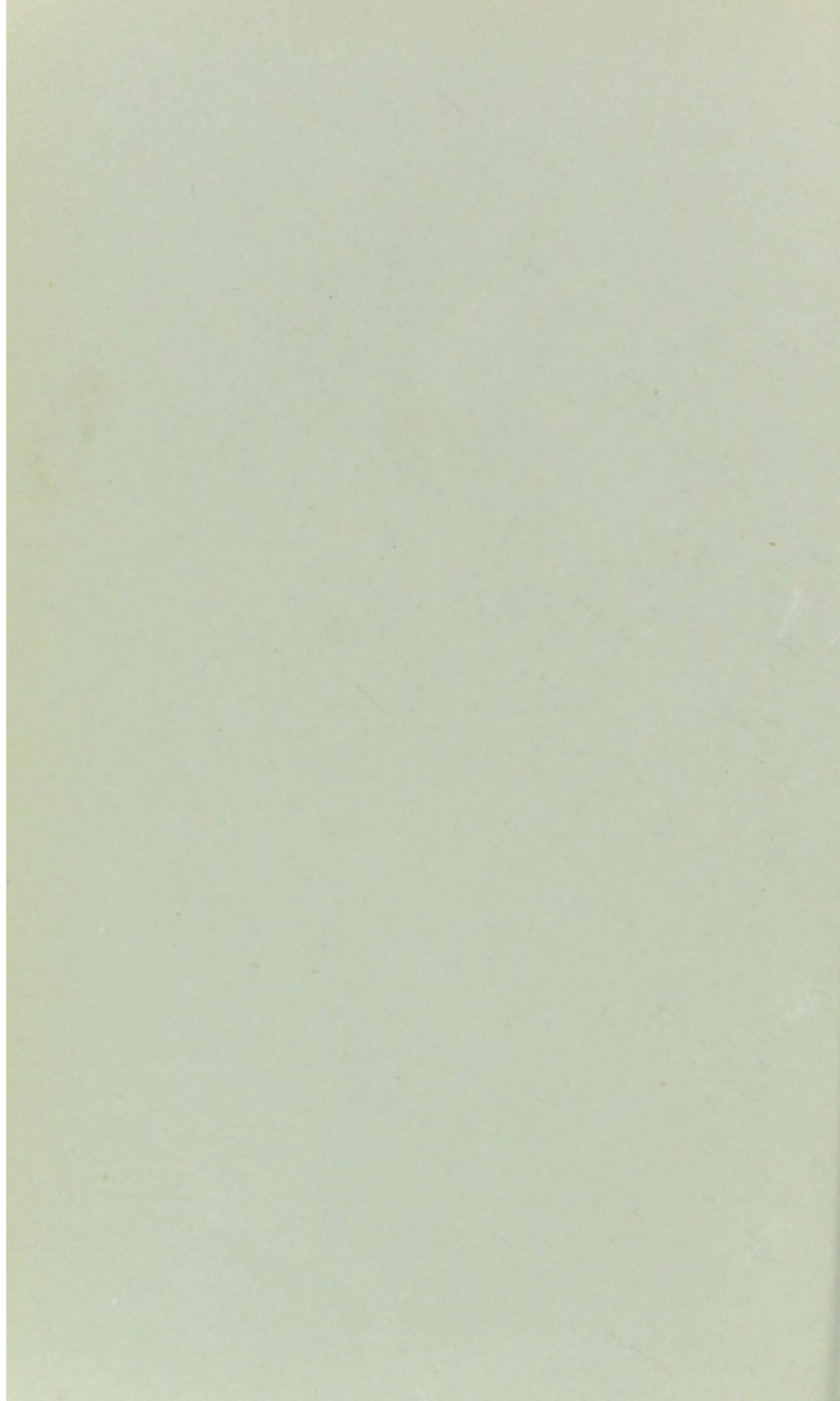
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CORNWALL COUNTY COUNCIL

EDUCATION COMMITTEE

Annual Report
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
1955

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



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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.

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*Also Assistant County Medical Officer.

Principal School Dental Officer:

A. H. MILLETT, L.D.S.

Dental Officers:

Whole time:—

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

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.

Part time:—

K. BATTEN, L.D.S.

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

G. TUNSTALL, L.D.S. (Commenced 24/5/55)

R. G. WHEELER, L.D.S. (Commenced 25/5/55)

Oral Hygienist:

MISS V. HONEYCHURCH, (resigned 29/1/55)

Speech Therapists:

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

MISS H. J. RICHARDS, L.C.S.T.

Educational Psychologist:

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

Social Worker:

MISS B. ROGERS, Social Science Diploma.

STATISTICS

Population 1955 (approximate)	...	...	...	341,000
School Population	...	...	...	46,490
Number of Schools:—				
Nursery	...	...	1 with	41 pupils
Primary	...	...	321 with	34,200 pupils
Secondary:				
Grammar	...	...	21 with	5,629 pupils
Modern	...	...	24 with	5,900 pupils
Special:				
E.S.N.	...	...	1 with	64 pupils
Hospital	...	...	2 with	23 pupils
Technical and Art	...	...	5 with	633 full-time pupils

1,820 pupils attend the Technical and Art Schools part-time.

CORNWALL COUNTY COUNCIL

EDUCATION COMMITTEE

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1955

It is encouraging to report that the general health of the children shows no signs of deterioration but remains at the high level observed in recent years.

The total volume of work undertaken by the School Health Service increased during 1955. The amount of work carried out has only been made possible by the hard work and devotion to duty of the whole School Health Staff, both medical and lay. It is doubtful if any further increase in work can be dealt with by the present establishment of School Medical Officers.

All schools were visited at least once during the year, the following table shows the age groups in which children were inspected:—

GROUP	AGE WHEN INSPECTED	SCHOOLS CONCERNED
	Routine Inspections	
First Age Group	Normally 5—6 years	Primary
Second Age Group	11—12 years	Secondary
Third Age Group	During last year of attendance at school	Primary or Secondary
	Additional Inspection	
Vision Test	8 years	Primary

Owing to the changes mentioned in last year's report, it will be seen from the table on page 55 that the number of children examined in the Second Age Group is reduced; this number will not revert to normal until the end of 1956.

As no full routine medical examinations will be carried out in the Junior Schools in future, the School Medical Officers have been asked to pay special visits to these schools to see all the children con-

sidered by the Head Teachers to require examination, in addition to those already on the special lists.

It has been increasingly obvious that an appreciable number of children become myopic after the age of 11 and it is proposed, from January 1956 onwards, to introduce two additional vision tests one at 12 and the other at 13 years as well as asking the teachers to be specially watchful over the vision of children in this age group.

CO-ORDINATION AND CO-OPERATION

It may appear at first sight that the School Health Service which is a part of the Local Education Authority, is separated from the Health and Welfare Services provided by the Local Health Authority. In fact there is no separation, because the Principal School Medical Officer is also the County Medical Officer and in addition the Health Committee has recently assumed responsibility for the Welfare Services of the County Council. The School Medical Officers are another important link for they attend the Infant Welfare Centres in their areas as well as carrying out school medical inspections. There are no whole-time School Nurses so that the school work, such as attending routine medical inspections, carrying out cleanliness inspections and following up special cases, etc., is carried out by the Health Visitor, or the local Nurse who in many areas, combines the work of District Nurse, Midwife, and Health Visitor, thus making a further link between the services.

In these days of growing specialisation when there is a tendency for specialised departments to know more and more about less and less, and for each to work independently, it is encouraging to see increasing co-operation between the various departments of local government and also between the three branches of the National Health Service, and there appears, at last, to be a growing appreciation of the great importance of preventive medicine.

Having mentioned the various people both medical and lay, who are concerned in the work of the School Health Service, I think it would not be amiss to draw attention to one or two important principles which, it is suggested should always govern us when making decisions affecting handicapped children. The first is that the child is not only a case of physical or mental handicap, but is a whole personality. The second is that the child has a home and parents and a Family Doctor, and it is imperative that full consultation and co-operation should obtain between the parents, the Family Doctor and the School Medical Officer before any final decision is made regarding the education of any Handicapped Child.

CANTEENS

343 out of the 366 school departments receive school meals.

The number of new canteens and serveries opened during the year was 17, making a total of 285 canteens and serveries in operation at the end of 1955.

The average number of meals served per day in 1955 was 21,827.

The medical supervision of school canteens and staff has been continued during the year and it is still considered that "on the spot" supervision is much the best way of endeavouring to improve the standard of hygiene etc. in the canteen-kitchens and the canteens themselves.

The general standard of hygiene observed in canteens appears to be high and this is borne out by the fact that there have been no outbreaks of food poisoning in Cornwall during 1955 attributable to the School Meals Service.

MILK IN SCHOOLS

The Minister of Agriculture, Fisheries and Food and the Minister of Health, acting jointly, in exercise of the powers conferred on them by section twenty-three of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, made an Order known as "The Milk (Special Designations) (Specified Areas) (No. 2) Order, 1955."

Under this Order the following area becomes a Specified Area:—

The Boroughs of Bodmin, Fowey, Liskeard, Lostwithiel and Saltash

The Urban Districts of Looe, Newquay, Padstow, St. Austell and Torpoint.

The Rural Districts of Liskeard, St. Austell, St. Germans and Wadebridge.

This means that on and after the 6th December 1955, all dairy-men retailing milk in any part of the area must sell the milk under special designation, irrespective of whether the premises from which the milk is retailed are inside or outside the area.

Any milk which is retailed outside the area from these same premises must also be sold under special designation. This ensures that all schools within the area or any school outside the area but being supplied by a dairyman supplying schools within the area, must be supplied with milk bearing a special designation such as "Pasteurised", "Tuberculin Tested" or "Sterilized".

Of the 389 schools or departments in the County 373 schools or 95.88% received Pasteurised Milk in one-third pint bottles. One school received Pasteurised Milk in bulk. Six schools were supplied with Tuberculin Tested Milk in bottles and seven in bulk. One school received Ungraded Liquid Milk and one school was supplied with Dried Milk. At the two latter schools it was not found possible to obtain other supplies.

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

Grade of Milk			Bottled	Bulk	Total
Pasteurised	...	...	373	1	374
Tuberculin Tested	...	...	6	7	13
Ungraded (liquid)	...	...	—	1	1
Dried Milk	...	...	—	1	1
			—	—	—
No. of Schools	...	...	379	10	389
			—	—	—

The supply of milk to schools was carried out by 58 suppliers.

All sources of supply are regularly sampled for bacteriological examination and chemical analysis, two samples being taken at the same time, one of which is passed to the Food and Drugs Department.

Two samples were taken and submitted for biological examination from the one school receiving ungraded milk. Both samples proved to be free from tubercle bacilli.

The following Table shows the results of samples taken during the year and submitted for bacteriological examination:—

Grade of Milk			Satisfactory	Unsatisfactory	Total
Pasteurised	...	...	192	—	192
Tuberculin Tested	...	...	12	1	13
Ungraded Milk	...	...	2	1	3
			—	—	—
All grades	...	...	206	2	208
			—	—	—

During the year 205 samples of school milks were taken by the County Sanitary Officer and passed to the Food and Drugs Department for analysis. All these samples were found to be genuine.

WATER SUPPLIES IN SCHOOLS

Several schemes of public water supplies have been carried out during the year by local authorities and where practicable schools have been connected to these mains supplies.

During the year 224 samples of water were taken from schools and submitted for bacteriological examination. These include 163 samples from mains supplies and 61 samples from wells and other local sources.

Of the 224 samples taken 207 were satisfactory and 17 unsatisfactory. The unsatisfactory samples were taken from 14 schools, of which 5 were mains supplies and 9 from wells and other local sources.

The quality of the water at schools has again showed some improvement as shown by the following Table:—

Year		Satisfactory	Unsatisfactory	Total
1955	...	207	17	224
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 local authorities and water undertakings with a view to schools being connected to mains supplies when these are available and where practicable.

The following works or precautions have been carried out during the year:—

Connected to mains	...	24
Proposed to be connected to mains	...	17
Mains extended to wash-basins, etc.	...	9
Alternative sources of supply being sought	...	3
Wells repaired structurally	...	1
Pumps replaced	...	2
Pumps repaired	...	3
Collecting chambers cleaned	...	12
Defective drains made good	...	6
Lead pipes replaced by more suitable pipes (lead in water)	...	1
Sinking of new wells under consideration	...	1

SANITATION IN SCHOOLS, 1955

The Buildings and Sites Sub-Committee have steadily pursued their policy of modernising school sanitation. In the year under review improvements have been completed or tenders accepted in respect of the following:—

School	Project
Bara Head C.P.	... Conversion of buckets to water carriage
Probus C.P.	... Conversion of buckets to water carriage
Coverack C.P.	... Conversion of buckets to water carriage
St. Merryn C.P.	... Conversion of pits to water carriage
Boscastle C.P.	... Re-arrangement and connection to sewer
Landulph C.P.	... Conversion of buckets to water carriage
Sheviock V.P. Cont.	... Conversion of buckets to water carriage
Chacewater C.P.	... Conversion of pits to water carriage
Trewirgie C.P.	... Reconstruction and new drains
Blisland C.P.	... Conversion of troughs to water carriage
North Tamerton C.P.	... Conversion of buckets to water carriage
Kilkhampton C.P.	... Conversion of buckets to water carriage
St. Ervan C.P.	... Conversion of buckets to water carriage
Camelford Grammar	... Extension

A commendable feature has been the inclusion in the later projects of more generous washing facilities—so advisable for the encouragement of personal hygiene. Direct consultation between the officers of my department and those of the Secretary for Education and the County Architect has ensured that the best possible results are obtained with the minimum building work and consequent cost.

Bathrooms have been provided for school dwellinghouses at Mevagissey, Harrowbarrow and St. Levan C.P. Schools.

HANDICAPPED PUPILS

Apart from Educationally Subnormal Pupils and Maladjusted Pupils, only 8 children were newly ascertained in 1955 as requiring education in Special Schools. The following are the comparable figures for previous years:—

1951	...	28
1952	...	19
1953	...	12
1954	...	10

This reduction in the number of children newly ascertained as requiring special school education, shows a trend which is partially due to the policy of keeping handicapped children in their own homes and local schools, but is also due to the improvement in treatment which has taken place in the last few years.

Educationally Subnormal Children

The policy followed during 1954 has been continued with very satisfactory results.

A further step in this direction has been agreed, which is the provision of a new type of special class, in one town, for the reception of junior E.S.N. children in that area. The chief object of this class will be to reduce the strain on these children so that they can learn at their own particular pace, and it is hoped that by the time they reach senior school age, most of them will be able to take their place at a County Secondary School. The Educational Psychologist is strongly of the opinion that the current type of remedial teaching does not give the best results in the end; it tends to force children beyond their capabilities and they then develop a resistance to all education.

When it has been proved that this new method produces good results every effort should be made to provide similar facilities in other towns in Cornwall.

Maladjusted Children

The publication of the findings of the "Underwood Committee" has been of great interest, and notice should be taken of the emphasis placed on the importance of prevention. The work of the Child Guidance Service is the real answer to prevention, but it will be necessary to increase the provisions for this service before any further progress can be made in preventing children from becoming maladjusted.

"Spastic" Children

As far as can be ascertained by all the means at our disposal, the following table gives the numbers and present position regarding the education of spastic children in Cornwall:—

Number in Special Schools	...	6
Number awaiting a place in a Special School and receiving Home Tuition	...	2
Number attending Ordinary School	...	21
Number having Home Tuition	...	1
Number under review	...	2
		—
Total Cases	...	32
		—

Every effort has been made to discover and ascertain spastic children at the earliest possible age, and in all cases of doubt regarding their educability they are given every chance to develop before being formally ascertained.

When Handicapped Children leave school, arrangements are always made for their supervision and assistance, where necessary, by the County Welfare Officer under his scheme for Handicapped Persons. However, it is generally realised that it is difficult to find employment

or occupation to suit some spastics. They mostly require very special consideration and understanding.

It would seem wrong to spend so much effort and money on "spastics" in special schools etc.—and then not to carry on the good work after they leave school. In this country many thousands of pounds have been given by generous people to the National Spastics Society and it is hoped that much of this money will be spent on these children after they have left school—to provide more "sheltered workshops" and similar provisions which would appear to be most essential if proper consideration is to be given to their future usefulness and happiness.

Special Education

The number of children who were in Special Schools catering for their specific defect in January, 1956, and the number of pupils who were awaiting places in such schools in January, 1956, are given below. In certain categories the numbers receiving special educational treatment in ordinary schools at the end of the year 1955 are also shown.

(1) Blind Pupils

Number of these pupils in a special school ...	13
Number awaiting a vacancy in a special school	1

(2) Partially Sighted Pupils

Number of these pupils in a special school ...	6
Number awaiting a vacancy in a special school	0
Number receiving Special Educational Treatment in an ordinary school ...	5

(3) Deaf Pupils

Number of these pupils in a special school ...	28
Number awaiting a vacancy in a special school	1

(4) Partially Deaf Pupils

Number of these pupils in a special school ...	5
Number awaiting a vacancy in a special school	2
Number receiving Special Educational Treatment in an ordinary school ...	17

(5) Delicate Pupils

Number of these pupils in a special school ...	3
Number awaiting a vacancy in a special school	1
Number receiving Special Educational Treatment in an ordinary school ...	20

(6) Educationally Sub-normal Pupils

Number of these pupils in a special school ...	78
Number awaiting a vacancy in a special school	62
Number recommended for Special Educational Treatment in an ordinary school ...	158

(7) Epileptic Pupils

Number of these pupils in a special school ...	4
Number awaiting a vacancy in a special school	0
Number receiving Special Educational Treatment in an ordinary school ...	22

(8) Maladjusted Pupils

Number of these pupils in a special school ...	2
Number awaiting a vacancy in a special school	0
Number receiving special treatment and attending an ordinary school ...	131

(9) Physically Handicapped Pupils

Number of these pupils in a special school ...	10
Number awaiting a vacancy in a special school	2
Number receiving Special Educational Treatment in an ordinary school ...	51

(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 ...	245

Home Tuition—Section 56, Education Act 1944

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 few children in the smaller hospitals receiving tuition and this has been made possible by a standing arrangement whereby the Almoner informs the school health service of any child whose medical condition and length of stay in hospital makes such a provision desirable.

Home tuition has been of the utmost value to all these children who otherwise would receive no education, but apart from the educa-

tional results it is known that these children are happier and more contented. On 31st January, 1956, 34 children were receiving Home Tuition.

During 1955, 40 children at Tehidy Sanatorium have received education under the provisions of Section 56. Most of these children were in the Sanatorium for less than 3 months, and it was considered undesirable on medical grounds for them to be educated in the Hospital School with the long-stay orthopaedic cases.

Numbers of Children in Special Schools during all or some part of 1955

Blind and Partially Sighted

West of England School for the Partially Sighted	6
Royal School of Industry for the Blind, Bristol	7
Royal Normal College for the Blind, Rowton Castle, Shrewsbury	2
Chorleywood College for Blind Girls	2
Condoover Hall School, Shrewsbury	1
Exhall Grange School, Coventry	1
Court Grange Sunshine Home, Abbotskerswell, Devon	2
Royal College of Music, London	1

Deaf and Partially Deaf

Royal West of England Residential School for the Deaf, Exeter	25
Rayners Deaf School, Penn, Buckinghamshire	1
Lawns House Deaf School, Leeds	4
The Mount Deaf School, Stoke on Trent	3
Nutfield Priory Deaf School, Redhill, Surrey	2
Hartley House Day Deaf School, Plymouth	1
Hamilton Lodge Deaf School, Brighton	1

Delicate

Oak Bank Open Air School, Seal, Kent	2
Shaftesbury House Hostel, Rustington, Sussex	1
Staplefield Place School, Handcross, Sussex	1
Palingswick Hostel, Hammersmith, London	1

Physically Handicapped

Dame Hannah Rogers School, Ivybridge, Devon	4
Exhall Grange School, Coventry	12
St. Loyes College, Exeter	1
John Capel Hanbury School, South Woodford, Essex	1
Warlies, Waltham Abbey	1
Craig-y-Parc, Pentyrch, Cardiff	1
St. Christopher's School, Bristol	1

Educationally Sub-Normal

Clyffe House School, Tincleton, nr Dorchester	2
Ryton Hall School, Wolverhampton	1
Withycombe House School, Exmouth, Devon	2
St. Francis School, Monyhull, Birmingham	2
Allerton Priory Roman Catholic School, Liverpool	1
Great Stony School, Chipping Ongar, Essex	3
St. Joseph's Special School, Cranleigh, Surrey	1
Farney Close School, Bolney, Sussex	1
St. Christopher's School, Bristol	1
Kingsmead School, Hertford	1
Pencalenick School	Day 19
	Resident 59

Maladjusted

Sutcliffe School, Winsley, nr. Bradford on Avon	1
Rudolph Memorial School, Dulwich	1
Salesian School, Longhope, Gloucestershire	1

Epileptic

Lingfield Epileptic Colony School, Surrey	3
Thornbury House School, Gloucestershire	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	19
At the Royal Cornwall Infirmary	90

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	...	18
Rosehill Children's Hospital	...	4
Princess Elizabeth Orthopaedic Hospital	...	2
Woodlane Hospital, Birmingham	...	1
Marlborough Children's Hospital, Wilts.	...	1
Great Ormond Street Children's Hospital	. ...	1
Guy's Evelina Hospital	...	1
Tone Vale Hospital, Taunton	...	1
Royal National Orthopaedic Hospital	...	1
Harefield Hospital	...	1

SECTION 57, EDUCATION ACT, 1944

This section requires every Local Education Authority to ascertain those children in their area who, having attained the age of two years, are suffering from disability of mind of such a nature and extent as to render them incapable of receiving education at school or who require supervision after leaving school.

Sub-Section 3 of this section requires the Local Education Authority for the purposes of the Mental Deficiency Act, 1913, to report to the Health Committee any child who, by reason of disability of mind, is found to be incapable of receiving education at school.

Sub-Section 4 of this section specifies that a child shall be deemed to be ineducable not only if his disability renders him incapable of receiving education, but also if the disability is such as to render it inexpedient that he should be educated in association with other children, either in his own interests or in theirs.

Sub-Section 5 of this section requires the Local Education Authority to report to the Health Committee any child in attendance at a maintained school or at any special school, who, by reason of disability of mind will require supervision, by the County Council's Mental Health Service, after leaving school.

Number of children reported in 1955 under Sub-Section 3	...	21
Number of children reported in 1955 under Sub-Section 4	...	0
Number of children reported in 1955 under Sub-Section 5	...	24

CHILD GUIDANCE CLINICS

The following is a list of the clinics:—

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

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 ready co-operation.

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

“Staff

The Child Guidance Staff remains as 0.5 Psychiatrist, 1 Educational Psychologist and 1 Social Worker. This is less than half the desirable ratio of personnel to the Cornish School population.

Statistics of Numbers of Cases

Number of cases seen during 1955	...	...	...	346
Number of new cases seen	...	...	...	241
Number of cases brought forward or re-referred	...	...	...	105
(95 brought forward, 10 re-referred)				
Number of new cases referred but not yet seen	...	...	...	21

Sources of New Cases

School Health Service	...	...	...	...	84
Teachers	...	...	...	...	59
Family Doctors	...	...	...	...	32
Probation Officers	...	...	...	...	22
Education Department	...	...	...	...	16
Hospitals	...	...	...	...	12
Children's Department	...	...	...	...	9
Speech Therapist	...	...	...	...	5
Parents	...	...	...	...	2

The increase in the number of new referrals has continued each year. In 1953 the figure was 190, in 1954, 217 and this year 241. There was a decrease by 10 per cent of referrals from the School Doctors which appears to be balanced by the increase of 16 per cent of referrals from teachers and the Education Department. Referrals from other sources remained fairly constant with the exception of referrals by parents. Parents have been advised to refer cases through their local Head Teacher or Family Doctor.

Conditions for which advice sought

Personality and Behaviour Disorders	67
Educational and Vocational Difficulties	104
Disorders Manifesting as Dysfunction of Organs ...	36
Special Examinations	34

Sex of Cases

Female	84
Male	157

Ages of Children

Under 5 years	10
5 to 7 years	34
8 to 11 years	109
12 to 15 years	77
Over 15 years	11

Intelligence

Feeble-minded	21
Borderline	43
Dull	82
Normal	84
Superior	11

Environmental Conditions

Normal	108
---------------	-----

Abnormal:—

(a) Psychological stress present in the home	88
(b) Broken Homes:—	
Step-parents	5
Adoptive parents	4
Foster parents	2
One parent only at home	3
Institutions	7
(c) Material standards of home inadequate ...	24

The child guidance population is similar to that seen in previous years. The age of referral, however, is becoming more satisfactory, particularly in the case of educational problems.

The Aims of Treatment

Treatment has now been concentrated at three Clinics, and interviews are supplemented by social support or educational guidance. The aim of treatment is to contribute to a preventive attitude in the community. Treatment of individual cases at the Clinics, and lectures

to Parent-Teacher and other associations are stages in helping adults understand the problems of child growth.

Careful explanation of each case to teachers for example should assist them to understand other similar problems.

A Headmaster of a Grammar School referred a boy of 14 for poor work and inconsistent behaviour. The following report was then sent to the school:—

'This boy's problem has two aspects (a) academic (b) personality development. Academically he is bound to experience difficulty with the Grammar School curriculum as he is of 'borderline' ability, his verbal and mathematical performances being especially relatively inferior. Observation of behaviour and psychological tests suggest that he is immature emotionally, lack of spontaneity of response and lack of originality being outstanding features. Discussion with the parents has made it clear that the boy should be allowed to consolidate.'

The school then made allowances for the boy's level of development. He now works satisfactorily with a younger age-group, and makes better progress all round.

Backward Children

In the field of education, Child Guidance aims to correct misconceptions concerning growth that stem from theories of educationalists unversed in Biology. The procedures recommended by Gates in America and imported by Schonell into England advance the belief that frequent Repetition and Drill in the basic subjects, if based upon diagnostic tests, will lead to rapid and permanent improvements in the attainments of backward children. Remedial work in special classes has been based on this theory, but the results have not been proved to be sound or permanent by any rigorous experiment.

A child's progress is measured by his organismic age, the level of maturation of his personality as a whole. Special teachers must take into account every aspect of the child's developmental level, every aspect of his behaviour as a whole which includes its social and emotive as well as its intelligent aspects. He must also take into account the physical condition of the child as well as the cultural background of the home. Above all, the greatest care must be taken in special classes that the rate of stimulation of the child is geared to the slower rate of maturation of the child as a whole.

Principle of Growth

Recent advances in Physics, Biology and Psychology have firmly established the principles upon which mental health is based. The child is considered an organic whole, a complex dynamic unit or system of energy. The unity of such a system persists in all its complexity, and is destroyed by analysis. Further, the whole governs the activities of its members or parts. Thus the abilities of the child are not to be referred to parts, to 'faculties' or 'capacities' but to the level of maturation of his personality as a whole. Personality is simply the psychological term for the structure of energy that evolves in the brain or neural system of the child in a social setting, in a field of human personalities.

To illustrate, a child's ability to read is a function of his level of maturation, the degree of structuration of the entire personality; his ability to control his bladder is a function of the maturation of the brain as a whole. Therefore the 'causes' of a child's difficulties with Arithmetic, or in the establishment of bladder control, are not to be found in the internal machinery of Arithmetic itself, or in the internal condition of the bladder organ. It is the other way around. They are to be found in the total setting in which the child's personality is taking shape, in the totality of environmental forces that are shaping the form and structure of personality.

Growth is not a process of multiplication of cells, but of expansion and differentiation of a living system of energy. Growth occurs when the organism is provided a culture in which potential energy realises itself in new forms of energy. Growth is the emergence of new forms or new structures of energy, and childhood in particular is a period rich in new developments and new activities—the creations and inventions of growth.

The golden rule in education is that the child must be ready as an individual for the task or situation that he is confronted with; and he must desire to accomplish and complete it for desire, interest and wish are organised patterns or forms of brain tension or energy that arise from the maturation of organs.

Endsleigh House Boarding Home for Maladjusted Children

The number of boys in residence at this home has remained constant at 17 during the year, and there is a small waiting-list. The children have responded well to the new premises. School reports have also been satisfactory. A work room is to be equipped for hand-craft activities in the New Year and it is hoped that this will give further useful training to the boys."

MINOR AILMENT CLINICS

The following is a list of these clinics at the end of 1955:—

Clinic	Address	Frequency
Calstock	Delaware Secondary Modern School	2 a week
Falmouth	Health Clinic	Daily
Mousehole	Mousehole C.P. School	as required
Penryn	Stuart Stephen Memorial Hall	3 a week
Penzance	Health Clinic	3 a week
Truro	Health Clinic	Daily
Wadebridge	Health Clinic	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	24	91
Falmouth	62	137
Hayle	2	2 (closed 28/1/55)
Mousehole	10	13
Penryn	336	593
Penzance	72	303
Torpoint	0	0 (closed 28/1/55)
Truro	41	147
Wadebridge	3	3
	550	1,289

Number of sessions held during the year ... 431

Types of new cases seen:

Ringworm—Scalp	...	...	...	...	0
Body	...	...	...	...	5
Scabies	...	...	...	...	0
Impetigo	...	...	...	...	8
Other skin diseases	...	...	...	...	1
Minor Eye Condition	...	...	...	...	9
Minor Ear Condition	...	...	...	...	3
Miscellaneous—Minor injuries, bruises, sores chilblains, etc.	...	...	...	...	493
				519	

Number of children cleansed ... 31

Two further Minor Ailment Clinics were closed at the beginning of the year. The work at the remaining clinics has decreased during 1955, but they are still serving a useful purpose and will be retained as long as they continue to do so.

SPEECH CLINICS

The following is a list of the clinics:—

Clinic	Address	Frequency
Bodmin	Centenary Church Schoolroom	weekly
Bude	The Castle Clinic	weekly
Camborne	The Community Centre	weekly
Falmouth	Health Clinic	weekly
Helston	Meneage House	weekly
St. Ives	Health Clinic	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:—

“In the speech clinic we aim to help patients communicate more easily with their own world and in so doing we must not lose sight of the individual background and general environment of each. Home and school visits are an important aid to work done in the clinic. Teachers and parents co-operating with the therapist make the child's task much lighter and his difficulties diminish.

As soon as a patient is able to speak normally in different situations he is not kept on for elocution; this work is outside the province of the speech clinic. It is true to say however that the two overlap in that certain groundwork and methods used in the clinic are also used in elocution. Our aim is to make speech normal rather than to polish it. I make this distinction because I do still meet some people who are not familiar with this fact.

The majority of patients are diagnosed as dyslalic, or having difficulty with articulation. This may be caused by a variety of factors, but whatever the cause his linguistic difficulties will nearly always go hand in hand with slow progress at school. Stammering patients number nearly as many as dyslalic ones. This occurs at all ages and much can be done to help some sufferers. Other defects are caused by physical deformities, habitual misuse of the speech mechanism and backwardness.”

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

"During the year the number of children undergoing speech therapy has increased. It is no longer possible to avoid a small waiting list. More use has been made of Group Therapy and its results are on the whole encouraging. The main difficulty in this respect is to find children of the same age and defect attending the same clinic in order to form a suitable group.

It is a great disappointment that a Tape Recording Machine has failed to materialise; far from the luxury it is so frequently regarded as being, it should be a standard piece of equipment for the Speech Therapist. The 'portability' of equipment as a whole is rather a limiting factor and a lock-up cupboard at each of the clinics where toys, games, books etc. might be kept permanently, would be of inestimable value.

It has been possible to visit a far greater number of schools in the latter half of this year. In all cases this closer liaison between the Head Teacher and the clinic has had beneficial results. There are still a number of schools with children attending clinics that it has not yet been possible to visit. The willing and interested co-operation of parents and teachers is a vital factor in the treatment of all speech disorders, and where it is lacking progress is always very slow and in some cases non-existent. However, where co-operation is active, very few cases fail to respond."

Record of numbers of cases treated

Number of children receiving treatment at the end of the year	...	245
Number of children discharged during the year		127
Of those discharged:—		
Speech normal or improved	...	85
Other reasons—lack of attendance, etc	...	42
Number of attendances by cases during the year		3,497

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

Stammer	...	74
Defects of articulation—e.g., Dyslalia	...	121
Multiple defects—e.g. Cleft Palate	...	14
Other cases	...	36
		—
		245
		—

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	3 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	2 days a week
Looe	R.A.O.B. Hall, Lakeside	As required
Newquay	15, Berry Road	2½ days a week
Penryn	Municipal Offices	1 day a week
Penzance	Health Clinic	Daily
Redruth	Health Area Office	3 days a week
St. Austell	Moorland Road	5 days a week
St. Ives	Dove Street Clinic	½ day 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	3 days a week

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

"The year has seen a small increase in the staff of the service. The present strength stands at 10 1/11 dental officers, an increase of 6/11 dental officers over the figure in 1954. The total of 10 1/11 is composed of 1 principal school dental officer, 8 full time dental officers and 4 part-time officers. The increase of 6 additional sessions per week coming into effect at the end of May, 1955. The result of advertising the vacant posts has been, in a number of cases, an initial application from the younger members of the profession and then a subsequent failure to follow up the enquiry when the applicants have been informed of the possible commencing salary. It would appear that private practice in the general dental services still holds a greater financial inducement to the newly qualified dental surgeon.

Sick leave amongst the operating staff, although not as extensive as in 1954, has been fairly heavy this year and amounted to a total of 188 sessions lost.

In January the oral hygienist resigned her appointment to take up a post in London, and up to the end of the year it has not been possible to obtain a replacement for her. Facilities for the employment of an oral hygienist are now improved with double surgeries available at the Truro, Falmouth, Redruth, Penzance and St. Austell clinics.

The second half of the year saw the introduction of medical anaesthetists for the administration of the greater proportion of general anaesthetics carried out in the service. Until this time all administrations of nitrous oxide had been carried out by dental officers of the staff who had been trained in this speciality. At present there are 6 medical anaesthetists employed on a sessional basis to cover the majority of the county clinics. It will be noted that there is a very substantial increase in the number of general anaesthetics given, the total being 1,410 administrations compared with 530 in 1954. Nitrous Oxide, as the anaesthetic of choice, has the big advantage of enabling the operator, in most cases, to carry out all extractions at one visit. This is of great assistance in a rural area such as Cornwall where a high proportion of visits to the clinics is dependent upon a less convenient public transport system than that which would exist in an urban district.

The new clinic at Penzance, which replaced the inadequate premises at North Parade, was completed at the end of the year and the dental department was occupied a few days before Christmas. This is an attractive addition to the modern dental clinic facilities available to the school children in Cornwall, and is the third ad hoc clinic to be built since the war. The dental department occupies a self-contained wing and comprises 2 dental surgeries of adequate size, waiting room, office accommodation and a recovery room with separate exit. Dark room facilities are provided for, in the small workroom which adjoins one of the surgeries. The whole decor of this suite is carried out in an attractive colour scheme which should make a pleasant environment for patient and operator alike. In July a new clinic was opened at St. Ives in premises taken over from another section of the County Council. This, in accordance with the fact that it is a part time clinic, is less elaborate than the Penzance one. It fills, however, a very real need in St. Ives as formerly it was necessary for children attending schools in this area to be transported by the ambulance service to the Hayle clinic for treatment. A mobile dental caravan of the 'Gloster' type was ordered in April but delivery of this clinic did not take place until the latter part of December. This was too late to bring it into use this year owing to school closures over the Christmas period. This acquisition should prove its worth in the coming year when a report on its activities will be made.

One further X-ray apparatus of the portable type was purchased for use in the 3 clinics which cover the South East district of the County. The necessary dark room facilities for processing the films are being made available by modifications to the Saltash clinic. It has been previously mentioned that X-ray facilities are a sine qua non where orthodontic treatment is undertaken and it is hoped gradually to cover all clinics with this diagnostic aid. The total number of radiographs taken during the year amounted to 309, this being an increase of 77 over the figure for the previous year.

The laboratory continues, as in former years, to provide appliances of a high quality. With the greater number of patients treated, the demands on the laboratory service have been higher with increases in the output of partial dentures and orthodontic appliances.

The laboratory output for the school service was: —

Full dentures	...	...	...	...	5
Partial dentures—plastic	...	...	...	...	116
Partial dentures—chrome-cobalt	...	...	...	...	8
Orthodontic appliances	...	...	...	...	261
Repairs	...	...	...	...	35
Crowns and inlays	...	...	...	...	6
Record models (orthodontic)	...	...	...	...	305

These figures represent about 60% of the total laboratory output, the remaining 40% representing the volume of work undertaken for the maternity and child welfare scheme.

One additional apprentice was appointed in May, making the present laboratory staff 1 senior technician and two apprentices. In addition to the supervision of the productive output of the laboratory, the senior technician undertakes teaching duties at classes which are held in the laboratory for apprentices and technicians wishing to take the intermediate and final examinations for the City and Guilds of London Institute certificate in dental technology. At the end of the year the number attending these classes was 9 students for the intermediate and 6 for the final course. The results of the examinations held in May were most encouraging, with a pass rate of 5 out of 7 for the final certificate. One of the successful students in this examination was awarded a City and Guilds of London Institute silver medal, being one of two candidates from the whole country who obtained a first class pass. These results reflect great credit on the industry of the students in general and upon the teaching ability of the senior technician in particular.

All dental officers have the opportunity of taking part in the orthodontic service, which of necessity continues to be governed by the Minister's advice that the amount of orthodontic treatment undertaken in a dental scheme shall be regulated by the staffing position in that scheme. Consultation sessions are held from time to time at the various clinics and these have proved valuable in correlating aetiology, diagnosis and treatment methods throughout the County. The total number of orthodontic cases treated with appliances was 213 cases and for this number 261 orthodontic plates were made. In 42 cases treatment was completed.

Reference to the statistical table shows an all round increase in the number of patients seen and the volume of treatment undertaken. The increases amounted to 4,830 extra children inspected at school, 1,184 more children treated at the clinics and 3,439 additional attendances made for treatment. The volume of work carried out for these children increased to the extent of 3,629 fillings and 3,937 extractions compared with the previous year, while the number of children made dentally fit was higher by 1,355 cases. Of the 329½ sessions devoted to inspections at school, it is necessary to discount 16 of them when assessing the average number of pupils examined per session, as this number represents the time spent on 1,501 children who received a second inspection within the year. The total number of inspections carried out, as distinct from the number of pupils seen, was therefore 31,817. The stoning and subsequent application of ammoniacal silver nitrate to deciduous teeth still holds a valuable place in the treatment of certain types of caries and 4,104 temporary teeth were treated by this method in order to retard the decay process and avoid early extraction.

The progress of the school dental service which was evident in 1954 has been maintained in 1955, and although there has been a small staff increase, it must be remembered that the service is still 2 dental officers under the established strength.

This report would not be complete without my placing on record my appreciation of the co-operation and support that has been given by the members of the dental staff in bringing about the advance made this year."

OPHTHALMIC CLINICS

Cornish school children are referred with their parents consent to special children's clinics which are provided and administered by the Hospital Management Committee. 2,504 children were seen at these clinics during 1955.

Treatment of Strabismus (Squint)

During the year 250 school children were found at routine medical inspections to be either undergoing or requiring treatment for squint. This gives a percentage of 1.5 of the children examined compared with 1.7%, 1.6% and 1.7% for the years 1954, 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.

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%
1955	2,365	2.07%

It would appear from these figures that the scheme started in 1951 for the detection and treatment of squint at the earliest possible age is still showing encouraging results.

Amblyopia

Perusal of previous annual reports on this subject makes interesting reading, as out of 960 new cases seen at the clinics during 1955, only 13 were found to be amblyopic; this is a marked improvement on previous years, but it is realised of course that the incidence of amblyopia should be less than this.

The eye specialists concerned with the school eye clinics have been most co-operative and worked extremely hard in order to assist us in preventing serious eye conditions from developing.

Vision Tests

As mentioned briefly at the beginning of this report, concern has been felt about the adequacy of the present number of vision tests, for it has been proved that a child's sight can deteriorate very rapidly, in fact in some cases, in a matter of months, vision has altered from 6/6 to 6/18 which of course seriously affects the child's education. Commencing in January, 1956, additional eye examinations will be carried out at the ages of 12 and 13 so that children will now have a vision test at the following ages—5, 8, 11, 12, 13 and 14; these ages have been selected because experience has shown that deterioration is most likely to occur between 11 and 14. There is an additional safeguard in that the teachers are encouraged to bring forward as "specials" any children that they think may be suffering from visual defects.

ORTHOPAEDIC CLINICS

These clinics are the responsibility of the Regional Hospital Board. School children are not referred to these clinics until their Family Doctor has been consulted.

Thanks are due to the orthopaedic specialists who continue to send us copies of their reports; this information is of great value to the School Medical Officers looking after the children at school.

It is hoped that the present form of Physical Education will do a great deal to prevent the onset of disabilities which require frequent visits to the orthopaedic clinics, for the time taken in attending these clinics causes quite an appreciable loss of school time with its serious repercussions on the child's education.

EAR, NOSE AND THROAT CLINICS

These clinics are the responsibility of the Regional Hospital Board; school children are referred to them only after consulting the General Practitioner concerned. Thanks are due to the specialists who continue to send us copies of their reports; this information is of great value to the School Medical Officers looking after the children at school.

The number of Tonsillectomy operations known to be performed on Cornish school children during 1955 is 363 in the West Cornwall Hospital Management Committee Area. The figure for the eastern half of the county is not yet available.

The Principal Medical Officer of the Ministry of Education has found that there appears to be great discrepancies in the percentages of children undergoing tonsillectomy in the various parts of the country, and has asked to be informed of the number of children in the various age groups examined in 1956 who are known to have had tonsillectomy. This will necessitate an extra return by our School Doctors after each medical inspection as the school medical records are not kept centrally. However, we all appreciate the need for this special information and we shall be most interested to see the results of the investigation.

Audiometry in Schools

A Model 70 Amplivox Audiometer was purchased in January, 1954. This is kept in the central office and is used by the Senior School Medical Officer. The children to be tested are brought to his notice by the School Doctors, Parents and Family Doctors. Children attending Speech Therapy Clinics who are suffering from dyslalia are tested as a normal routine. Testing is carried out at school, as it has been found that better results are obtained if the child is in familiar surroundings.

The E.N.T. departments of the Regional Hospital Board arrange all the E.N.T. Clinics in the County. There are no special audiometry Clinics, but there is close co-operation between the E.N.T. Surgeons and School Health Service.

In cases of doubt regarding deafness, especially in very young or backward children, they are sent to the Royal Hospital Bristol, where a Peep Show Audiometer is available.

Very young children ascertained as being deaf are sent to the Hostel for Deaf Children at Ealing through the Director of the Audiology Unit of the Royal National Throat, Nose and Ear Hospital. These children are of course trained at home by their mothers, using the methods taught at Ealing.

There have been two cases which were considered to be ineducable, but as there was doubt about their hearing Dr. Minski was asked to take them into the Belmont Hospital for ascertainment. After a long delay one child is now in hospital, but the other has been found to be ineducable and not deaf, after spending one term at the School for Deaf at Exeter.

Children wearing hearing aids and attending ordinary school are kept under constant observation both by School Doctors and E.N.T. Specialists.

Children are ascertained at the earliest possible age as everyone concerned in the welfare of children in the county has been informed of the need for the early diagnosis and treatment of deafness. Every assistance is given by the Education Committee to enable parents to visit special audiology clinics for both ascertainment and treatment.

CLEANLINESS

As approximately 72% of the Primary Schools in the County were found to have been without a case of infestation during 1955, cleanliness inspections will in future be carried out at these "clean" schools at the beginning of each term only. The remainder of the Primary Schools will continue to have monthly inspections. All cases of infestation are "followed up" by the School Nurses and special visits are made to the schools and to the homes to examine any children absent at the main inspection. The fact that so many of the schools are without cases of infestation is due in no small way to the constant hard work of the School Nurses and is a direct result of their skill and tact.

In cases where there is no co-operation from the parents in cleansing their children, compulsory cleansing is carried out. During the

year 10 such orders were made, 6 of which were for cleansing the children of 2 families.

The number of individual children found to be unclean during the year was 590 which is approximately 1.3% 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%
1955	46,490	590	1.3%

This continued improvement is very encouraging and is in no small way due to the co-operation of the District Councils with the School Health Service. However, it does seem to be astonishing in these enlightened days when modern treatment is so easy to obtain, that there should still be cases of infestation in our school children. It is certain that out of the 590 cases reported during the year, there is a hard core of problem families which is the centre of infection and it is hoped that by continued action on the part of all concerned this pool of infection will be cleared up.

INFECTIOUS DISEASES

Disease	Cases notified	
	1954	1955
Scarlet Fever ...	162	122
Whooping Cough ...	1,304	279
Diphtheria ...	0	1
Measles ...	551	2,255

35 cases of Poliomyelitis (Infantile Paralysis) occurred during the year, 19 of whom were school children, compared with 10 cases in 1954 of whom 3 were school children:—

PROTECTION OF CHILDREN AGAINST TUBERCULOSIS

(a) Tuberculin Testing of School Entrants

A Tuberculin Jelly Test was carried out by Dr. Chown on all children entering the infants schools in the No. 1 Health Area during 1954. In all, 497 children were tested and 6 proved positive. Investigation of home contacts of these six children did not bring to light any fresh cases.

(b) B.C.G. Vaccination of School Children

B.C.G. Vaccination was again offered, throughout the County, to school children in their 14th year. This work involves a preliminary Tuberculin Test to ascertain whether vaccination is necessary.

A summary of this work over the past four years is given below—

Year	Area	% of Parents Accepting B.C.G. for Children	No. Tuberculin Tested	% Positive	No. Vaccinated
1951/52	St. Just and Penryn		212	44%	
1953	West Cornwall	84%	2075	39%	1243
1954	Cornwall	84%	2597	20%	2005
1955	Cornwall	92%	3139	17%	2518

It is of interest to note the marked fall, over the past four years, in the percentage of children who show a positive tuberculin reaction, a welcome indication of the decreasing amount of tuberculosis present amongst the community at large and in our milk supplies.

(c) Mass Miniature Radiography

Mass Radiography was again used, in association with Tuberculin Testing, and also was made available throughout the County for all school leavers.

During 1955, 5,038 children passed through the Mass Radiography Unit. One Active Pulmonary Lesion was discovered, 11 Observation cases and 13 inactive primary lesions. In addition, 15 children were found with other lung conditions.

IMMUNISATION

Considerable efforts are made to ensure that parents realise the importance of diphtheria immunisation for there is a great tendency for them to neglect this matter as they so seldom hear of a case of diphtheria nowadays.

Diphtheria

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

Primary Immunisations		Boosting Injections
Under 5	5—14 years	
3,650	617	4,166

Whooping Cough

3,462 children under 5 years of age and 182 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, 1955, there were 24 full-time and 1 part-time Health Visitors, and 97 District Nurse-Midwives (52 with the Health Visitors' Certificate) undertaking school work.

Altogether the Nurses and Health Visitors attended 1,111 Medical Inspections and 2,732 Hygiene Inspections with 198 Re-inspections. They paid 1,279 medical follow-up visits to homes and schools, and 2,320 hygiene follow-up visits.

These figures are very encouraging, as the number of Hygiene Inspections has been reduced by 290 since 1954, due to the fact that we have had further schools classed as 'clean' as the incidence of head infestation has fallen since last year.

The Health Visitors and District Nurses have continued with their programme of talks, illustrated with posters and films in schools, and these have been appreciated by the scholars and teaching staff, and further invitations have been extended to members of the Nursing Service as health educators. Health education work has also continued with the Parent/Teacher groups, the pre-nursing students and student teachers.”

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:—

Examinations of children for part-time employment	150
Examinations of Boarded-out Children and Child Life	
Protection Cases	608
Sessions at Infant Welfare Centres	751
Examinations of staff for Superannuation purposes	35
Examinations of Blind or Partially Sighted Persons	54
Examinations of entrants to Teaching Colleges and to the teaching profession	188
Various other examinations	75

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 great majority of our schoolchildren are healthy, happy people, well nourished, well clad, and well cared for. School inspections reveal few serious defects: occasionally an unsuspected heart lesion is found, but more often there are defects of vision or hearing, often already suspected by the parents. Infected Tonsils and Adenoids where present, are often already under the observation of the family doctor. And yet, the Routine Inspection takes longer, and fewer children are seen at a session than was the case a few years ago. One reason for this is that parents accompany nearly all the younger children and many of the older ones, and they are glad of the opportunity to discuss their problems with the School Doctor. In addition, the physical well-being of the children has been so well cared for that one's attention now tends to be focused largely on mental health, and this often means long discussions with parents.

During 1955, 497 school entrants were tested with Tuberculin Jelly. Only 6 of these children showed a positive reaction. The positive reactors and their families were X-rayed but no single case of Tuberculosis was found, either in the children or their families.

Mantoux testing of school leavers was done as a preliminary to B.C.G. vaccination and all school leavers were X-rayed.

During the year 11 children were ascertained as Educationally Subnormal and in need of special schooling, and 4 children were recommended for notification to the Mental Health Committee as in need of supervision on leaving school. Intelligence tests have also been carried out on some pre-school children who were retarded. One was found to be ineducable, and in the other cases a decision was deferred.

It is unfortunate that it has not been possible to start the special class for retarded children, that had been planned for Penzance. There are many children who would benefit from such a class.

One of the high-lights of the year has been the opening of the new Alverton County Primary School. It is beautifully planned, and one is particularly taken with the ‘invisible cloakrooms’: coats are hung on trolleys which are pushed out of sight into the walls where in wet weather they are dried.

Many schools have been decorated this year in contemporary colour schemes.

There are still a few schools whose only sanitary arrangements are old-fashioned privies, but these are kept very clean and so are not as offensive as they might be.

Washing facilities in many schools are poor. Often there is one tablet of soap between several basins, and too often there is just one grubby, roller towel to a cloakroom. This does not encourage children to develop a habit of frequent hand washing.

Much time is given to immunising against Diphtheria and Whooping Cough, both at clinics and in schools. Now the scheme is to include Tetanus Antigen with the other two.

Visits have been paid to the Occupation Centre at Hayle, where Miss Balcombe is doing good work. Home Tuition which Miss Balcombe is giving to other mental defective children is much appreciated by the parents, who express themselves as delighted with the progress their children are making.

Hospital rounds at Plymouth and Penzance are instructive and interesting and it is very satisfying to follow one's own cases through hospital. There is close co-operation with Consultants, and we receive copies of the letters they write to the family doctor about children of school age.

At the end of the year we moved out of our temporary clinic at the old Science School at Penzance into the new Bellair Clinic. Work in such surroundings is bound to be not only pleasanter, but also more efficient."

Dr. M. V. Joscelyne: Helston Area

" School Premises

Many improvements and repairs have been carried out in this area and the standard of cleanliness in the schools is high. I notice that even the very difficult task of sweeping the cobwebs from the very high ceilings has been successfully accomplished.

Budock School still has no wash-basins, only a sink. Breage School also has no basins at present but water could easily be brought to the school. The state of the lavatories at Germoe school is still highly unsatisfactory.

School Medical Inspection

The general health of the children has been, as usual, good, and on the whole, they look well and have plenty of energy; but I have noticed many children showing signs of fatigue, and who look as though they do not get enough sleep. I have often found that these children are in the habit of watching television after what should be their bed-time.

E.S.N. Pupils

There are a number of these children in the ordinary Schools, and they adapt themselves well as a rule to the school routine and appear to get on amicably with other children.

I rarely find a parent willing to send one of these children to a Special School.

Infant Welfare Clinics

The population of Helston has increased, and fluctuates a good deal owing to the frequent changes of personnel at the Naval Air Station. There are a considerable number of babies; but practically no toddlers. I notice that most of the mothers attending the clinic manage their babies well.

Vyvyan House

This home is keeping up to its habitual high standard. It is very well equipped and the children are treated wisely and kindly.

As I am shortly giving up my work in this County, I should like to put on record my very great appreciation of the co-operation and friendliness of the Head Teachers and staff of this area, and also of the unfailing help given by the staffs of County Hall, the Health Area Offices, the Health Visitors and District Nurses. The various difficulties which arise in the course of one's work would have been so much more formidable without this kindly help."

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

" General

It has been a pleasing year because a large number of schools have been redecorated and various minor defects have been corrected, such as bad stoves, faulty lighting and insufficiently guarded road approaches.

The completion of the new secondary school at Camborne will relieve the congestion and overcrowding of the primary schools.

Health of the School Children

The general standard of health and nutrition has been well maintained throughout the year and no calamitous epidemic has been noted. The treatment of diseases and the correction of handicaps are usually well in hand before a medical inspection so that a minimum of unsuspected disabilities are discovered for the first time at these inspections. This shows that there is a high level of awareness for the health and welfare of children in this area and that the parents, the

General Practitioners and the Health Visitors are co-operating actively and satisfactorily.

There are odd exceptions belonging mostly to already known problem families: the tolerance and patience of the teachers towards these cases deserves special mention.

Handicapped Pupils

There has been no outstanding problem during the year about the placing or disposal of children suffering from physical defects of vision, hearing, epilepsy, diabetes, etc. Kehelland Primary School continues to cater for the more severe cases of Infantile Paralysis of the Camborne area and, therefore, deserves special thanks for its noble work, because, otherwise, these children would have to be sent away to a special boarding or hospital school.

Mentally handicapped pupils, on the other hand, constitute a constantly recurring problem which should receive priority consideration by the Education Authority. An apparently rather high proportion of children seems to exist in this area who are unable to learn. There is an urgent need for the establishment of special classes, with specialised teachers, at strategic points in this area, for the sake of those children who are unable to cope with the normal school curriculum and so get left behind and soon give up all attempt to try.

Other Work

Boarded-out children have been seen and visited regularly during the year.

Visits to the homes of pupils constitutes a large and time consuming part of our work. These visits are in relation to requests for Transport to School, Home Tuition, failure to attend for treatment at hospital or clinics, prolonged absence from school, recommendations for special schools and the assessment of mental capacity, etc.

A rather unexpected and unmentioned side of the work is the amount, and, often the urgency, of Medical Examinations for prospective pupils at Training Colleges for Teachers.

Mental Health

Children of school age whose mental capacity is so low that they cannot be educated at an ordinary or a special school are given special care and occupational treatment at the Centre at Hayle. This patient work carried out by Miss Balcombe is producing results that can only be fully appreciated by someone who knew these children before."

Dr. J. D. McMillan: Liskeard Area

" The work of inspection of school children has not been held up by any epidemics this year, with the exception of Upton Cross and Darite Schools where 50% were absent from Routine Medical Inspections at the end of January owing to 'Influenza', and St. Mellion School in June when some children had Chickenpox.

The health of the individual children examined remained satisfactory and only 0.8% of school entrants were in Category "C". Clothing for the most part is good and cleanliness is a problem only in isolated cases. These however tend to occur in the type of family which moves from one area to another.

Special Defects

Vision: Visual defects continue to form the largest group for which treatment has to be arranged. With the exception of two cases, parents have taken advantage of the facilities provided and the waiting period for appointments has been shortened this year.

E.N.T.: Few cases have been referred to Specialists as the majority requiring treatment have already been referred by their family doctor.

Orthopaedic: A number of minor defects such as 'knock-knees' and 'poor posture' have been seen among Infant Department entrants but few of these required specialist treatment. It is hoped these will be readily rectified by the better facilities and apparatus available now for physical education.

Educationally Subnormal

Requests by Head Teachers for assistance in ascertainment of backward children have mostly been dealt with this year. The majority of the cases tested turn out to be children in need of Special Educational Treatment in ordinary schools.

There is some provision for these cases at the Secondary School level but the most urgent need is for special facilities in the Junior Schools. These are at present entirely lacking, and owing to the large numbers and the wide ability range in Junior Schools, little provision can be made for Educationally Subnormal children.

The Psychiatric Team has as usual been most helpful with difficult cases and especially so in giving guidance to Head Teachers on special educational methods.

Speech Therapy

Speech Clinics have been a great help in this area and there is a continuous demand for this work. The parents, in several cases, have spoken most gratefully of Miss Fell's work and I can report good progress with the cases I have referred.

Paediatrician

Consultant Paediatric services have had full use in this area. Dr. H. Jolly continues to see many of the school children in this area and his reports are most helpful.

The arrangement whereby I attend his Out-Patient Sessions once a month has been of great benefit in keeping pace with recent advances in medical treatment. I also find the parents of 'special' cases are more co-operative when they see me at Hospital as well as at School or Welfare Clinic. They are given added confidence by finding that the School Health Service runs in conjunction with the Hospital Medical Services.

Diphtheria Immunisation

Sessions were arranged and carried out in all Infant and Junior Schools in the Autumn Term, though they had to be postponed till after the end of September owing to an isolated case or two of Poliomyelitis. Attendances were satisfactory.

School Buildings

There has been an increase in the number of slow combustion stoves installed, leading to better and cleaner heating of schools. Brighter interior decoration continues to help to make the best of old buildings.

Canteens

School Meal Services remain satisfactory whether cooking is done at the school or at central canteen. It is a pity that so many of the smaller country schools have to serve their meals on desks, as there is no room available for proper canteen tables.

Inadequate facilities exist in many places for the canteen staff, with nowhere to hang outdoor clothing or to wash their hands apart from bowls used in the single sink.

The Health Visitors and District Nurses have been most helpful during the year, both in the Schools and Welfare Clinics and for this I would like to thank them most sincerely."

Dr. W. Paterson: Launceston—Bude Area

" The work has continued satisfactorily during the year. Head teachers and their staffs give the most valuable co-operation and assistance in the inspections and all matters connected with the school health service. It is a pleasure to say how much I appreciate this help which makes the work go so smoothly. My thanks go also to the school nurses for their valued and willing co-operation.

Periodic Medical Inspections

Again, the general condition of the children examined has been found to be satisfactory, a small percentage only being placed in category C. This percentage does not differ materially from that of the previous year.

The most common physical defects again were visual. The treatment of these defects is now facilitated by the more frequent Ophthalmic Clinic sessions held at Launceston and Bude. This has had the happy result that the waiting list has virtually disappeared. Other treatment arrangements continue to be satisfactory.

School Buildings

Some improvements have been effected in a number of schools. Four were provided with a main water supply during the year, and one was connected to the main sewer. Electric light has been installed in two schools. New slow combustion stoves have replaced older models or open coal fires in some schools. Playgrounds continue to be improved, although some are still unsatisfactory and others, previously satisfactory, were damaged by the severe weather in the early part of the year.

The standard of cleanliness of school buildings continues to be generally satisfactory.

My remarks of last year with regard to roller towels continue to apply. Head teachers do their best to minimise this unsatisfactory state of affairs by frequent changes of the towels, but the use of any form of communal towel cannot be too strongly deprecated. Arrangements should be made as soon as possible to provide individual towels, preferably in a disposable form.

The cleanliness of the school canteens continues to be good. A point which arises in this connection is that the heavy canteen equipment inevitably damages the glaze of the sinks, exposing the porous earthenware underneath. It is difficult to clean these patches, in which minute food particles tend to lodge and, assisted by the warm atmosphere of the kitchen, give rise to ideal breeding conditions for

bacteria. This causes a danger of bacterial food poisoning and other infections. Apart from hard scrubbing and scrupulous cleanliness, the remedy appears to be the future provision of a type of sink not liable to damage of this kind.

Prevention of Tuberculosis

The response to the B.C.G. vaccination scheme for school leavers, in its second year of operation, was again satisfactory."

Dr. J. Reed: Bodmin—Wadebridge Area

"In any report on the work of the School Medical Officer in this Area I feel that the first item should continue to be an expression of appreciation to Head Teachers and Teachers for their co-operation and tolerance for the inconvenience caused by the numerous visits made during the year. This expression of gratitude must inevitably come first until such time as more suitable arrangements can be made for conducting the work of the School Health Service, which includes not only the time occupied by the Medical Officer, but also the regular visits of Health Visitors on school cleanliness inspections.

I am unable to recall a single school in which the accommodation required for doing a 'decent job' can be called reasonably satisfactory. However, the brightest hope for the future is the new Secondary Modern School in course of erection at Wadebridge which will I hope contain such adequate accommodation, and will also relieve much overcrowding in the schools upon which it will draw. I may also express a hope that a suitable rest room, properly equipped, will be provided in the new school for adolescent children who fall ill during school-time. The lack of a rest room in any large school is to be deplored even more than the inadequacy of accommodation for medical inspections.

Routine Inspections

The number of significant defects in Entrants as I remarked last year, appears to diminish annually. Visual defects are always the largest group, and in spite of the difficulty in testing children at 5 years old, I feel that the effort is well worth while. It frequently means retesting large numbers of these children in the Autumn Term, but occasionally the defects have proved to be real rather than apparent. Whilst on the subject of vision, we are rightly to be encouraged to test the eyesight at other ages next year, i.e. 12 and 13 years, but I wonder if due consideration is given to the effort to which children's eyes are put, particularly in Grammar Schools, where we get the highest proportion of visual defects. Size of print and spacing in books may

have no direct bearing on the production of specific eye diseases, but must contribute substantially to eye fatigue.

The number of children referred for E.N.T. opinion was less than previously, those with large Tonsils having been placed under observation unless some specific reason for further opinion was apparent. It is interesting to see the wide variation in the period which elapses in different children between the time when operation is recommended, and when it is actually carried out. In a few instances the time is within a month or two, but in the majority it is up to and over 12 months. One can appreciate the difficulties of E.N.T. Departments with long waiting-lists, but one would think that when operative treatment is required—'now' would be the time to do it rather than to defer it, sometimes indefinitely, or until complications arise. The enquiry in progress in 1956 may throw some light on this interesting problem.

Physically handicapped children are still relatively few in this area, but the Educationally Subnormal children remain the greatest problem. Parental consent for those children who would probably benefit most from special school treatment is frequently not forthcoming. I have a growing reluctance to notify children leaving school to the Mental Health Committee unless the child is obviously defective, since the disadvantages to the child frequently outweigh any possible benefit. Possibly some means of after-school supervision could be devised without the need for notifying under Section 57 (5).

School Meals and Milk

Three schools are still without school-meals facilities, but the remainder are adequately supplied. Fly control in canteens appears to depend upon the size of the canteen. When the necessity arises, arrangements should be made to use the services of the sanitary authorities. All schools have a satisfactory milk supply.

Immunisation

Protection against Diphtheria continued during the Autumn Term, a good response being obtained. The new prophylactic was in use, and appeared to give a large number of painful reactions. Vaccination against Tuberculosis was carried out during March, and a slight fall in the number of Tuberculin Positive children was observed. The conversion rate of 1955 children will not be known until 1956.

Entrants to Teaching Colleges

Applicants continued to be examined on request. Two cases had to be refused admission on medical grounds.

Buildings and Sanitation

The extensions of the Wadebridge Rural District Council's mains provided mains water supplies to several rural schools, and some improvements were made in the sanitary arrangements."

Dr. B. Roberts: Truro—Falmouth Area

"The year 1955 has not shown any innovations or departures from the steady routine of School Medical Inspections, Infant Welfare Work, Immunisations, and so on. No major changes of any kind have occurred in this period.

School Medical Inspections

These have demonstrated that the general health and nutrition of the children in my area have been well maintained and have again shown that the parents value these periodic 'check-ups' by being present at these inspections in very satisfactory numbers, the attendances of parents at the first routine examination being often as high as 95%. The teaching staff at the schools have been, without exception, most helpful in making the arrangements for examination as comfortable as possible in the available accommodation, which is often far from ideal.

Infant Welfare Clinics

These also have been well attended. There seems to be no flagging of interest in the help offered at these sessions, but the difficulty is, as always, to get the mothers who are most likely to benefit from attendance to come at all. One is constantly preaching to the converted! The arrangement, now fixed, of carrying out any required immunisations at these Clinics has again been of value, and has been appreciated by the mothers, who find it very convenient.

School Buildings

There has been a very noticeable improvement in the standard of decoration in the schools. A large number have been redecorated and the attractive colour schemes have given a bright 'new look' to the previously dingy class-rooms.

School Dinners

There can be little doubt that the children are deriving considerable benefit from the provision of school meals. They have gained physically and, what is equally important, learnt valuable lessons in social adjustment.

Educationally Subnormal Children

Of its very nature, a satisfactory solution to this problem in some cases is not to be expected. These children are often the pro-

ducts of 'problem-homes', and a truly constructive method of dealing with these 'problem-families' still lies in the future. However, many experiments have been tried, and, of these, the Family Service Units, by offering friendship and active co-operation with the problem family, have often achieved amazing results in the rehabilitation of these families.

Maladjusted Children and Delinquency

In a recent government survey, the Committee dealing with this problem found that 'in nearly three-quarters of the cases, the main source of maladjustment lay in the home or the school, and that with suitable alterations in these, in about two-thirds of the cases, the symptoms disappeared.' The Committee also came to the conclusion that 'in more than half the cases of children brought before the Juvenile Courts, there is clear evidence of maladjustment, and in many others it probably exists but is not known to the Local Education Authority.'

Appointment as Honorary Clinical Assistants

The Ward rounds held in connection with this appointment have been both valuable and interesting. Valuable, because it provides, in some cases, some measure of continuity of observation. One sometimes sees and can follow-up the very children who have perhaps been referred from School Inspection or Welfare Clinic to the Family Doctor who in turn has arranged for the admission of the child to Hospital for investigation and treatment. Of interest too, because these rounds provide renewed contacts with clinical medicine.

The same remarks also apply to the meetings with Dr. Jolly at Plymouth. On these infrequent occasions is provided a crowded day full of fascinating and memorable clinical material. Our sincere thanks are due to him.

Finally, I must thank the teaching staff at the Schools, the Health Visitors and School Nurses for the help and co-operation they always so readily give in carrying out my duties "

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

"Health of School Children

Health and general well-being continue to improve, no doubt the greater prosperity of the majority of parents is a significant factor. Better housing plays its part. The children are well fed and very well clothed. Cleanliness is usual. A few problem families persist of course, but I think the number grows less and there are fewer dirty heads even among these families. But the problem of the over-indulged

child and the 'Television' child will have to be watched. One begins to notice heavy-eyed children in the mornings and it is usually found that these families have a Television Set and the children are going to bed later.

Mumps

Mumps last term caused much bad attendance in the St. Austell area. Otherwise there was little illness.

I noticed fewer skin complaints. Very little Impetigo this year after the summer holiday, whereas last year at the same period there were quite a number of cases.

I found very few chest conditions and fewer Ear, Nose and Throat complaints this year.

School Buildings

These are in better shape. Necessary repairs are carried out more promptly; the state of decoration is mostly good and pleasantly colourful.

Primitive lavatory conditions still exist in a few rural schools and inadequate washing facilities in many. It is difficult to teach personal hygiene in such schools.

Medical Inspections

Owing to the schools being so overcrowded, Medical Inspection is carried out with considerable difficulty sometimes. Head Teachers are as co-operative as possible, often at great inconvenience to themselves and their Staffs and they are patient and kindly when we descend upon them at other times, to carry out various tests and obtain reports etc.

The Hospital Specialist Services are a great help both to School Medical Officers and Private Practitioners and the reports we receive on children who have been examined or treated, enable us to keep the records for reference at School Medical Inspections, though the filing of these various reports adds considerably to our clerical work.

My regular visits to the Hospital (Royal Cornwall Infirmary) and my occasional visits to Dr. Andrews' Out-Patient's and to Dr. Jolly's Children's Wards at Plymouth, afford considerable clinical experience for which I am grateful.

Immunisation etc.

The response is good both in the Schools and in the Child Welfare Clinics and the Combined Prophylaxis against Diphtheria, Whooping Cough and Tetanus, is likely to be well received.

Unfortunately Vaccination against Small Pox has fallen into disfavour, and although I strongly advocate it at my Clinics, the majority of mothers refuse it.

Infant Welfare Clinics

Attendance is satisfactory on the whole, but the distance to the Clinics for some of the mothers tends to result in irregular attendance. Many young and inexperienced mothers do seem to appreciate the service and we do not neglect the social side. We started a Mothers' Club in St. Austell about a year ago and this is very popular. We try to include a talk on some useful topic and provide a pleasant social evening for them each month.

I am grateful for the voluntary help I receive at the various Clinics, and for the co-operation of the Nurses and Health Visitors at all times."

Dr. G. W. Ward: Newquay Area

"In this area, the past year has been notable for the very cordial co-operation which has been offered to me by the nursing staff, health visitors, school staffs, voluntary workers and the staff of the Area Health Offices. All have worked competently and conscientiously with the result that a larger amount of work has been carried out very satisfactorily.

Schools

Although the number of examinations and special examinations have increased, the relative number of defects shows very little increase over the previous year, except perhaps in visual acuity, where rather more children have been referred for specialist advice; some increase in the number of eye defects among the children of age group 11—14 has been noticeable. However, the introduction of annual vision testing of all these age groups should ensure that adequate supervision and treatment is provided.

The number of children referred for Ear, Nose and Throat operations continues to be small, though specialist advice has always been promptly available in all cases of doubt.

Preventive measures have been carried out to the full in all schools and the level of immunisation in the area now shows considerable improvement, and the number of children still requiring immunisation is markedly less than a year ago as a result of a very intensive campaign.

There has been still further improvement in the condition of the general fabric, renovation and decoration of school buildings, particularly those of the rural area, though in a few schools electric lighting is still not installed and consequently the standard of lighting in some classrooms is below present day requirements. Room heating has been vastly improved by the installation of modern type slow combustion heaters which provide more adequate and even temperatures throughout the rooms. I hope even more of these will be installed during 1956.

The general level of Sanitation is now very good except in a few isolated cases which, I hope, will be dealt with as soon as possible.

The School Meals Service has continued to provide fare of a very high standard, both nutritious as well as being in most cases, attractive and appetising.

Personal Hygiene

Among the children of the area this has reached and maintained a high standard throughout the year, and as a result of health education, home conditions are vastly improved.

Educationally Sub-normal Pupils

Specialised teaching and training for the backward child still presents considerable problems, and the situation is being continually reviewed, and I hope that further progress will be made each year.

Handicapped Children

A close watch has been kept on these children throughout the year. Some have been admitted to Special Schools and many have been helped to take their place in ordinary schools as a result of special efforts by Consultants, Family Doctors, Nurses and Teachers alike. Continuous visiting and observation will not be relaxed and special efforts will be made during the coming years to ensure that each and every one of these children have every assistance and opportunity to lead as normal a life as possible.

Infant Welfare Clinics

The enthusiastic work of all members of the staffs of these Clinics has resulted in a high general level of attendance, and much valuable work in the preventive field and in health education has been carried out.

The new Centre opened at Summercourt has proved highly successful and attendances there are still increasing. St. Dennis also has become a busy Centre largely due to the enthusiasm and excellent spirit of co-operation shown by all concerned.

Cordial co-operation has been obtained both from General Practitioners and Consultants.

Immunisation

As mentioned previously, I believe that in this area immunisation is at a reasonably satisfactory level and parents have been extremely co-operative and anxious to bring forward their children for advice regarding the numerous services now available. As a result of hard work by Nurses and Health Visitors, very few refusals have been noted, though I am still concerned at the number of children who are not vaccinated against Small-Pox.

In conclusion may I once again thank all my colleagues both professional and non-professional for all their assistance."

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 all-round improvement in the general standard of physical education in many parts of the County in the year, must be attributed in a great measure to the exceptionally fine summer which allowed physical training to be part of the daily routine of the children, and gave scope for wider activities than are possible during more normal seasons. It is difficult to realize that in the majority of primary schools and in some secondary and grammar schools, this basic subject is entirely dependent upon the weather. In a bad year, several weeks may elapse without any physical training being possible; playgrounds that are broken, badly drained or uneven in surface, preventing the type of work which modern methods require.

The installation of varied forms of climbing apparatus for playground use has added to the interest and enjoyment of lessons. The schools which have raised money either through their parent-teacher associations or by other means, in order to buy sections of this apparatus or to improvise with ropes and poles are to be congratulated. Both teachers and parents have been surprised by the confidence and skill shown by children encouraged to develop at their own pace and this has helped shy, nervous and backward children considerably throughout the whole range of school activities. The provision of suitable clothing for physical education generally has been helped along by the fact that the children may not use the climbing apparatus unless they are suitably clad. As is so often the case, the eagerness of the children to take part overcomes the reluctance of parents to provide shoes and clothing, and the teachers' problem is thus largely solved.

Much interest was shown by the general public in the series of demonstrations given at the Bath and West Show at Launceston in June. Altogether three or four demonstrations a day were staged, including P.T., vaulting, games, folk dancing, maypole dancing, and athletics training.

Staffing

There have been no changes in the personnel of the organising staff. On the teaching side, staffing is still an acute problem for, although the national output of students able to specialise in physical education is growing, few are willing to accept the lack of facilities in Cornwall while they can easily obtain posts elsewhere. Two men and three women with diplomas in physical education were appointed to grammar schools and one woman to a county secondary school. When re-organisation is complete it is hoped that more fully qualified teachers will be appointed, thereby raising the standard of work and improving the children's physique and performance. Even in the case of new schools with their better facilities, the general shortage of training centres, amenities for games, athletics and swimming and the distances to be travelled in order to reach what amenities there are has deterred some of the better students from applying for these posts.

Remedials

As the areas included in the remedial scheme are extended each year, it is becoming increasingly difficult to visit the children concerned as frequently as formerly. On the other hand, as the basic physical training in the schools improves, fewer children are developing bad habits in posture and more bare foot work is being attempted to increase the awareness of both children and teachers of the need for foot health and education. The Organisers are grateful for the co-operation of the school doctors and nurses in this important work.

Playgrounds, Halls and Fields

Many playgrounds which are in fair condition need resurfacing before they begin to break up. Unfortunately the number of playgrounds which can be resurfaced annually is so small, that some of this work has to be postponed from year to year—thereby making it much more expensive when repairs are finally carried out. In many cases water and drainage schemes do great damage to playgrounds, and the surfaces are not always made up to their former levels immediately; indeed in some cases the broken rubble and stones used to fill in the trench are a source of danger. The list of playgrounds in need of repair each year remains long; reports are constantly received of danger-

ous surfaces and accidents arising therefrom. In 1955 only a small proportion of the repairs recommended by H.M. Inspectors, Organisers, Governors and School Managers could be undertaken. This list is not likely to diminish.

The servicing of playing fields during spring, summer and autumn kept pace with the growth of the grass, the endeavours of the two operators being assisted by a hot, dry summer and autumn. Winter work such as hedge trimming, ditching and tree felling continued satisfactorily although the operators have more than enough to do before spring calls them to grass cutting again. Up to the present all winter work has been done laboriously by hand tools. Steps are now being taken to secure mechanical appliances, the use of which will become more necessary on account of the additions of the field areas attached to new schools.

Apparatus

In nearly all schools, the supply of small physical training apparatus for use in playgrounds is fairly satisfactory and during the year there has been a marked increase in the provision of climbing apparatus in large schools especially in those with financial resources of their own.

A further three secondary schools with halls were equipped with fixed apparatus in order that the older children could progress to the type of work more suited to them. Much advisory work has been done in relation to the various types of schools now being built, and a schedule rearrangement of apparatus has been agreed upon for the large schools at present under construction. This will save space and allow a more extensive use of the apparatus by large classes. Advice has been given concerning suitable apparatus for the new two form entry secondary schools which have to have a combined hall/gymnasium and for the hall/exercise room in new junior schools.

Camping

As a development from last year two sites were chosen at Carbis Bay and the Lizard, and mobile camping was introduced.

Seventeen schools used the camps for weekly sessions over a period of twelve weeks. This was an increase of four schools over last year. Both sites gave ample scope for field studies, particularly that at the Lizard. The weather was excellent and the standard of camping improved.

Mobile camping was eagerly undertaken by those children, chiefly boys, who were experienced campers. Twenty-four hour map reading

treks were made in pairs from the base camp. Sufficient equipment and food was carried for this period. An interesting development from this has been the demand by a few schools for the mobile equipment for weekend sorties to meet boys from other schools at pre-determined points.

Sailing and Canoeing

Progress has been made since the 1954 report. In sailing, two schools are aiming at more advanced instruction than afforded by 'Yachting World Cadets'—one school had instruction in a harbour type and the other is contemplating the acquisition of something in the nature of a 'day cruiser'.

Swimming

It was a great disappointment to all concerned when the project to build learners' pools in the new schools was not approved by the County Education Committee, especially when experiments elsewhere have proved these pools to be efficient and of the greatest value in teaching children to swim. It is hoped that further consideration will be given to this in a County where the percentage of swimmers amongst school children is low and the standard poor because of the lack of safe facilities for learning in the County. Seas are so treacherous in many areas that class instruction is too dangerous to allow, and there are very few schools which can take advantage of the seashore for this purpose. Despite this, a gala for all schools was held at Penzance swimming pool for the second year. The results were encouraging, but the standard was not good. In order to encourage and supplement these voluntary activities, a joint Schools' Swimming Association was formed at the end of the year to promote the teaching of swimming and life saving throughout the County, and to give opportunities for boys and girls to compete in county championships if they reach the required standard.

Athletics

Standards have continued to improve gradually. Field events have been introduced into a greater number of area meetings, and many records were broken in the County finals meeting. A mixed team was selected to represent the County in the national championships in Manchester. Cornwall was placed fourth in the list of rural counties. This is the finest performance yet achieved by the County team in this competition. 4 place medals and 4 standard medals were won. At Cheltenham in the South Western Counties' Championship, five first places were obtained, although the team finished fifth out of six competing counties.

BOYS

Association Football

The success of the County Youth Football XI in the F.A. County Youth Championships, must give satisfaction to all those school masters who have given so much of their free time to training and coaching teams for the English Schools' Competition. For the County Youth XI some players are drawn from our grammar schools, while the rest, now having left school, have been brought along entirely by the coaching received at their primary and/or secondary modern school. The training given in our schools is paying a dividend.

Rugby Football

The inter-school league competition in the west of the County, was played with its usual enthusiasm and this year, the winning school played a team from the rest. In the Under XV's County match with Devon at Falmouth, Cornwall won for the first time for some years. As a direct result ten boys from Cornwall were chosen to represent Devon and Cornwall against Somerset and Gloucester. The standard of play shown by the older boys in the grammar schools has also been most encouraging.

Boxing

The County finals were held at Newquay. The organisation of the meeting was good but the standard of boxing was possibly lower than in previous years. Despite this, five boys from Cornwall boxed successfully in the regional finals, but were later eliminated. Three more schools started boxing during the year. One school ran its own boxing competition for which 180 boys entered. The finals were well contested, and an excellent spirit was shown by the boys.

GIRLS

Movement Training

'While music lies in the field of sound, movement lies in the field of space; through dance, which is not tied down to utilitarian purposes, it is possible to explore and exploit all qualities of movement in space. It seems important that we should help children to enjoy as rich an experience in movement as we do in language, where we try to help them to widen their vocabulary, to use language flexibly, to write and speak expressively. In movement our aims may be described as similar.' *

*Extract from the Ministry of Education publication—P.E. in Primary Schools — Part I.

It is desirable, therefore, that both boys and girls in the primary school be encouraged to create their own rhythms, to interpret music as they hear it and generally to be free to develop their own innate sense of rhythm and love of imaginative dancing. In the secondary and grammar schools these experiments in movement can develop into distinct patterns, for the qualities of movement absorbed when in the primary school are of the greatest benefit, when the social 'set' dances such as the English folk dances and national dances are learnt. As yet the majority of teachers in Cornwall have not had enough experience of dance movement to be able to go far on these experimental lines, but a start has been made in some schools where there is space for indoor work, and a piano or percussion instruments. The women organisers feel that they need to attend courses themselves in order to widen their experience of these experiments, and so give teachers the help which would enable the majority to pass on to children this opportunity to create beauty in the expressive quality of movement.

Dancing

One English Folk Dance Festival was held at Tretherras School, Newquay on the last Saturday in June. This is an annual and very spectacular event, organised by the English Folk Dance and Song Society's District Committee, together with representatives from each type of school taking part. Competitions were again held at Launceston and at Helston where a demonstration by the Goonhavern C.P. School was enjoyed by all.

Games

School—The County junior hockey trials took place in the autumn term and two teams were chosen to represent Cornwall. The grammar schools' hockey tournament was held in the spring term at the High School Truro, by kind permission of the Governors and Miss Engledow. Primary, Junior and Senior netball tournaments and the Watkins Cup competition for tennis were enjoyed by players and spectators, and the general improvement in standard is encouraging. Again, it must be said that the poor facilities for girls' games is a great handicap to real progress.

The primary schools' netball tournament was won by Treleigh C.P. School. Falmouth County High School are to be congratulated on winning the hockey shield, the junior and senior netball trophies, the Watkins Cup for tennis as well as for their achievements in athletics.

Adults—Two hockey clubs have closed down owing to lack of members, and the County netball teams are finding it increasingly

difficult to field a team for matches with other counties, owing to the expense of travelling long distances both for practice and matches. Unlike football, there are no 'gates', for women's games and, therefore, no financial assistance for teams. As it is through the opportunity of meeting teams from other counties, that the standard of county level games can be improved, the tremendous progress made in County netball during the last two years is unlikely to be maintained unless their financial position can be improved.

Courses and Demonstrations for Teachers held during 1955

Type of Work		Area	No. of Meetings	Teachers
P.T. & Remedials	Inf. & Jnr.	Camborne	6	Mixed
		Penzance	6	Mixed
		Falmouth	6	Men
		Bodmin	1	Mixed
	Seniors	Whole County	1	Men
P.E. Day Training Course	County Sec. & Grammar	Whole County	1	Mixed
National Dancing	All Age	Whole County	1	Women
		North	1	Women
Folk Dancing	Jnr. & Snr.	Camborne	1	Mixed
		St. Austell	1	Mixed
		Bude	1	Mixed
		Liskeard	1	Mixed
		Whole County	1	Mixed
Camping—Day Training Course	Seniors	Whole County	1	Mixed
Games Training	Youth Leaders	Wadebridge	1	Mixed
		Falmouth	1	Mixed

Talks and Demonstrations

Bath & West Show Recreational P.E.	Launceston
	Liskeard V.P. Infants—Parent-Teacher Association
Women's Institutes	Perranporth Women's Institute
	Landewednack
	Hayle
	Praze
Parent-Teacher Association with demonstration of climbing apparatus	Tywardreath
	Liskeard C.P. Infants
	Bodmin V.P. Infants
	Mount Charles C.P. Girls
	St. Mary's V.P. Girls, Penzance

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	...	...	...	...	5,557
Second Age Group	...	...	...	...	3,409
Third Age Group	...	...	...	...	3,409
Total	...	...	...	...	12,375

Number of other periodic Inspections

Vision at 8	...	...	...	...	4,573
Grand Total	...	...	...	...	16,948

B—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	2,059
Number of Re-Inspections	...	...	...	7,044
Total	...	...	...	9,103

C—PUPILS FOUND TO REQUIRE TREATMENT

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	255	1,049	1,209
Second Age Group	366	483	759
Third Age Group	331	489	761
Total	952	2,021	2,729
Other Periodic Inspections	360	112	420
Grand Total	1,312	2,133	3,149

TABLE II

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1955

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS No. of defects		SPECIAL INSPECTIONS No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4. Skin	...	178	121	28	23
5. Eyes—	a. Vision	1,312	684	199	105
	b. Squint	250	55	16	3
	c. Other	61	35	20	15
6. Ears—	a. Hearing	57	87	38	22
	b. Otitis Media	32	73	8	7
	c. Other	9	28	11	21
7. Nose or Throat	...	268	652	47	60
8. Speech	...	62	95	39	16
9. Cervical Glands	...	66	200	6	22
10. Heart and Circulation	...	31	128	5	18
11. Lungs	...	62	285	14	42
12. Developmental—					
	a. Hernia	11	19	2	1
	b. Other	10	37	1	1
13. Orthopaedic—					
	a. Posture	135	203	11	9
	b. Flatfoot	401	186	24	19
	c. Other	218	143	39	53
14. Nervous system—					
	a. Epilepsy	16	15	9	6
	b. Other	5	25	8	15
15. Psychological—					
	a. Development	105	102	8	31
	b. Stability	49	88	9	21
16. Other	...	107	92	62	79

**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 ...	5,557	2,026	36.46	3,362	60.50	169	3.04
Second Age Group	3,409	1,348	39.54	1,972	57.85	89	2.61
Third Age Group	3,409	1,436	42.12	1,881	55.18	92	2.70
Total ...	12,375	4,810	38.87	7,215	58.30	350	2.83

TABLE III—INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the School Nurses or other authorised persons ...	280,908
(ii) Total number of individual pupils found to be infested	590
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	590
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) ...	10

[The incidence of infestation in the County is 1.3%]

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 uncleanness, for which see Table III)

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm—(i) Scalp	0	6
(ii) Body	5	7
Scabies	0	0
Impetigo	8	31
Other skin diseases	1	13
Total ...	14	57

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 ...	9	9
Errors of Refraction (including squint) ...	*92	2,512
Total ...	101	2,521
Number of pupils for whom spectacles were		
(a) Prescribed	Not known	1923
(b) Obtained	Not known	†1532

* These cases obtained treatment privately.

† 31 cases obtained spectacles in 1956 which were prescribed in 1955.

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	3
(b) for adenoids and chronic tonsillitis	0	363
(c) for other nose and throat conditions	0	2
Received other forms of treatment	3	4
Total ...	3	372

GROUP 4—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals 96

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

GROUP 5—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	346	*13

*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 pupils treated by Speech Therapists	Number of cases treated	
	By the Authority	Otherwise
	372	0

GROUP 7—OTHER TREATMENT GIVEN

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments	493	18
(b) Other (specify)—		
1. Abdomen	0	147
2. Genito-Urinary	0	21
3. Glands	0	15
4. Chest	0	17
5. Others	0	107
Total ...	493	325

TABLE V

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers:—					
(a) Periodic age groups	...	...	...	...	30,316
(b) Specials	...	...	...	...	1,934
Total (1)				...	32,250
(2) Number found to require treatment					23,402
(3) Number offered treatment					21,506
(4) Number actually treated					11,961
(5) Attendances made by pupils for treatment					24,876
(6) Half-days devoted to: Periodic Inspection					329½
Treatment				...	3,768½
Total (6)				...	4,098
(7) Fillings: Permanent Teeth					19,851
Temporary Teeth				...	2,668
Total (7)				...	22,519
(8) Number of teeth filled: Permanent Teeth					15,961
Temporary Teeth				...	2,514
Total (8)				...	18,475
(9) Extractions: Permanent Teeth					3,062
Temporary Teeth				...	10,879
Total (9)				...	13,941
(10) Administration of general anæsthetics for extraction					1,410
(11) Other Operations: Permanent Teeth					8,601
Temporary Teeth				...	4,789
Total (11)				...	13,390

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 1955:										
Handicapped Pupils										
A. Newly placed in Special Schools or Boarding Homes ..	1	1	3	1	2	4	24	7	1	44
B. Newly ascertained as requiring education at Special Schools or boarding in Homes	1	1	1	2	1	2	19	5	0	32
On 31st January 1956:										
C. Number of Handi- capped pupils:										
(i) Attending Special Schools as:										
(a) Day Pupils ..	0	0	0	0	0	0	15	0	0	15
(b) Boarding Pupils	13	6	27	5	3	9	61	2	3	129
(ii) Attending independent Schools under arrangements made by the authority ..	0	0	1	0	0	1	2	0	1	5
(iii) Boarded in Homes and not already included under (i) or (ii) ..	0	0	0	0	1	0	0	15	0	16
Total (C) ..	13	6	28	5	4	10	78	17	4	165
D. Number of Handi- capped Pupils be- ing educated under arrangements made under Section 56 of the Education Act, 1944:										
(a) in hospitals ..	0	0	0	0	5	8	0	0	0	13
(b) at home ..	0	1	0	0	7	12	1	0	0	21
E. Number of Handi- capped Pupils re- quiring places in special schools ..										
	1	0	1	2	1	2	62	0	0	69